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THE LONG-TERM EFFECTS OF SEXUAL ASSAULT ON ROMANTIC RELATIONSHIPS:
A QUALITATIVE STUDY

BY

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Bachelor of Arts, Stonehill College, 2018

THESIS

Submitted to The University of New Hampshire

in Partial Fulfillment of

the Requirements for the Degree of

Master of Arts

In

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DEDICATION

I would like to dedicate this thesis to all those affected by sexual assault and to all those who work to end sexual violence.

ACKNOWLEDGMENTS

I would also like to thank my thesis chair, Dr. Sharyn Potter and the members of my thesis committee, Dr. Donna Perkins and Dr. Robert Eckstein for their valuable feedback upon reading and reviewing my thesis.

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ABSTRACT

THE LONG-TERM EFFECTS OF SEXUAL ASSAULT ON ROMANTIC RELATIONSHIPS: A QUALITATIVE STUDY

by

Matthew A. Moschella

University of New Hampshire, September 2020

Sexual assault has immediate and long-term physical, mental, economic, and social impacts for survivors (Potter et al., 2018; Kilpatrick et al., 2007; & Sugar et al., 2004). However, there is only a limited understanding of how sexual assault impacts a survivor's dating behaviors and romantic relationships. Therefore, this study identifies survivors' perceptions on how sexual assault impacted their romantic relationships. Specifically, it seeks to answer (1) do some survivors avoid romantic relationships and some engage in risky dating? and (2) what types of negative responses do survivors receive when they disclose a sexual assault to a romantic partner? The current study uses Braun and Clarke's six-phase approach to thematic analysis to examine qualitative interview data from 32 survivors who were sexually assaulted while in college. The following themes were identified: abusive and unhealthy relationships, dating apprehension, post-traumatic stress disorder (PTSD) triggers within intimate relationships, and disclosure to a partner. Sexual assaults impacted romantic relationships in a variety of ways. Many participants were fearful of entering a relationship after the sexual assault. Of those who did enter a relationship, several had altered perceptions of healthy dating behavior and sexuality or experienced PTSD symptoms within the dating relationship. In some cases, dating led to re-

victimization. When disclosing a sexual assault to a romantic partner, survivors received negative responses from partners who shamed and belittled the survivor after a sexual assault disclosure or did not know how to respond.

INTRODUCTION

Sexual assault perpetrated against college and university students is a public health problem that directly affects approximately 11 percent of students (Cantor et al., 2015). While all students are at risk, 20 percent of female and 5 percent of male students report being sexually assaulted at least once as they pursue an undergraduate degree, and extreme assumptions indicate that between 5 percent to 80 percent of females and 1 percent to 84 percent of males could theoretically have this crime committed against them (Rosenberg et al., 2018; & Cantor et. al., 2015). Sexual assault often occurs within intimate partnerships. According to a national survey, approximately 18.3 percent of women and 8.2 percent of men are sexually assaulted at some point during their lifetime by an intimate partner (Smith et al., 2018). Sexual assault is a type of sexual violence that includes physical transgressions such as rape, attempted rape, unwanted sexual touching, or forcing the victim to preform sexual acts, but not stalking, or other forms of harassment (RAINN, 2020). Sexual violence is perpetrated against multiple minority groups (i.e., sexual, gender, ethnic, and racial minority groups) at higher rates than majority groups, although there is limited data that captures campus sexual assault rates in minority populations (Coutler et al., 2017; & Johnson et al., 2016). The impacts of sexual violence perpetrated against undergraduate students are immediate. When student choose to stay in school following an assault, they may be fearful of being in the same room as their attackers, fearful of retaliation by classmates if they choose to report, and are less likely to feel safe and accepted on campus (Office of Civil Rights, 2015; Cortina, et al., 1998). Survivors of sexual violence are also less likely to complete their college degree and are likely to graduate with a lower GPA (Potter et al., 2018; Mengo & Black, 2016; Jordan et al., 2014).

The short and long-term mental and physical health problems attributed to sexual violence are well documented in the literature (Kilpatrick et al., 2007; Sugar et al., 2004). Following an incidence of sexual violence, survivors are at risk of multiple types of physical injuries (e.g., bruises, cuts, injuries to genitalia, broken bones, head or brain injury, etc.) (Amar & Gennaro, 2005; & Sugar et al., 2004). Compared to people who have not been sexually assaulted, survivors are at risk of suffering sexually transmitted infections, chronic health problems, including chronic pain, and report a significantly lower health-related quality of life (Schou-Bredal et al., 2020; Amar & Gennaro, 2005; Sugar et al., 2004; Kohn et al., 2000; & Sadler et al., 2000). Sexual assault survivors are also at risk of severe mental health challenges including panic attacks, post-traumatic stress disorder (PTSD), anxiety, depression, alcohol or drug abuse, acute fear, acute stress, non-suicidal self-injury, and suicidal behaviors (Schou-Bredal et al., 2020; Chang et al., 2019; Gilmore & Flanagan, 2018; Carey et al., 2018; Rosellini et al., 2017; Kirkner et al., 2017; Kilpatrick et al., 2007; & Ullman et al., 2002).

Less is known about the impact sexual violence perpetrated against college students has on their romantic relationships after the sexual assault. However, research conducted on post-assault variables indicate that sexual assault could impact post-assault relationships in some ways. Research has indicated that an initial sexual assault is a risk factor for subsequent sexual assaults (Walker et al., 2019), that sexual assaults can affect survivor's sexuality (O'Callaghan et al., 2019), that the mental and physical harm done to survivors can have lasting effects on post-assault relationships, and that disclosing a sexual assault can have either positive or negative effects on survivor recovery (Ullman & Peter-Hagene, 2014; Ullman et al., 2007; Campbell et al., 2001). In the literature review that follows, I discuss the existing literature regarding sexual assaults and post-assault variables that could impact romantic relationships. I review literature on

the relationships between sexual assault and revictimization, sexual assault and changes in sexuality, PTSD and relationship satisfaction, and the effects of disclosing a sexual assault to a partner.

Sexual Assault and Risk of Revictimization

An initial sexual assault is predictive of further sexual assaults. Extant literature has indicated that almost half of all childhood sexual abuse survivors are sexually revictimized as adults (Walker et al., 2019) and that being sexually assaulted as an adult also increases the risk of further sexual victimizations (Messman-Moore et al., 2013). Incapacitated sexual assault (ISA), which makes up the majority of rapes on colleges, and sexual assault as a result of intimate partner violence, which affects between 20 percent and 50 percent of college students, may in particular increase the likelihood of further victimizations (Nabors, 2010; & Mohler-Kuo et al., 2004).

Sexual Assault and Sexuality

Sexual intimacy has been a topic of interest for sexual assault researchers (e.g., O’Callaghan et al., 2019; & Weaver, 2009). Previous research indicates that sexual assaults alter the frequency of sexual interactions, either by increasing sexual promiscuity or sexual reservation (O’Callaghan et al., 2019; Weaver, 2009; Amar & Gennaro, 2005; Sadler et al., 2000; & Kohn et al., 2000). However, researchers have not examined how this change of behavior resulting from the sexual assault impacts survivors’ willingness to form relationships with intimate partners (O’Callaghan et al., 2019; Perillox, Duntley, & Buss, 2011; Weaver, 2009; & Deliramich & Gray, 2008).

Researchers have attempted to explain why a survivor may have a decreased frequency of sexual interactions (e.g. O’Callaghan et al., 2019; Turchik & Hassija, 2014; Weaver, 2009; &

Deliramich & Gray, 2008). Previous research has attributed the decrease in sexual behavior to mental health outcomes (e.g., anxiety and intrusive memories related to sexual interactions or no longer perceiving sex as pleasurable or desirable), social reactions (e.g., stigma regarding sexual reputation; slut shaming; reduced social life), physical pain or sexually transmitted infections (STIs) resulting from the assault, and pre-existing personality traits such as low negative urgency (i.e., the tendency to act not rashly when distressed) (Combes et al., 2014; Turchik & Hassija, 2014; Weaver, 2009; Amar & Gennaro, 2005; Sadler et al., 2000; & Van Berlo & Ensink, 2000).

