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ABSTRACT

THE CORRELATION BETWEEN CHILDHOOD SEXUAL ABUSE, INTIMATE
PARTNER VIOLENCE, AND SEXUAL REVICTIMIZATION
ON NORTH AMERICA EMERGING ADULT FEMALES'
ROMANTIC RELATIONSHIP SATISFACTION
WITH SPIRITUAL WELL-BEING AND
POST-TRAUMATIC GROWTH
AS MEDIATORS

by

Sara C. Ward

Chair: Dr. Brad Hinman

ABSTRACT OF GRADUATE STUDENT RESEARCH

Dissertation

Andrews University

College of Education and International Services

THE CORRELATION BETWEEN CHILDHOOD SEXUAL ABUSE, INTIMATE
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AS MEDIATORS

Name of researcher: Sara C. Ward

Name and degree of faculty chair: Brad Hinman, Ph.D.

Date completed: May 2023

Problem

Emerging adulthood is a time of great adjustment, in both personal and relational terms. One of emerging adulthood's most important developmental tasks includes the excitement of intimate romantic relationships (Shulman & Connolly, 2013). These intimate romantic relationships can involve sexual as well as emotional intimacy (Fisher, 2006). When there has been sexual abuse in childhood, the perception of self and others is maladaptive and damaging, increasing one's chance of experiencing sexual revictimization and intimate partner violence (Williams et al., 2010). This can greatly influence romantic relationship satisfaction. There are very few references to strength-

based trauma mediators in the current literature. This study aims to determine the relationships between childhood sexual abuse (CSA) and romantic relationship satisfaction, with the additional power of post-traumatic growth and spiritual well-being as mediators.

Method

This was a quantitative non-experimental study that used descriptive statistics and structural equation modeling to answer the research questions. Data was collected by QuestionPro, with a total of 406 participants as the sample size. Participants completed a survey that measured CSA history, romantic relationship satisfaction, emerging adulthood sexual revictimization, intimate partner violence, post-traumatic growth, and spiritual well-being in emerging adult females.

Results

In general, most participants experienced moderate levels of relationship satisfaction, although those with a history of childhood sexual abuse reported statistically lesser satisfaction levels than those who do not have a CSA history. Regardless of CSA history, participants experienced high levels of love for their partner.

Approximately half of this study's participants have experienced some form of sexual revictimization since they were 14 years old, and another estimate of 25% have experienced sexual revictimization in the last 12 months. Those with a CSA history had statistically significant higher prevalence rates for sexual revictimization than those who did not have a childhood sexual abuse history.

Having a history of CSA did not predict relationship satisfaction directly. Intimate partner violence was shown to be the strongest predictor of relationship satisfaction, with

post-traumatic growth being the next strongest predictor. Revictimization experiences had a significant direct effect on spiritual well-being.

Conclusions

This study was a quantitative non-experimental design. Participants were United States female emerging adults. Results showed that CSA experiences did not predict relationship satisfaction directly in female emerging adults. Females with CSA experiences reported having a significantly higher rate of sexual revictimization than those who do not have a CSA history. Finally, the best predictors of relationship satisfaction levels were intimate partner violence and post-traumatic growth.

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A Dissertation

Presented in Partial Fulfillment
of the Requirements for the Degree
Doctor of Philosophy

by

Sara C. Ward

May 2023

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Date approved

DEDICATION

It is not without full acknowledgment that I, on my own, could never have completed this million-mile journey. To the following, I extend my greatest affection:

My Father, my Friend, and constant Companion—You have seen me defeated and weak, brilliant and strong, stormy and tossed, solid and still (sometimes all within the same day), and yet you stay by my side to sustain and nurture, to heal and prosper, to calm and enlighten, to encourage and love. May my life and my work honor you. May my soul never outlive its love for you.

Everything I have done in my life has been for you: Caleb James, Anna Rebecca, Marie Naomi, and Olivia Kaitlyn. Thank you for always and forever brightening my days! You four are the best of my life! I eternally love you!

My darling Scott—my ever-steady and calm husband. You empower me when I am ready to quit, revel with me in the beauties of life, sit heavy and somber with me when life is too much, and play with me when we need to forget our responsibilities. I love you and am honored to be your wife.

My mother, who continually encouraged me and found a word of life unto life to share when I was parched. It's not without recognition that your prayers for me lifted and sustained me to survive many seasons of my life and to make it here! Thank you for your faithfulness and love.