Researchers have also attempted to explain why some survivors increase sexual behavior and suggest that increased sexual behavior could be a result of coping with trauma (Viallancourt-Morel et al., 2016; & Aaron, 2012). O’Callaghan and her colleagues (2019) suggest that shame, the desire to feel in control of their recovery, the wish to feel loved, and the lack of experience with respectful and communicative partners all attribute to increased sexual behavior (O’Callaghan et al., 2019). Others have attributed increased sexual activity to be the result of another coping strategy, drug use, which is also associated with increased sexual activity (Deliramich & Gray, 2008).

Alcohol and drug use have been indicated to be an important pre- and post-assault variable because sexual assault increases the risk of alcohol and other drug use and because alcohol and other drug use increase the risk of sexual assault (Deliramich & Gray, 2008; & Abbey et al., 2004). Some researchers have shown that the relationship between non-interpersonal trauma and drug use is fully mediated by PTSD symptoms, although interpersonal trauma and drug use is only partially mediated by PTSD symptoms (Ullman et al., 2013; Wu et al., 2010). The relationship between drinking, drug use, and increased or decreased sexuality has been shown to be partly mediated by predisposing personality traits (Combs et al., 2014). Combs

and her colleagues (2014) found that of sexual assault survivors, those who had high negative urgency (i.e., the tendency to act rashly when distressed) were more likely to have drinking problems and use drugs, both of which are variables that can lead to increased sexual behavior and an increased likelihood of sexual assault (Combes et al., 2014 & Abbey et al., 2004). Increased alcohol and drug use, as a coping response for previous sexual trauma, may increase sexual activity in unsafe situations (Deliramich & Gray, 2008), thereby increasing the risk of sexual assault (Mohler-Kuo et al., 2004), which can lead to more PTSD symptoms and further drug use (Deliramich & Gray, 2008).

PTSD and Relationship Satisfaction

Another area of post-assault research has focused on PTSD and relationships (DiMauro & Renshaw, 2019; & Lambert et al., 2012). PTSD may lead to sexual problems such as sexual dysfunction (Letica-Crepulja et al., 2019), avoidance behaviors that could result in a lack of communication (Al-Turkait & Ohaeri., 2008), and an increase of aggression and hostility (Watkins et al., 2011). Sexual dysfunction, lack of communication, and hostility could all lead to relationship stress and dissatisfaction (DiMauro & Renshaw, 2019).

Sexual dysfunction and relationship conflict, that may result from a lack of communication or increased hostility, are related variables that impact relationship satisfaction (DiMauro & Renshaw, 2019; & Metz & Epstein, 2002). The relationship between sexual problems and relationship satisfaction is bidirectional; not only do sexual problems lead to relationship dissatisfaction, but relationship dissatisfaction leads to sexual problems (Metz & Epstein, 2002; & Byers, 2001). Furthermore, poor communication is associated with relationship distress, as well as sexual dysfunction and hostility (Metz & Epstein, 2002). Post-Traumatic Stress Disorder may amplify all of these variables that lead to relationship dissatisfaction as

those with PTSD have been shown to avoid communication, act more aggressively, or have sexual problems such as sexual dysfunction (DiMauro & Renshaw, 2019; Letica-Crepulja et al., 2019; Watkins et al., 2011; & Al-Turkait & Ohaeri., 2008). Another reason survivors may avoid healthy communication is because sharing information about a sexual assault can put survivors at risk of hurtful responses (Relyea & Ullman, 2015; Ullman & Peter-Hagene, 2014; Ahrens et al., 2009; & Campbell et al., 2001).

Disclosing a Sexual Assault

A fourth area post-assault research has focused on is disclosing a sexual assault to a romantic partner (O'Callaghan et al., 2019; Ullman, 2011, Ahrens et al., 2009; Ahrens et al., 2007; & Fisher et al., 2003). Previous research indicates that responses to a sexual assault disclosure can be hurtful, helpful, or neutral and that when sexual assaults are disclosed, they are most often disclosed to informal, rather than formal support resources (i.e., friends, family, and romantic partners rather than police or other authorities) (Hakimi et al., 2018; Ahrens et al., 2009; Ahrens et al., 2007; & Fisher et al., 2003). The responses to a sexual assault disclosure, whether they be by informal or formal support, can impact survivor's PTSD symptoms and overall recovery (Ullman & Peter-Hagene, 2014; Ullman et al., 2007; Campbell et al., 2001). Ullman and Peter-Hagene (2014) found that negative social reactions to assault disclosure, such as reactions of control, blame, and treating the survivor differently, are correlated with maladaptive coping strategies, such as avoidant coping, that negatively affect the survivor's recovery from PTSD and can increase PTSD symptomatology (Ullman & Peter-Hagene, 2014). Survivors who receive negative reactions may also have increased shame or feelings of helplessness, or decreased trust in others (Ullman & Peter-Hagene, 2014). Although some researchers found that the effects of positive responses to sexual assault disclosure have

negligible effects on PTSD severity or recovery (Campbell et al., 2001), Ullman and Peter-Hagene (2014) suggest that positive reactions to sexual assault disclosures were associated with less PTSD symptoms, a greater sense of control in the recovery process, and a greater use of adaptive coping, such as social coping (Ullman & Peter-Hagene, 2014). Positive responses from informal support resources have also been shown to increase a survivor's willingness to utilize formal services; however, this association has only been shown to be true when survivor's informal support resources gave survivors control over reporting and disclosing the sexual assault (e.g., letting them make decisions about making a police report and letting them decide who is informed about the sexual assault) (Fehler-Cabral & Campbell, 2013).

In the extant literature, of the three examined informal support resources (friends, family, and romantic partners), friends were shown to have more helpful reactions (e.g., provide emotional support and tangible aid for survivors) and were the least likely to blame, control, or have egocentric reactions to the assault (Ahrens et al., 2009). The inverse was true for romantic partners (i.e., of the three groups, romantic partners were most likely to have hurtful reactions and least likely to have helpful reactions). Family members scored in-between friends and romantic partners on all variables (Ahrens et al., 2009).

Relyea and Ullman (2015) examined negative or hurtful reactions that survivors received after disclosing a sexual assault and suggested that negative reactions can be divided into two groupings, turning against, which consisted of consistently hurtful reactions such as blaming, stigmatizing, controlling, or attacking the survivor, or unsupportive acknowledgment, which consisted of distracting the survivor, or egocentric reactions (Relyea & Ullman, 2015). As has been supported by previous research, survivors who received these negative reactions had

increased psychological symptoms (Ullman & Peter-Hagene, 2014; Relyea & Ullman, 2015; & Campbell et al., 2001).

Previous literature has shown that a sexual assault can impact post-assault romantic relationships in four ways; 1) previous sexual assault increases the risk of a subsequent sexual assault, 2) sexual assault can increase or decrease a survivor's frequency of sexual behavior, 3) survivors may have PTSD after a sexual assault and PTSD symptoms can reduce relationship satisfaction, and 4) when a survivor discloses a sexual assault to a romantic partner they may receive hurtful reactions that can increase PTSD symptoms (DiMauro & Renshaw, 2019; O'Callaghan et al., 2019; Walker et al., 2019; Relyea & Ullman, 2015; Messman-Moore et al., 2013; Ullman & Peter-Hagene, 2014; Lambert et al., 2012; & Weaver, 2009). In my thesis research I examine post-assault factors that impact a survivor's romantic relationships.

The Research Project

The aim of my research was to expand previous research and examine post-assault variables that impact dating relationships. I was particularly interested in sexual intimacy and assault disclosure within relationships (O'Callaghan et al., 2019; Ahrens et al., 2009; & Deliramich & Gray, 2008). Previous research has shown that sexual assault survivors may increase or decrease their sexual activities, as compared to the frequency of their sexual activities before the assault (O'Callaghan et al., 2019; & Deliramich & Gray, 2008). In this study, I examined whether or not this change corresponded to survivor's dating relationships post-sexual assault (i.e., would survivors engage in risky dating or dating avoidance?). I was also interested in what effect, if any, a sexual assault had on survivors who were in relationships. Post-Traumatic Stress Disorder had been shown to increase relationship dissatisfaction (DiMauro &

Renshaw, 2019; & Metz & Epstein, 2002), but how PTSD relates to relationship satisfaction after a college sexual assault is not well understood.

Additionally, other research has shown that survivors have negative and positive experiences disclosing their sexual assaults to intimate partners (Ahrens et al., 2012); therefore, I also examined survivors disclosing experiences. I specifically sought to examine the negative reactions survivors received after disclosing their assault to a partner to better understand survivors' experiences in dating relationships.

In the methods section I describe the qualitative data I used to examine the relationship between sexual assault and post-assault romantic relationships. My qualitative analysis generated four themes, abusive and unhealthy relationships, dating apprehension, PTSD symptoms within a dating relationship, and disclosing to a partner.

METHOD

The current study uses data collected by Potter and her colleagues (2018) during 30- to 60-minute phone interviews of 32 female participants who had been sexually assaulted while completing a college degree. Interviews were transcribed for coding and stored in a locked drawer. Participants were recruited after filing out a survey distributed over Amazon Mechanical Turk (MTurk) or through an email sent to professionals in the violence prevention field. Potter and her colleagues (2018) acknowledge that this selection process was not random and may have biased the data. A full report of participant recruitment and interviewing methods can be found in Potter et al. 2018.

Current Study Method:

I used Braun and Clarke's (2012) six-phase approach to thematic analysis to create and validate themes. This approach included gaining familiarity with the data, initial coding,

searching for potential themes, reviewing and validating potential themes, defining final themes, and producing a report (Braun & Clarke, 2012). Some alterations were made to this approach as a result of Covid-19 safety protocols which prohibited me from accessing the data from March until late July.

The first step of data analysis was an initial read through of the interview transcriptions. The read through familiarized me with the data and provided me with initial “building blocks” to build themes (Braun & Clarke, 2012). At this stage, I looked for data relevant to intimacy, relationships, and sexual assault disclosures but also looked for general patterns in the data (Lune & Berg, 2018).

Originally, the themes “relationships,” and “intimacy” emerged from the data and I began coding with these themes in mind (O’Callaghan et al., 2019; Hakimi et al., 2018; Turchik & Hassija, 2014; Ahrens & Aldana, 2012; Ahrens et al., 2009; Weaver, 2009; Deliramich & Gray, 2008; & Ahrens et al., 2007). Although these two original themes addressed the research questions (i.e., “do some survivors avoid romantic relationships and some engage in risky dating?” and “what types of negative responses do survivors receive when they disclose a sexual assault to a romantic partner?”), other themes emerged. In the first read through, the codes “trust,” “coping,” “making meaning,” “substance use,” “vulnerability,” and “friends” were used to help me keep track of and manage the data. Although I did not approach the data with these codes in mind, they are consistent with previous research on sexual assault (Hannagan, 2017; Ullman et al., 2013; & Ahrens et al., 2009).

These codes were recorded in my notes, which helped me to both think through and reflect on the interview data and to consolidate the data into a more manageable quantity, as has been recommended for qualitative analyses of over 30 participants (Deterding & Waters, 2018).

Given the unexpected COVID-19 restrictions, the notes also allowed me to access some data that would otherwise not be available.

After the original reading and coding, I used the coded data to search for potential themes. This was done by examining possible connections between codes and by grouping them together (Braun & Clarke, 2012). The codes were collapsed into three main potential themes, (1) “relationships,” which included the codes of challenges with intimacy, challenges opening up about sexual assault, loss of friends, and challenges with trust and comfortability; (2) “making meaning,” which included working in jobs that help sexual assault survivors or give back to the community, and creating empathy; and (3) “continued vulnerability,” which consisted of not feeling safe in specific groups or places, avoiding doctors, not trusting one’s self, and coping.

Braun and Clarke (2012) recommend reviewing potential themes by revisiting the original data to test for quality. However, because of COVID-19 protocols that prohibited me from accessing the data as mentioned above, this process was delayed and modified. Re-reading my notes and gaining feedback from one of the original data collectors helped me define and begin to validate the final themes. The potential theme “continued vulnerability” was subsumed into the theme “relationships” because vulnerability often impacted, or was impacted by, relationships. The theme “relationships” was then broken into four different themes that more accurately depicted the data and addressed the research questions: forming relationships with abusive partners, dating apprehension, challenges with intimacy and disclosing to a partner. The theme of making meaning was excluded because many of the participants who joined the study worked with survivors of sexual assault and this type of occupation may have biased the results of this particular theme.

When I reviewed the original transcripts to validate these themes, they were verified with minor alterations. I re-read all transcriptions with the four themes in mind and found that the themes that emerged from the notes were consistent over the entire dataset. With the entire dataset in mind, themes were retitled to better represent the findings: abusive and unhealthy relationships, dating apprehension, PTSD triggers within a dating relationship, and disclosing to a partner.

RESULTS

Analysis of interview transcripts revealed that sexual assaults had long-term impacts on intimate relationships. I examined changes in dating behavior that take place before a relationship forms and during the span of a relationship. The analyzed data is presented here in four major themes: abusive and unhealthy relationships, dating apprehension, PTSD triggers within intimate relationships, and disclosing to a partner. As predicted, sexual assaults were shown to effect survivors' dating habits. Participants in this sample reported dating abusive partners and entering unhealthy relationships. Participants also reported dating apprehension and avoidance. Within dating relationships, survivors coped with experiencing triggers that caused PTSD symptoms and distress within the relationship. Finally, participants reported that their partners had negative reactions when they disclosed their sexual assault. These partners were reported to either shame and belittle survivors or not know how to react to a sexual assault disclosure.

Abusive and Unhealthy Relationships

More than one-third of the participants ($n = 13$) discussed being in an abusive or unhealthy relationship at some point after the sexual assault. However, it is likely that other participants did enter abusive or unhealthy relationships and did not report this to the researchers

in response to the question, “has the sexual assault impacted your romantic relationships?”

Current research has shown that about one-fourth of women and one-tenth of men report sexual assault, physical assault, and/or stalking by an intimate partner (Smith, Zhang, Basile, Merrick, wang, Kresnow, & Chen, 2018). For these participants, abusive behavior was somewhat normalized and in some cases led to additional sexual assaults. In unhealthy relationships that participants did not characterize as abusive, survivors were unable to connect emotionally with their partners and engaged in risky sexual behavior.

When participants discussed being in an abusive relationship, they said that the behavior was somewhat normalized as evidenced by one participant’s response.

I thought it [an abusive relationship] was normal... not necessarily normal but I remember thinking there might have been some things wrong, but I just didn’t really let myself think about it, just because I didn’t want... I don’t know if it was fear or just not wanting to admit something was wrong or... but I do remember thinking about it and just suppressing those feelings.

Another participant expressed that she became accustomed to being a victim, and this altered her perception of abuse and affection.

The first one [the first marriage], the assault played a huge part because I wasn’t very affectionate at all. And that became an issue. But he was also abusive, which I feel like maybe was because I had been a victim for so long. I wasn’t able to differentiate between what it is to be a victim and what it is to actually be loved by someone.