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LIST OF ABBREVIATIONS

| | |
|---------|----------------------------------------------------|
| ABI | Abuse Behavior Inventory |
| AMOS | Analysis of a Moment Structure |
| APA | American Psychological Association |
| AU | Andrews University |
| CSA | Childhood Sexual Abuse |
| CSDT | Constructivist Self-Development Theory |
| CTQ-SF | Childhood Trauma Questionnaire-Short Form |
| DAS | Dyadic Adjustment Scale |
| EWB | Existential Well-Being |
| IPV | Intimate Partner Violence |
| IRB | Institutional Review Board |
| PTG | Post-Traumatic Growth |
| PTGI | Post-Traumatic Growth Inventory |
| PTSD | Post-Traumatic Stress Disorder |
| RAS | Relationship Assessment Scale |
| RCSE | Relationship-Contingent Self-Esteem |
| RWB | Religious Well-Being |
| SES | Socio-Economic Status |
| SES-SFV | Sexual Experiences Survey-Short Form Victimization |
| SPSS | Statistical Package for the Social Sciences |

SWB

Spiritual Well-Being

SWBS-SV

Spiritual Well-Being Scale-SV

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The entire GDPC department for training me well and for giving me a safe space to grow and learn and become.

I now go forward to fulfill my calling to Change the World:

*“To bring good news to the humble and afflicted;
To bind up the wounds of the brokenhearted”
Isaiah 61:1 AMP*

CHAPTER 1

INTRODUCTION

The study aimed to explore and describe the experiences of North American females in the United States who are between the ages of 18-29 and who are in a committed romantic relationship. Items were included in the survey to determine if participants had a childhood sexual abuse (CSA) history and to determine what impact that history had on their intimate relationship satisfaction (IRS). The constructs of intimate partner violence (IPV) and sexual revictimization, as well as the mediators of post-traumatic growth and spiritual well-being, were included in determining their effects on the relationship between CSA and relationship satisfaction. The purpose of this chapter is to develop the context for the study. This chapter is divided into twelve sections to provide an overview of the research. The sections are as follows: background of the problem, statement of the problem, purpose of the study, conceptual framework, research questions, the significance of the study, limitations, definition of terms, assumptions, research design, research methodology, and organization of the study.

Background of the Problem

Emerging adulthood is the ages between 18 and 29 (Arnett, 2007; Arnett et al., 2014), including individuals who have left adolescence but have not quite fully entered into the responsibilities of adulthood. According to Arnett (2000), “Having left the dependency of childhood and adolescence, and having not yet entered the enduring

responsibilities that are normative in adulthood, emerging adults often explore a variety of possible life directions in love, work, and worldviews” (p. 469).

Emerging adulthood requires significant life adjustments (Arnett, 2000; Chopik et al., 2021). Common markers of emerging adulthood are finding independent housing, completing school, choosing a career path, and pursuing a romantic relationship that may lead to marriage. Some emerging adults follow the directions given to them, either implicitly or explicitly, in their childhood and adolescence through family values and guidance. One of the more traditional trajectories that Americans teach their children is focused on education before independence—elementary school, high school, college, career, and then romance and perhaps a family. But this is not always the case, and other personal pursuits may motivate the emerging adult to propel forward. Some value the sheer feeling of freedom from the constraints of education after graduating high school and may find a full-time job, using their income to support their independence. Others may esteem family values above all else and choose romance and family over education. As focused as Americans are on higher education being the natural “next step” after high school, emerging adults often challenge this expectation and begin a journey of self-discovery to find their way apart from the traditional trajectory (Shanahan, 2000).

Romantic relationships can become complicated during such adjustments as emerging adults grow in their ability to find commitment and establishment. Individuals seeking to find their way can struggle with aligning with one another in intimate and settled ways. An added factor that further complicates these relationships includes a history of childhood trauma. Bringing unresolved issues into the relationship can create dynamics that grow into conflict and dissatisfaction. Having a history of childhood sexual

trauma compounds these effects (Lassri et al., 2018). Intimate relationships require vulnerability and trust, and when these have been developed faultily due to abuse, it takes work to remedy the injury (Cherlin et al., 2004; Walker et al., 2009).