A pattern of abuse can also be perceived as normal or expected when it exists between multiple partners. One participant who disclosed a history of abusive relationships reported that

she believes the sexual assault led her to attract abusive partners as suggested by her response, “He [an intimate partner] was incredible creepy, and controlling, and invasive, and I think that I’ve kind of tended to attract those kinds of men in my life since the incident.” This participant was not the only one to draw a causal connection between the sexual assault and abusive relationships. Another discussed that after the assault she was more accustomed to abusive relationships and that healthy relationships were out of her comfort zone as evidenced by her response, “It’s hard for me to be in a healthy relationship because I didn’t know what that was before.”

Not only were participants likely to enter abusive relationships after a sexual assault, but these relationships could lead to another sexual assault. In several cases, participants discussed how dating abusive partners contributed to subsequent victimizations. One participant disclosed her partner continued to assault her by stating, “I started drinking more. So, during the relationship several of the assaults occurred while kind of just socially drinking with him and he drugged my drinks and the drinking increased.”

Another participant described how her partner put her in situations where she would be victimized.

I went to this party with my girlfriend and we wanted more drugs. I say “we” because I wanted them as well, but we didn’t have enough money and there was a guy there that had them. I felt like I was making her [the girlfriend] happy by allowing him to do these [sexual things to me]... you have to couple it with the fact that I was drinking, I was high, and that really took a long time to grasp the concept that I should not have allowed her to put me into... that situation. [It] meant that she didn’t care and the guy knew that he was taking advantage of me.

Not all relationships that the participants entered into were abusive or led to more sexual assaults; however, even relationships that were not labeled as abusive could have been considered unhealthy. In these unhealthy relationships, the survivors reported that they were not able to connect emotionally or continue the relationship for a long time. Although these relationships were not necessarily abusive, they were unhealthy as they were characterized as short, intense, lacking trust, and unsafe.

One participant suggested that the sexual assault led her to change her views on sexuality, which, in turn, contributed to her engagement of more promiscuous behavior.

I think the biggest way that it [the sexual assault] kind of changed was that the concept of sex was pretty casual to me at that point, so I ended up cheating in a number of relationships because it just kind of to me it wasn't important, what's the big deal?

Another participant stated that she was not able to stay in a "monogamous relationship" and attributed this to her inability to connect emotionally as well as her belief that sex "has to be violent."

As far as emotionally connecting with someone, that couldn't happen... my relationships were very, very intense or non-existent... even up until now. Five or six months ago I was not capable of being in a monogamous relationship or any steady relationship... My sexual behaviors were still very, very wild. A lot of very unsafe sexual behavior still manifested in my behavior after all my therapy... And the fact that I think sex has to be very violent, like you know, I don't literally think that but my body almost has to think that sex has to be violent or punishing or cruel or, I don't know. Something like that.

Another participant attributed the sexual assault for behaviors that she otherwise would not have engaged in, which she believed impacted her ability to emotionally connect.

My relationships and things were just kind of all over the place. I feel like [the sexual assault] really did effect stuff, cause it was like, just doing things that I probably would not have done... And [there] was never a relationship that I was super close to... they were just... just not super... not on that level of being able to connect with someone.

Although many participants sought short-term relationships after the sexual assault, this was not always the case. One participant reported seeking a long-term relationship after the assault. Like other participants, however, she regretted her relationship choice.

When I was raped, I decided I needed to find a long-term relationship, because I had never been in one. So, as soon as I got home, I entered one, like the day I got home... I realized that that probably wasn't the best decision.

Dating Apprehension

An alternative response to entering an abusive relationship was avoiding relationships altogether. Half of the participants ($n = 16$) described taking precautions when dating or avoiding dating when they were asked how the sexual assault impacted their relationships. Participants reported that they were apprehensive about dating because they lost trust in others, increased their standards and sought better quality relationships, or because of PTSD symptoms. Participants who were apprehensive about dating but dated anyways had short relationships and ended relationships when the relationship triggered a PTSD symptom.

A common reason that participants were apprehensive about dating was because of their loss of trust in others. One participant explained that she used to be trusting before the sexual

assault but now is less trusting. “I used to be more open right away with people. I don’t really do that anymore. I definitely am less trusting of people coming into my life that I don’t really know.”

One participant indicated that the loss of trust can be compounded when multiple assaults occurred.

It made me pretty unwilling to date men for like a long time... I was really scared to have sex again... and then it happened a second time. And I was really hesitant about being sexual anymore. I was like, I’m never going to have sex again. I’m never dating men again... I don’t really see any reason to just trust men... It seems to me like time and time again they’re just gonna hurt me.

Another reason survivors were apprehensive of dating was because they increased their standards for dating partners and were no longer willing to risk dating someone who would not treat them how they wanted to be treated.

Now I kinda don’t have tolerance for any of kind of bullshit from men, so I’ve just had... ever since [the sexual assault] I’ve just had really short relationships where it’s like two or six months and I’m like, “Okay, you’re not good enough,” and then move onto the next. So, I’m still single. I haven’t found my life partner... Like if someone displays a lot of jealousy, or tries to control me, or displays that they are kind of authoritarian and like they aren’t willing to like let me be a part of decision-making around traditionally masculine things... if they don’t see me as an equal in that stuff, then I’m quick to be like, “okay we’re not doing this.”

Another participant reiterated this same point in her response that, “I kind of am holding out for Gandhi, but he’s dead already, so I’m probably not going to date much.”

Dating was also avoided because of PTSD symptoms. One participant disclosed that PTSD kept her from dating when she stated that, “I had incredible PTSD and wasn’t able to go out at night... I wasn’t able to form a relationship with people who reminded me of the sexual assault... I kind of avoided all of the trigger areas.”

PTSD symptoms led some participants to lose interest in relationships as one participant stated,

I think, in general, I have issues with freeze responses and disassociating, stuff like that. So, I don’t feel particularly in control in situations like that and so I generally kind of avoid them, with guys and things like that, and I also just don’t get all that interested in them.

However, this was not always the case. Participants with PTSD may have wanted to form intimate relationships, but were unable to because of their symptoms. One participant discussed the tension of wanting a relationship but not being able to because of PTSD that resulted from her assault.

My PTSD were very, very severe... I wasn’t able to be touched... [I was] dealing with issues of intimacy because I wasn’t able to have any physical contact whatsoever with men. I wanted to change – I was a hot-blooded young person and I wanted that in my life but wasn’t able to.

Despite their apprehension, participants still tried dating. For some participants, dating was a slow process with many setbacks, as one participant reported.

I remember the first guy I probably dated. It was a number of dates before we were ever very physically close. And I remember him kissing me and I broke it off after that. And I never told him why or what happened, I just couldn't handle it.

In a similar experience, a different participant reported that she slowly began to date again after the sexual assault and that she too ended relationships because of experiences that triggered PTSD symptoms.

I didn't date for – like at all – for a while, like a couple of years. And then I slowly started dating again about I was guarded... I'd only see people a couple of times and then I'd like, you know, done and then just avoid them... which in retrospect, I'm sorry to all those people who have no idea like why I just disappeared, but it was too much to try to let someone in... and then I met a guy... that I had a relationship with for about four and a half years, and... I mean the poor guy for the first probably like six months we were together there was a lot of stuff that was really triggering.

PTSD Triggers within Dating Relationships

In the sample, approximately one-quarter of participants ($n = 9$) reported staying in a relationship despite having PTSD symptoms while dating. All of these participants disclosed that the PTSD triggers resulting from the sexual assault negatively affected the quality of the relationship. The participants who stayed in relationships and disclosed having PTSD symptoms that were activated at least partly because of the relationship revealed that PTSD symptoms could occur after sexual contact, but also occurred as a result of any physical contact or even without physical contact and impacted both the survivor and their partner.