This study looked at CSA in females as one factor that may influence more complex and, often, unhealthy romantic relationship patterns. Two of the most common damaging romantic relationship patterns seen in females who have a CSA history include sexual revictimization and IPV (Chan, 2011; Davis & Petretic-Jackson, 2000; DiLillo, 2001; Testa et al., 2005). Two strength-based constructs, Spiritual Well-Being (SWB) and Post-Traumatic Growth (PTG), were brought into this study to examine their influence on the intimate romantic relationship satisfaction of those who have experienced CSA. One of the hypotheses of this study was that females with a history of CSA have a higher risk of entering into harmful romantic relationships. Secondly, the higher the self-report scores on these strength-based constructs, the lower the risk of romantic relationship revictimization and violence, and the higher the scores on relationship satisfaction.

This study was developed within the perspective of the following conceptual frameworks: Bowlby's Theory of Attachment, Constructivist Self-Development Theory, and Psychodynamic Perspective of Personality. These frameworks were chosen due to their meaning-making beliefs and their developmental theories. This study aimed to present the material in a way conducive to hope-building, empowerment, and strength-based messages for the trauma field, which currently possesses too few of these qualities (Hodges & Myers, 2010).

Statement of the Problem

Intimate romantic relationships in emerging adulthood are often healthy, adaptive, and satisfying in the couple's companionship. Emerging adulthood is a season of life full of adjustment, uncertainty, and excitement as individuals prepare to take their first steps toward independence. The lessons learned effectively in childhood and adolescence can be used as frameworks for navigating toward personal goals, dreams, and new relationships. This framework also develops security as the emerging adult moves toward a more intimate romantic relationship.

However, there are also difficulties in moving forward and entering into intimate relationships when one has had experiences that created a maladaptive framework of how healthy relationships function. By the very nature of intimacy, these emerging adulthood relationships can uncover past childhood attachment issues (Yumbul et al., 2010).

Many factors in an individual's life influence one's romantic and intimate relationship satisfaction levels. A potential factor that may devastate relationship satisfaction is CSA, creating perceptions of self and others that are maladaptive and damaging (Saha et al., 2011). CSA also increases one's risk for adulthood sexual revictimization and IPV (Williams et al., 2010).

Within mental health settings, childhood trauma has been widely researched and considered. More specifically, CSA outcomes have included evidence of adulthood relationship implications, increasing risks for psychopathology, and a higher risk for sexual revictimization. (Barnes et al., 2009). While these factors and outcomes are invaluable to research, this study examined individuals who have experienced CSA to explore the possibility of subjective growth factors that may predict future romantic

relationships. Concisely, the focus of this study examined the possibilities of growth despite childhood trauma.

Purpose of the Study

The purpose of this study was to explore the extent that emerging adult females are satisfied in their romantic relationships, to investigate the influence of CSA, IPV, and revictimization on romantic relationship satisfaction, and the extent to which spiritual well-being and post-traumatic growth mediate those possible influences.

Once an understanding of relationship satisfaction was established, this study narrowed down the factors to examine specifically the impact of CSA on romantic relationship satisfaction. The constructs of Spiritual Well-Being (SWB) and Post-Traumatic Growth (PTG) were included as mediators to examine what impact these have on relationship satisfaction in females who have a history of CSA. Common experiences of adulthood sexual revictimization and IPV that occur with those who have a history of CSA were discussed, as well as determining whether SWB and PTG have mediating effects on these factors as well.

Conceptual and/or Theoretical Framework

This study was conceptually developed through the lens of attachment theory, constructivist self-development theory, and psychodynamic perspectives of personality.

Bowlby's Theory of Attachment

Bowlby's Theory of Attachment includes themes of strong emotional attachment that may be developed in childhood with caregivers that can serve as internal models for

adulthood emotional and behavioral functioning in romantic relationships (Schneider et al., 2001).

Bowlby describes the emotional bond between caregiver and infant as creating a blueprint for self and others' perceptions (Bowlby, 1982). Within this “blueprint,” as emerging adults venture out to find intimate romantic relationships, childhood attachments, whether adaptive and warm or maladaptive and damaging, are often repeated in vulnerable intimacy.

Emerging adult females who have a history of CSA may have impaired functioning in adult intimate relationships. They may oftentimes accept abuse and violence as a norm and may lack conflict resolution skills, impairing the quality of intimate romantic relationships in adulthood (Kim & Cicchetti, 2010), thereby lowering subjective satisfaction.