Although PTSD symptoms can be triggered by sexual behaviors, many participants reported symptoms, such as anxiety, were triggered by unexpected non-sexual touching within intimate relationships. One participant reported that, “I am very jumpy and any situation where I am grabbed or touched, I mean, I’m just... I don’t know, it really gives me anxiety.” Another participant also suggested that the sexual assault impacted her relationship because it has led to “triggering” experiences.

I have huge trouble sleeping in beds with other people... I’ve been in a healthy relationship for two years with my partner and even once and a while sleeping in bed with him is tricky if he leans over me to grab something... It’s just a huge trigger for me, sometimes it’s little things like that.

At other times triggers that lead to PTSD symptoms occurred without any physical contact. Two participants discussed being triggered without being able to identify the triggering event, as evidenced by one participant’s response.

But in more current relationship history I have had a tough time because there have been times where I feel triggered and I don’t necessarily know why or like something doesn’t feel right, or the tone of voice, you know, they’re just little triggers where I have an emotional response and I have to back up and be like what’s going on with me? Now, my partner isn’t doing anything to elicit that kind of response and so its been tough with my current partner.

Further support for PTSD symptoms occurring without physical contact triggering the symptom can be seen in another participant’s response.

As far as romantic relationships go it [the sexual assault] definitely is something that is impactful. [In a relationship] it’s like you’re kinda always fighting this

person of the past, so it's like your relationship is only two people, but there's a third person that's still kinda there.

Another outcome of PTSD symptoms was partner-distress. When survivors' PTSD symptoms were triggered, it negatively impacted their partners. One participant explains how her PTSD led her partner to feel guilty.

The entire relationship has been impacted by that [the sexual assault]... there have been a couple of times where while I've been intimate with my current partner, I'll have triggers. And it makes it kind of difficult and then he feels really bad because he feels like it's something he did and it's not... It's hard to make him understand that it's not his fault.

Disclosing to a Partner

A final theme that emerged was disclosing the sexual assault to a partner. Because disclosing a sexual assault has been reported in the literature to impact the quality of relationships (Campbell et al., 2001; & Ahrens et al., 2012), this research sought to better understand what types of negative responses survivors received and what, if anything, predicted those responses. Of the 32 participants, 15 discussed sharing the sexual assault with a partner. Although some partners in the data were supportive during and after sexual assault disclosures, 10 had unhelpful or harmful responses. Of those 10, 4 partners blamed or belittled the survivor for being sexually assaulted and 6 did not know how to react to the sexual assault.

According to the participants, several partners told the survivors that the assault was their fault as described in one survivor's response that, "In college [I] dated a person who I disclosed the assault to and he was very abusive and he would throw it in my face and say, 'well you deserve to be raped.'"

Other participants reported similar responses. One survivor shared that her partner, “was pretty abusive and – more mental than physical – but he just always blamed me for it [being sexually assaulted].”

Another survivor shared her experience.

I finally got the courage to tell the first person that I’ve been raped, and they gave me herpes and that was a huge step for me. And his immediate reaction was, “were you having a threesome when you were raped?”

Some participants described that their partners used the knowledge of the sexual assault to belittle them. For some survivors, partners not only responded negatively and blamed them for the assault, but continued to bring up the assault to shame and belittle them. One participant stated, “and so, he got that information [about the rape] and used it to shame me... [The sexual assault] interfered [with the relationship] because it was like giving him a can of gasoline and matches, that information.”

Another participant shared a similar experience.

I got into an abusive situation for about 10 years, because it was kinda my sense of normal. Unfortunately, he knew, in the beginning I told him about the assault just because I was into disclosure and I thought he should know. But he ended up using that sort of against me.

Other participants reported that their partners did not know how to respond to the sexual assault and that this was also hurtful.

I had another one [partner] where like he really couldn’t understand what I’d be going through and I’d try to talk to him about it and he wouldn’t really know what to say or do and it was frustrating to me that he didn’t know how to help me...

they tend to ignore it because they don't know what to say or do and then I feel very alone and neglected.

Occasionally, when partners did not know how to respond they would get upset or draw attention to their own needs, as one participant stated.

When I talk about it or... he just gets very upset and angry because he feels like he can't do anything, he feels like at a loss and its causing a lot of stress... when I'm going through things, he'll complain of being sick a lot more or like having physical problems and I think it's related to what I'm going through.

Another survivor shared that her partner also did not know how to "handle" the assault and ended the relationship because he did not want to "handle" it.

With any relationship that followed, I think it was a very heavy thing for them to process. And, um... I remember someone I was casually dating, like I'd only gone out maybe one or two dates. I had told [him] about [the sexual assault] and he was like, "That's too much for me. I can't handle that, I'm sorry."

DISCUSSION

I found that sexual assault impacts survivors' long-term relationships in ways not currently addressed in the extant literature. The findings provided insight into the research questions regarding intimate relationships post-assault; dating post-sexual assault; and reactions sexual assault survivors receive after disclosing the sexual assault to an intimate partner. Analysis of transcripts revealed four themes that addressed these questions, abusive and unhealthy relationships, dating apprehension, PTSD triggers within a dating relationship, and disclosing to a partner. Here, I compare my findings to extant literature in the field.

Abusive and Unhealthy Relationships

The results suggest that sexual assault survivors may seek risky dating partners or remain in abusive and/or unhealthy relationships after the sexual assault. This is not surprising as previous research has shown that survivors may engage in risky sexual behaviors, which mirror behaviors in abusive and unhealthy relationships (O'Callaghan et al., 2019; Turchik & Hassija, 2014; Weaver, 2009; & Deliramich & Gray, 2008). In addition, survivors have been shown to engage in sexual risk-taking behavior including having more sex, have more sexual partners, have more sexual encounters while intoxicated, and selling sex (O'Callaghan et al., 2019; Turchik & Hassija, 2014; & Deliramich & Gray, 2008). Consistent with past research, I found that 13 of the participants entered into or remained in an abusive or unhealthy relationship after the sexual assault. Analysis of these 13 participants' interviews revealed that some of these survivors held views that normalized abusive behavior, that some survivors who dated abusive partners were re-victimized, that survivors who entered unhealthy relationships were unable to emotionally connect with their partners, and that some survivors engaged in risky sexual behaviors.

The finding that abusive behavior was normalized among some survivors mirrors other research. Some participants were unsure if their abuse was wrong or were uncertain of the differences between abusive and healthy relationships. Previous literature has shown that female survivors who experience harassment and abuse may consider this normal sexual behavior (i.e., appraising the experience as nothing out of the ordinary), despite resisting it (i.e., fighting off an attacker) (Halvaka, 2014). Normalization minimizes the behavior of the perpetrator and has also been shown to be one of the reasons survivors do not report the assault (Holland & Cortina, 2017). Some researchers have suggested that sexually aggressive male behavior is an outcome of adherence to a masculine gender role that teaches men to be dominant and aggressive and

teaches women to be inferior or even worthy of victimization (Muren et al., 2002). In the interview transcripts, one survivor came to believe that she was worthy of victimization because she had been a victim for so long, “I had been a victim for so long I wasn’t able to differentiate between what it is to be a victim and what it is to actually be loved by someone.” These narratives and beliefs may contribute to survivors’ appraisal of abusive partners as normal dating relationships (Jackson & Cram, 2003).

Intimate partner violence (IPV), which includes sexual assault, is estimated to impact approximately 30 percent of women (Smith et al., 2018; & Devies et al., 2013). In addition, college students are at an extremely high risk of IPV, in that victimization rates are between 20 percent and 50 percent (Nabors, 2010). Therefore, the finding that some participants who dated abusive partners were more likely to be sexually assaulted again is well supported by the literature. Participants who discussed subsequent sexual assaults within dating relationships told us that these assaults were at least partially related to drug or alcohol use. Other research has shown a significant relationship between depressants, such as alcohol, and intimate partner violence among college students (Nabors, 2010).