According to attachment theory, childhood abuse, and neglect may lead to relationship difficulties in adulthood. The child needs a consistent nurturing caregiver to develop into a healthy and functioning adult, and the absence of this healthy attachment in infancy and childhood may lead to a lifetime of maladaptive attachments and lower satisfaction within that relationship (Tardif-Williams, et al., 2017).

Constructivist Self-Development Theory

Within the constructivist theory, there is a sense of regained power in reviewing past trauma while finding personal meaning in the present. Post-trauma, as the emerging female adult develops a sense of personal power and choice over her own body and her life trajectory, a greater sense of self-authorship and personal destiny is created. Subjective meaning-making, especially in regard to experienced trauma, may empower

victims of CSA (van der Westhuizen, et al., 2002). Humans, by nature, seek to find meaning in events, and trauma is no exception. The constructivist theory assumes that humans naturally seek to create their realities while creating unique meaning systems in which the individual navigates through life and relationship dynamics (McCann & Pearlman, 1992). It may be possible to experience positive outcomes through the process of reviewing and finding deep subjecting meaning through past traumatic events. This study conceptualizes that this would bring an openness to exploring areas of growth that were personally experienced post-childhood trauma.

Psychodynamic Perspective of Personality

The psychodynamic perspective was chosen for this study due to its explanations for the unconscious patterns of repeated relational dynamics from childhood into adulthood. The development of relational dynamics, with their motivations and expectations, is an unconscious process (Bargh & Morsella, 2008; Bornstein, 2010; Wilson, 2009). Maladaptive relationship patterns are often developed in childhood and, without intervention or awareness, can continue into adulthood and impair adulthood relational dynamics (Daniel, 2006). Internalizing early negative events also increases pathological risks (Bornstein, 2003), which include borderline pathology (Fonagy & Bateman, 2008), an overactive fear response (Cloitre et al., 1997), dissociation (Banyard et al., 2001), depression, anxiety, and a multitude of others.

Attachment theory, constructivist, and psychodynamic perspectives develop a framework that allows for personal meaning-making, aiding in developing increased adaptive and positive relational outcomes for CSA victims. This three-fold framework has the assumption that developed childhood maladaptive relational patterns will carry

into emerging adulthood romantic relationships. This may seem a powerless statement, almost deterministic, as if an emerging adult female who has experienced childhood abuse will be guaranteed difficulties in her intimate relationships. But, it's with the hope that the meaning-making aspects of this study will highlight the possibilities of better outcomes.

In Context

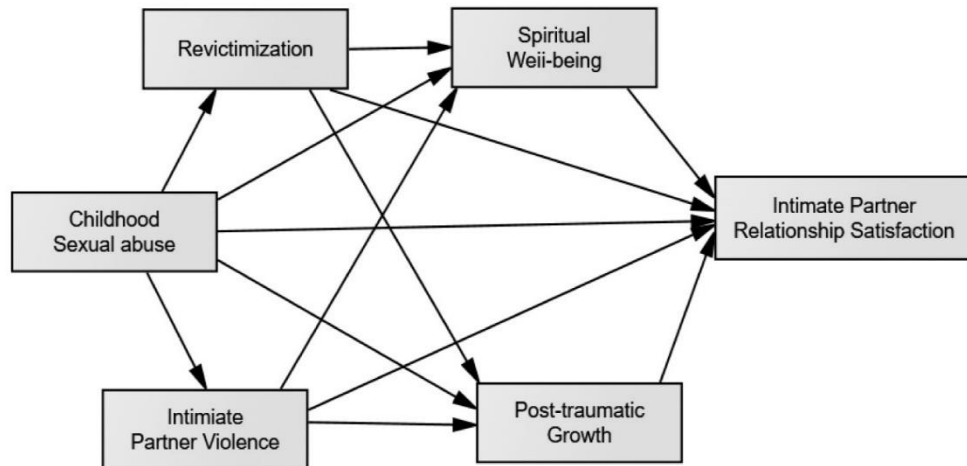
When a female has experienced CSA, a relational framework of maladaptive intimacy is developed, which oftentimes comes to fruition in emerging adulthood and is evidenced by lower levels of romantic relationship satisfaction. CSA also increases the risk of IPV and sexual revictimization for the emerging adult female as she begins to engage in deeper relational intimacy. Both of these experiences can greatly lessen her satisfaction in romantic relationships.

The characteristics of post-traumatic growth and spiritual well-being, when experienced by the individual, can have a positive and long-lasting influence on romantic relationship satisfaction. In other words, these mediators may lessen the negative impact of CSA as measured by relationship satisfaction.

The following model is this study's hypothesized relationships between CSA factors and relationship satisfaction and shows how PTG and SWB mediate that relationship. This creates a visual understanding of the relationships among the factors this study proposed. Having any of the experiences of CSA, IPV, or revictimization influences the experiences a participant may have with SWB and PTG. All of these factors and relationship dynamics influence intimate relationship satisfaction. Figure 1 gives a visual of the model that this study created conceptually.

Figure 1

Conceptual Model



Research Questions

Females who have experienced CSA are at higher risk for sexual revictimization and IPV (Barnes et al., 2009; Williams et al., 2010). CSA lessens a female's romantic relationship satisfaction and may develop maladaptive relationships, attachment patterns, and a faulty and negative sense of self. Strength-based constructs, namely Post-Traumatic Growth and Spiritual Well-Being, can serve as protective factors against the continuation of abusive behaviors toward the female emerging adult and may increase intimate romantic relationship satisfaction.

Research Question 1

To what extent are female emerging adults satisfied with their romantic relationships?

Research Question 2

Among female emerging adults who have a history of CSA, how satisfied are they with their intimate partner relationship?

Research Question 3

Emerging adult females experience greater levels of relationship satisfaction when they experience higher levels of SWB and PTG.

Research Question 4

Emerging adult females who have a history of CSA have a reduced risk for sexual revictimization and IPV when they score high on the SWB and PTG scales.

Significance of the Study

This research is of great value. First, clinicians who work frequently with CSA victims will know the potential for client sexual re-victimization. Recognition, treatment, and outcome measures of CSA are crucial for mental health counselors to be aware of. Working with emerging adult females who have a history of CSA, psychoeducation can include the risks of revictimization and IPV for the client's increase of personal agency and insight, which hopefully can help to prevent these occurrences.

Clinicians, psychologists, nurses, and other professionals who also frequently work with victims of CSA, have the opportunity to infuse greater hope and healing into the lives of their clients. By using the constructs of spiritual well-being and post-

traumatic growth, one's experiences can be reframed, which is conducive to meaning-making (Flood, 2018), and healing from trauma can continue more rapidly than when only the negative symptoms of the trauma are processed (Preston et al., 2022).

Through this research, not only were the conceptualization of factors that influence romantic relationship satisfaction more thoroughly understood, but the challenges and difficulties inherent to this specific population were highlighted. This would increase a counselor's "in-touch" levels with a younger clientele population, increasing influence and affecting change.

Lastly, current research on finding the strengths which have been developed post-trauma is limited, but is, nonetheless, incredibly important in working with females with a history of CSA. Processing through trauma and its devastating effects brings healing, and without this hard work, healing may never take place. But alongside this examination, in recognizing areas of growth, strength, and positive change, the female client may gain empowerment to go forward in her life with romantic relationships, better equipped to face current or future difficulties with increased self-capacities that permit increased relational satisfaction.

Limitations

Limitations include limited population samples, self-report bias, and using a single data source for the entire study while not having control factors to better and more accurately substantiate the findings. Lang et al. (2004) also discuss the "passage of time" as being a less reliable method when collecting data on childhood maltreatment. This can be due to changes in perceptions as the child matures into adulthood, or distortions in what one recalls as a childhood experience. Using a sample of female emerging adults,

with their close proximity to their childhood, may control for some of these “passage of time” issues.

The scope of this research did not consider the emotional support a female received after her sexual abuse, other forms of abuse she may have suffered, her socio-economic status (SES), or her psychological functioning (Briere & Jordan, 2009). These factors could all impact self-report greatly, perhaps inflating or reducing the impact of the results. For this study to include all these measures, it would have developed a too large scope of consideration and perhaps neglected a closer look at the research questions and their outcomes.

To control for self-report bias (lessening the participants’ tendency to answer each item within the lens of their current mood), the assessments were chosen with the thought of having to assess experiences in the past as well the present.

Definition of Terms

The key terms of this study are defined in the way they were used.

Childhood Sexual Abuse: Non-consensual sexual activity before the age of 16 in the United States.