Finally, I found that some sexual assault survivors formed relationships that, although not labeled as abusive, were unhealthy. Unhealthy relationships were characterized as short, intense, lacking trust, and unsafe. Participants who entered unhealthy relationships were unable to emotionally connect with their partners and engaged in sexual promiscuity. Many of these findings are consistent with other literature, which found that sexual assault survivors engage in unsafe and promiscuous sex (O’Callaghan et al., 2019; Turchik & Hassija, 2014; & Deliramich & Gray, 2008). Therefore, the finding that these behaviors continued into dating relationships is not surprising.

This research expands on the previous research mentioned above and shows that sexual assaults can contribute to survivors' dating abusive partners and forming unhealthy relationships. Specifically, I found that sexual assaults were, in some cases, tied to the normalization of abusive behavior. I also found that dating (not just having sex after a sexual assault) can lead to more sexual assaults. Finally, I found that when survivors were in unhealthy relationships, they tended to engage in promiscuous sex and cheating, shifted their perceptions of sex to a more casual and less significant activity, or were unable to emotionally connect with their partners.

Dating Apprehension

The findings indicate that some sexual assault survivors may be apprehensive about dating or avoid dating following a sexual assault. This finding was expected as previous research has shown that sexual assault survivors are likely to avoid intimacy or have fewer sexual interactions (O'Callaghan et al., 2019; Turchik & Hassija, 2014; Weaver, 2009). Post-sexual assault sex-avoidant behavior has been attributed to mental health outcomes associated with those sexual assaults (e.g., anxiety, PTSD) and physical outcomes associated with those sexual assaults (e.g., genital injury, pain, STIs) (Turchik & Hassija, 2014; Weaver, 2009; Amar & Gennaro, 2005; Sadler et al., 2000; & Van Berlo & Ensink, 2000). Extending past research, I found that some survivors were apprehensive and avoided dating after a sexual assault for three main perceived reasons, including not trusting potential partners, increasing dating standards for better quality relationships, or avoiding situations that could trigger PTSD symptoms.

Many of the participants who were apprehensive towards dating revealed that they were not trusting of other people, especially dating partners. Although previous research has shown that survivors are less trusting of others and of sexual partners (O'Callaghan et al., 2019; Holland et al., 2016; Shakespear-Finch et al., 2010 & Dunmore et al., 1999), these results indicate that the

of loss of trust in others following a sexual assault also may be a reason for dating avoidance or apprehension.

Similar to O’Callaghan and her colleagues (2019), who conducted a qualitative study on survivors and sexuality after an assault, I found that some survivors lost interest in having sex after the sexual assault. However, I also found that some survivors who were apprehensive about dating did want to date and engage intimately with partners, but were unable to do so for other reasons, such as PTSD symptoms. These findings indicate that it is possible that PTSD affects survivors’ relationships in two ways: (1) it lowers relationship quality because of symptoms that emerge in the relationship (Doray et al., 2013) and (2) it keeps survivors out of relationships because they do not want to experience symptoms. In other words, survivors are affected by PTSD symptoms and the fear of having PTSD symptoms. The fear of PTSD symptoms is what appears to affect survivors’ dating apprehension and avoidance.

PTSD Triggers within a Dating Relationship

There are a variety of responses survivors have to sexual assaults; although some avoid dating, others continue to have dating relationships (O’Callaghan et al., 2019). Because sexual assault has been strongly associated with PTSD, it is not surprising that PTSD symptoms emerge in these relationships (DeCou et al., 2019; Dworkin et al., 2017; & Dworkin et al., 2016). Approximately one-third of the participants in this study maintained a relationship with a romantic partner despite having PTSD symptoms within the relationship. Participants who discussed that their relationship contributed to them having a PTSD trigger shared that triggering experiences could be sexual, but could also be non-sexual physical contact or no contact at all. Further, when a survivor was triggered in a relationship, it impacted the quality of the relationship for both the survivor and the partner.

Previous research has indicated that trauma negatively affects the quality of relationships. Disassociation, PTSD symptom severity, decreased communication, decreased connection, and sexual intimacy problems have all been associated with poorer relationship satisfaction (DiMauro & Renshaw, 2019; Doray et al, 2013; & Nelson Goff et al., 2006). Previous research has shown that survivors may not want to have sex because it may trigger anxiety or a PTSD flashback, regardless of whether they are related to intimacy or not and that this may lead to increase relationship distress (Nelson Goff et al, 2006). However, other research has indicated that neither the role of mental health symptoms (e.g., anxiety, depression) nor the role of sexual intimacy served an intermediate role between sexual assault and relationship satisfaction (Georgia et al, 2018). Georgia and her colleagues (2018) suggest that other factors, such as poor communication, intimate partner violence, and emotional intimacy mediate the relationship between sexual assault and relationship satisfaction.

Disclosing to a Partner

The final theme in this analysis, disclosing the sexual assault to a partner, includes the analysis of negative responses participants received when they disclosed the sexual assault to someone they were dating. Previous literature has shown that reactions to disclosures can be either helpful or hurtful to the survivor and that intimate partners are more likely to have hurtful responses than other informal social groups (Ahrens et al., 2012; & Campbell et al., 2001). Although participants in this study were not directly asked about disclosure, 15 discussed talking to a partner about the sexual assault. Of the 15, 10 received negative reactions, 4 partners intentionally blamed the survivor for the sexual assault or tried to use the assault to belittle them and 6 partners had harmful responses because they did not know how to react.

Negative reactions to sexual assault disclosures (e.g., treating the survivor differently, taking control of the situation, blaming the survivor, egocentric reactions) are harmful to the survivor and are associated with maladaptive coping, including being less likely to use support services and to disclose again, and being more likely self-blame, have PTSD symptoms, and have depression (Orchowski & Gidycz, 2015; Littleton, 2010; & Ahrens, 2006). Disclosures about sexual assault are far more likely to occur with informal support providers (e.g., friends, family, romantic partners) than formal support providers (police agencies, campus authorities, counseling services, or other authority figures) and, therefore, informal support providers have the greatest opportunity to react in a way that is helpful or harmful to survivors (Fisher et al., 2003). Of the informal support survivors, romantic partners are the most likely to have hurtful responses to a sexual assault disclosure (e.g., lowest amount of tangible aid, highest amount of blame, control, and egocentric behaviors) (Ahrens et al., 2009). The finding that two thirds of participants who disclosed a sexual assault to a romantic partner received a hurtful response is, therefore, consistent with the extant research on this issue.

I found that negative reactions to sexual assault disclosure fit two categories, blaming the survivor for the assault and not knowing how to react to the assault. These two categories are similar to findings by other researchers. Relyea and Ullman (2015) also grouped negative reactions to sexual assault disclosure into two categories, turning against (which consisted of consistently hurtful reactions such as blaming, stigmatizing, or attacking the survivor) and unsupportive acknowledgement (which consisted of distracting the survivor, or egocentric reactions). They found that survivors who were “turned against” had greater social withdrawal, increased self-blame, and decreased sexual assertiveness, while those who received

“unsupportive acknowledgement” developed both adaptive and non-adaptive coping strategies (Relyea & Ullman, 2015).