Existential Well-Being: Finding subjective meaning and purpose in one’s life (Paloutzian et al., 2021).

Intimate Partner Violence: Evidenced by physical acts, words, or gestures with the intent to exert power and control (Postmus et al., 2015).

Meaning-Making: Not discovering “why” circumstances, situations or events happen, but one’s “cognitive ability to understand and integrate” perplexing

circumstances, situations or events into logical “structures of meaning and goals” (Krok et al., 2023, p. 5).

Post-Traumatic Growth: “Benefits perceived as arising from the struggle with trauma” (Tedeschi & Calhoun, 1996, p. 464), and not from the trauma itself. PTG is not used in this study to invalidate the trauma that participants may have experienced. It is used to measure ways in which they may have grown as they healed and struggled with the traumatic event.

Religious Well-Being: Relationship quality with a higher power (Wong-McDonald, 2004).

Sexual Revictimization: Non-consensual sexual advances or activity in emerging adulthood or older after an individual has already experienced CSA (Coid et al., 2001).

Subjective Well-Being: The subjective ways in which an individual evaluates the quality of their life (Budisan et al., 2023).

Spiritual Well-Being: Subjective satisfaction with one’s relationships with others, both personal and communal, as well as one’s satisfaction with their relationship with God or their higher power (Wong-McDonald, 2004).

Assumptions

There were a few assumptions as this study was developed:

1. It was assumed that all females with a history of CSA carry the effects of this trauma into their emerging adulthood to some degree.
2. The emotional attachments, the self that is developed during childhood, and the post-trauma support, or lack of it, from the child’s family and support system can all affect intimate romantic relationships to some degree.

3. It was assumed that the experiences of Spiritual Well-Being and Post-Traumatic Growth have the ability to generalize out to the relationship satisfaction of the emerging female adult. SWB and PTG were chosen for this study due to their broad and overreaching social functioning impacts on those who have experienced trauma. SWB and PTG play a major role in the conceptualization of one's own life experiences, positively impacting intimate relationships.

4. CSA can alter one's ability to discriminate the health of an intimate relationship. Once a female's perceptions of relationships are formed as an internal model during her formative years, it is difficult to reframe this for her emerging adulthood intimate relationships. One of the reasons females who have a CSA history may continually enter into unhealthy and abusive relationships is that their conception of "self" is poor, and they may have an increase of negative self-evaluative beliefs. In continually evaluating the "self" with a negative and judgmental belief system, it may become easier to accept the same evaluation from others and to allow oneself to be treated poorly, even excusing abuse as a treatment that is "deserved" or a relationship style that may feel comfortable in its familiarity as it reflects past abuse.

Research Design

To understand the relationship between romantic relationship satisfaction and CSA, a quantitative, non-experimental design was used. The predictive role of CSA was examined by using a correlational research design using a survey research method. Collecting data via survey was chosen due to its relatively quick ability to gather a large quantity of data. The correlational design offers an effective method of determining prevalence and relationships among variables. The findings of correlational research can

also be used to guide and inform future research as it provides a scaffolding of the current data and shows the accumulation (or lack) of knowledge in this area (Limberg et al., 2021).

Multiple variables can be investigated with the data collected from a group, such as cultural considerations or different experiences per age group. There were no imposed conditions on the participants; they simply needed to report on experiences that have already occurred or are occurring. A large sample size can be used with this type of study since it can be administered with simplicity and ease and requires no experimentation.

One of the greatest risks in this type of study is participation bias, which can either be seen in the biases in self-reporting one's experiences as if they perceive the researcher expects them to or answering according to their current emotional and mental state of being.

Research Methodology

This study was a quantitative, non-experimental design. A convenience sample was used, and participants were recruited by QuestionPro. All participants were U.S. females between 18-29 years old who were currently in an intimate, committed romantic relationship. Participants responded to questions on a demographics questionnaire and completed the following inventories: Childhood Trauma Questionnaire-Short Form (CTQ-SF) (Bernstein et al., 1998; Hagborg et al., 2022), Post-Traumatic Growth Inventory (PTGI) (Kaur et al., 2017; Tedeschi & Calhoun, 1996), Spiritual Well-Being Scale-SV (SWBS-SV) (Paloutzian et al., 2021; Malinakova et al. 2017), Relationship Assessment Scale (RAS) (Hendrick, 1988), Sexual Experiences Survey-Short Form

Victimization (SES-SFV) (Kolivas & Gross, 2007), and the Abuse Behavior Inventory (ABI) (Postmus et al., 2016).