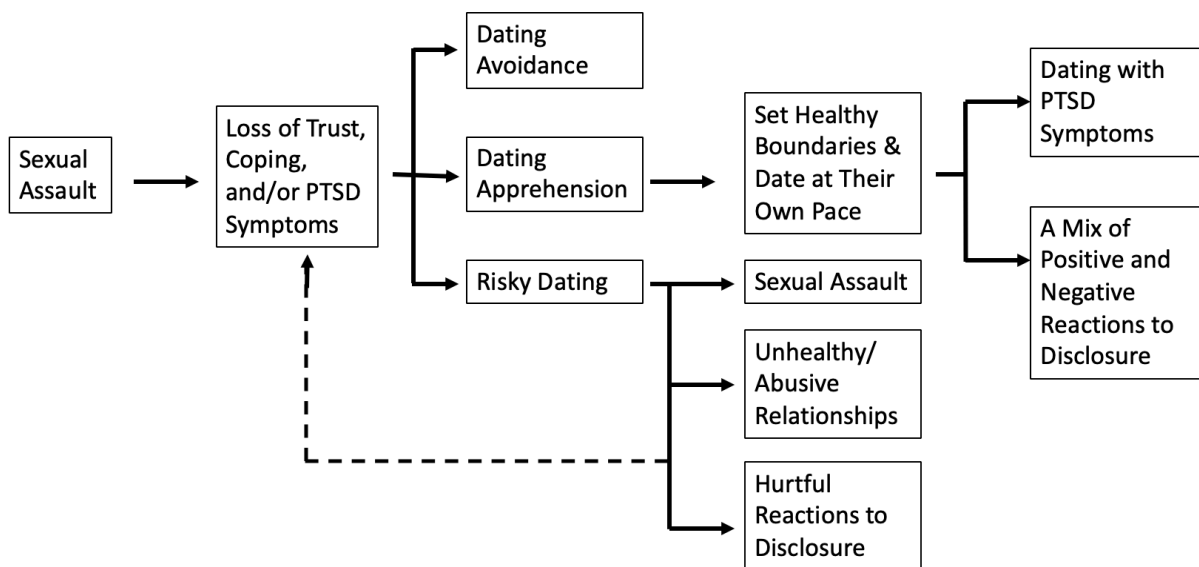
Other Findings

In this qualitative study, there were some participants who did not neatly fit into any theme, that is to say, some participants successfully formed healthy relationships with romantic partners. Although our interview question, “did the sexual assault impact your romantic relationships?” did not invoke much discussion on positive dating experiences, some participants mentioned that they participated in healthy romantic relationships. There is little research on what factors aid survivors in developing healthy romantic relationships after a sexual assault; however, some studies have shown that making meaning of the sexual trauma, participating in advocacy movements such as the #MeToo movement, and using mental health services, such as therapy, can help survivors positively cope with the crime that has been committed against them (Swanson & Szymanski, 2020; Belleville et al., 2018; & Vilenica et al., 2013). Positive coping could reduce the barriers to healthy relationships that result from PTSD symptoms such as increased risky sexual behavior and fear that dating will lead to triggering a PTSD symptom. Research also indicates that social support, such as positive responses to a sexual assault disclosure can help survivors positively cope with the sexual assault (Orchowski & Gidycz, 2015; Littleton, 2010; & Ahrens, 2006). From these findings, it may be the case that there are two main factors that contribute to a survivor’s successfulness in forming a healthy relationship, their personal ability to positively cope with the sexual assault and their support systems’, which may include a romantic partner’s, ability to positively respond to and support the survivor. Participants in this study who had relationships that they held in positive regard indicated that their partners were supportive of them and helpful in their recovery.

Preliminary Analysis of the Relationship of Post-Sexual Assault Variables

In my thesis research I examined how sexual assault may impact post-assault relationships. The post-assault variables detailed in the thesis may predict outcomes in dating relationships following a sexual assault. In particular, I found that there are three main dating possibilities for survivors of sexual assault. Survivors may avoid dating altogether, be apprehensive about dating, or engage in risky dating behavior. I have developed a figure, Figure 1., to show illustrated possible relationship outcomes sexual assault survivors may face (see Figure 1. Preliminary Analysis of the Relationship of Post-Sexual Assault Variables).

Figure 1. Preliminary Analysis of the Relationship of Post-Sexual Assault Variables



As shown in Figure 1., sexual assault can lead to loss of trust, coping skills, and PTSD symptoms. The data in the thesis research suggests that the impact of sexual assault (loss of trust, coping, and/or PTSD symptoms) may result in survivors avoiding dating, being apprehensive about dating, and engaging in risky dating behaviors.

Of these three possibilities, survivors who avoid dating and survivors who engage in risky dating have fewer positive relationship outcomes compared to survivors who are

apprehensive about dating. Survivors who avoid dating altogether do not experience any other symptoms of the sexual assault within a dating relationship; however, because not dating is a form of avoidant coping, it is likely that these survivors still experience the physical and mental harm inflicted on them. Avoidant coping, or a behavior that manages stress by avoiding a stressor, can increase PTSD severity and length of recovery (Pineles et al., 2011). Therefore, it is likely that those who did not experience relationship distress because they avoided relationships altogether, still experienced PTSD symptoms (Ullman et al., 2007).

Survivors who engage in risky dating behaviors may have adverse outcomes. They may be at a higher risk for sexual assaults, more likely to enter into unhealthy or abusive relationships, or date romantic partners that have hurtful reactions to their sexual assault disclosures (see Figure 1). The post-assault variables that were associated with risky dating behaviors were similar to finding in the literature indicating risky sexual behavior can lead to adverse outcomes, such as subsequent sexual assaults (Messman-Moore et al., 2010). Some of the women in the study disclosed that abusive partners had negative reactions to their sexual assault disclosures. The relationship between negative reactions to a sexual assault disclosure and abusive partners is supported by previous literature that has shown that some romantic partners may have hurtful reactions and even attack survivors who choose to disclose (Relyea & Ullman, 2015). Because revictimization seems to be more likely in risky dating and revictimization increased PTSD symptoms (Messman-Moore et al., 2010), it is likely that risky dating is associated with greater PTSD symptoms and less trust in others (O'Callaghan et al., 2019; & Turchik & Hassija, 2014).

In Figure 1, I show that participants who were apprehensive about dating set healthy boundaries and dated at their own pace, but still reported PTSD symptoms within their dating

relationships and received a mix of positive and negative reactions from dating partners when they disclosed a previous sexual assault. A mix of positive and negative responses to sexual assault disclosure and stress within survivors' dating lives is consistent with other research on survivors and their relationships (DiMauro & Renshaw, 2019; Lambert et al., 2012; & Ahrens et al., 2009). However, this preliminary research suggests that survivors who were apprehensive about dating were less likely to experience further victimizations and had greater social support than those who engaged in risky dating behavior. Although my thesis focused on more negative aspects of dating after a sexual assault, other research has shown that partners may be supportive of survivors and want to help them in their recovery (O'Callaghan et al., 2019). Those participants who reported they were apprehensive about dating also provided themselves the opportunity to work through their fear of dating and their PTSD symptoms at their own pace by leaving relationships when their PTSD symptoms occurred. Entering into a relationship and then exiting it when PTSD symptoms emerged is a similar behavior that clients practice in exposure therapies, in which trauma survivors are exposed to trauma memories and reminders in treatment as a way to reduce PTSD symptoms (Foa et al., 2018). Furthermore, the reduced risk of revictimization for survivors who are apprehensive about dating could partly be explained by the finding that those who were apprehensive about dating tended to set higher standards for potential dating partners. By refusing to date potential partners who would not respect the survivor or by ending relationships that had unhealthy characteristics, the survivors in this study who were apprehensive about dating set healthy boundaries that decreased their perceived risk of further victimization and could increase their likelihood of dating supportive partners (Byers et al., 2016).

Although these three categories can be somewhat predictive of the relationships survivors have after a sexual assault, it is also possible that some survivors do not stay in one category. In this sample, some participants moved through these different categories either by engaging in risky dating behavior directly after the assault and then becoming apprehensive about dating, by avoiding dating all together and then dating selectively, or by being apprehensive about dating and then engaging in risky dating.

LIMITATIONS

This study has several limitations. Most notably, I was unable to review the transcripts throughout most of the coding process. Policy resulting from COVID-19 prohibited me from looking at any transcript data from March 2020 to the end of July 2020, at which point I had access to the transcripts for no more than 8 hours. As a result, I relied on notes about the transcripts to develop themes, that may have been created with greater accuracy if I had greater access to the transcripts.

The recruitment of participants is another limitation in this study. Participant collection occurred either through responses to a posting on the Amazon Mechanical Turk crowdsourcing website or through a Listserv for professionals in the field for sexual violence prevention and response. Those who responded through the Amazon Mechanical Turk crowdsourcing website were more representative of the overall sexual assault survivor population as this survey was available to any Amazon Mechanical Turk user. However, those who responded through the Listserv were exclusively professionals in the field. Although it is unknown if working in the field would affect one's healing journey or understanding of their sexual assault, it is conceivable that participants who work in the field would be more aware of how their sexual assault has

impacted them and have greater knowledge of sexual assaults than the general population. Therefore, the generalizability of these findings is limited.

Another limitation in this study is the potential unequal opportunity for participants to discuss how their sexual assault impacted their relationships. Because interviewers were not only interested in how sexual assaults affect relationships, it is possible that participants were prompted to discuss the impact sexual assault had on their relationship at various degrees. An interview designed to capture information directly about the impact sexual assault had on relationships would have provided a more complete scope of this issue.

Finally, the effect demographic variables (e.g., race, ethnicity, sexuality) have on the relationship between sexual assault and relationships were not examined in this study. Only participants who identified as female partook in this study; therefore, the findings are not generalizable to other gender identities. Further research is needed to understand the effects of sexual assaults on other gender identities as well as the variance of these effects across other demographic variables.

CONCLUSIONS AND FUTURE DIRECTIONS

It is clear that survivors' intimate relationships are impacted after a sexual assault. As predicted, survivors' dating behaviors varied. Some survivors were apprehensive about dating or avoided dating all together. These participants were not trusting of potential partners, had high standards for dating, or avoided dating because of PTSD symptoms. Other survivors dated but ended up in abusive or unhealthy relationships. Survivors in abusive relationships viewed abusive behavior as somewhat normal, and, in some cases, were re-victimized in their relationship. Of the survivors that formed unhealthy relationships, some reported that they were unable to emotionally connect with their partner, viewed sex as something insignificant or

something that should be dangerous, or engaged in promiscuous sexual behavior. Of the participants who did enter more supportive relationships, PTSD symptoms seemed to impact the quality of their relationships. Survivors reported that their PTSD was triggered during intimacy, physical contact, and at other times when no contact was made. Some survivors also reported that their partners had a hard time understanding them when they had PTSD triggers and didn't know how to react. This research also analyzed the impact disclosing a sexual assault has on relationships and found that, for some survivors, disclosing a sexual assault was met with hurtful responses, such as partners blaming the survivor for the sexual assault or using the sexual assault to belittle them. Some partners did not know how to react to the disclosure of a sexual assault, which survivors also found to be hurtful. Finally, I identified three responses to sexual assaults that may predict other post-assault variables relating to romantic relationships: dating avoidance, dating apprehension, and risky dating.

Further research should continue to examine variables that predict post-assault outcomes on romantic relationships. Although I suggest that dating apprehension is a protective variable that increases survivor's likelihood of forming healthy relationships and minimizes the risk of abusive and unhealthy relationships, further research should evaluate this proposal. A better understanding of the ways survivors approach dating relationships and how these approaches increase or decrease their risk of post-assault variables could help clinicians guide survivors in making healthy relationship choices and help researchers better understand these mediators of post-assault variables.

Although this research explores several ways sexual assault hinders healthy post-assault romantic relationships and leads to unhealthy relationship dynamics, it does not address predictors that contribute to the initial sexual assault. One predictor of sexual assault is adverse

childhood experiences (ACEs) (Ports et al., 2016). A single ACE has been shown to multiply the risk of adult sexual assault by 1.77 and childhood sexual assault (CSA), a type of ACE, has been shown to increase the risk of adult sexual assault by 3 times (Ports et al., 2016). Previous research has also indicated that ACE is positively associated with increased risky behavior, risky sexual behavior, IPV as an adult, PTSD, and chronic avoidance (i.e., an unwillingness to remain in contact with unpleasant private experiences such as emotions, thoughts, sensations, or memories) (Campbell et al., 2016; Schalinski et al., 2016; Mair et al., 2012; Rosenthal et al., 2005; & Whitfield et al., 2003). However, research has not yet examined the degree to which sexual assault is not only predicted by ACE, but also mediates the relationship between ACE and post-ACE outcomes or, how ACE mediates the relationship between sexual assault and post-assault variables. Research that examines this relationship would contribute to our understanding of these populations and better address the needs of survivors.

This research signals the need for a better understanding of the impacts sexual assaults have on dating relationships. Many participants avoided dating or ended up in abusive or unhealthy relationships. To better support survivors, researchers and practitioners need to know what barriers survivors have to healthy relationship satisfaction and how those barriers can be overcome. These results show that some barriers to healthy relationships include dating apprehension, fear of experiencing PTSD symptoms, being triggered and having PTSD symptoms, the inability to emotionally connect, promiscuous sexuality, and dating abusive partners. Clinicians can target these barriers in therapeutic interventions so survivors will be better prepared to enter healthy relationships. Because existing research has labeled emotional intimacy as perhaps the most important variable in determining relationship satisfaction post-

assault, clinicians may want to teach this skill to survivors who are interested in dating relationships (Georgia et al, 2018).

Furthermore, the findings signal the need for intervention programs, such as bystander education programs that teach all members of a social ecology how to prevent sexual assaults and how to support survivors. Previous research has indicated that survivors predominantly disclose to informal resources (Ahrens et al., 2009; Ahrens et al., 2007; & Fisher et al., 2003); however, these resources may not be trained to appropriately respond to a sexual assault, which can result in further harm to the survivor (Relyea & Ullman, 2015; & Ahrens & Aldana, 2012). In this study, 6 survivors received harmful responses from dating partners after disclosing a sexual assault because these partners did not know how to properly respond to a sexual assault. Knowledge of this gap provides an opportunity for skill training that would help partners support survivors.

Current results from a qualitative study indicate that survivors suggest that those to whom they disclose their sexual assault be supportive listeners without showing pity or trying to rescue the survivor (Kirkner et al., 2017). They also suggest they use anti-blaming messages, such as assuring survivors that the assault was not their fault (Kirkner et al., 2017). Teaching these communication skills would provide survivors with better support; however, more research should be done to determine how bystanders can best prevent sexual assault and support survivors.

There is also a need to support survivors who are in abusive relationships. The results from this study and others indicate that sexual assault survivors may feel like they deserve to be in unhealthy relationships or that abusive behavior is normal (Muren et al., 2002). To support these survivors, prevention programs should deconstruct myths that justify or normalize abusive

relationships and should teach bystanders how to support survivors who are in abusive relationships.

Despite the limitations outlined above, this study contributes to the scientific understanding of sexual assault survivors. Specifically, the contributions of this research advance knowledge on the post-assault variables that impact romantic relationships. This paper not only validated previous findings on post-assault impacts on sexuality and post-assault victimization, but also provided evidence that adverse sexual behaviors such as risky dating and risky promiscuity impact survivors and their dating partners. This research also add to the literature by providing evidence that PTSD symptoms, and the fear of PTSD symptoms, contribute to survivors' dating apprehension and impact survivors and their partners while in a dating relationship and flagged the importance of bystander training programs that can teach potential partners how to respond to a sexual assault disclosure.

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