The total number of participants used in this study was 406. The data was analyzed using SPSS and AMOS, and path analysis was conducted.

Organization of the Study

Chapter 1 provides a general introduction, background, and theoretical orientation to this study, presenting the research questions and assumptions of this study, as well as the study's limitations. Also included are definitions of terms used throughout this study, as well as a quick overview of the research design and methods.

Chapter 2 contains the literature review that developed and strengthened this study. Also included is a discussion of the changing relationship trends, as well as factors that contribute to the uniqueness of emerging adulthood romantic relationships. The study mediators are discussed.

Chapter 3 describes the research methodology in detail, in which the research design is discussed, details of the data collection process presented, as well as the data analysis. Research questions, as well as research hypotheses, are discussed. Chapter 3 includes definitions for variables used in this study, and introduces the instrumentation used to measure each variable.

Chapter 4 reports the results of this study. Included is a discussion of participant demographics, and a description of the findings for each research question.

Chapter 5 summarizes the study and discusses the results, presenting a brief overview of the literature review and methodology. To end this study, implications for clinical practice as well as recommendations for future study are presented.

CHAPTER 2

REVIEW OF LITERATURE

Introduction

This section provides a brief review of existing literature covering the scope of this study. This intention for this section is to introduce the literature within the context of the research question. The section begins with an introduction to the literature related to intimate relationship satisfaction in emerging adults. Included are brief discussions on current American trends in emerging adult romantic relationships, as well as cultural considerations specifically for emerging adults. Second, the author explores the impact of both IPV and sexual revictimization on relationship satisfaction. Finally, the writer discusses the mediators of post-traumatic growth and spiritual well-being.

Intimate Romantic Relationship Satisfaction

Emerging adulthood romantic relationships can be as complicated as they can be stable, healthy, and loving. Often these relationships begin in adolescence with increasing stability and exclusiveness over time. High levels of intimacy and commitment are often experienced. Searching for a romantic partner is considered a natural developmental task for emerging adults (Shulman & Connolly, 2013), for sexual as well as emotional intimacy (Fisher, 2006), and to increase levels of affiliation and intimacy (Shulman & Scharf, 2000). Forming intimate relationships for emerging adults is an important developmental task. When an individual successfully finds a committed romantic partner, higher levels of life satisfaction are reported and adjusted later in life (Xia et al., 2018).

This relationship can make a positive difference once parenthood begins, establishing relationship foundations for successful parent-child relations (Feinberg, 2002; Fincham & Cui, 2011).

Individuals who report high levels of relationship satisfaction may also experience degrees of comfort, satisfaction, fulfillment, and internal peace. When considering that emerging adulthood is a time of great adjustment, these adjustments may cause instability affecting personal relationships (Nelson & Padilla-Walker, 2013; Shulman & Connolly, 2013). Emerging adult romantic relationships can be fraught with conflict and unhappiness as emerging adulthood relationship adjustments are made. Gottman and Krokoff (1989) stated that satisfaction levels in romantic relationships are what distinguish happy couples from unhappy ones. Relationship satisfaction can also be a factor that increases physical and mental health (Fincham & Beach, 2006). Hence, if relationships are low in satisfaction, happiness decreases, and physical and mental health can also decline in long-term unsatisfying relationships.

Trends

In the latter part of the 20th century, significant changes occurred in the trajectory of an emerging adult's journey to finding autonomy and independence (Arnett, 2000). Individuation and autonomy may be delayed due to emerging adults choosing to continue living with their parents, which is becoming more common. Young people stay home later in age and are more likely to return home again once they leave (Goldscheider & Goldscheider, 1994). Changes have also been seen in financial independence and occupational choices taking longer to establish (Arnett, 2000). Women are more likely to pursue degrees in higher education, and marriages are being delayed now more than ever

(Chen & Morgan, 1991), leading to the delayed formation of families (Conger et al., 2000).

Marriages currently occur later in age than they did 40 years ago, with the mean age increasing from 26 to 28 years old (Oppenheimer, 2003). With this trend for later marriage among emerging adults comes a new “testing” of the relationship by cohabitation. Rhoades et al., 2009, reported there is a risk that comes with cohabitation which includes increased relational issues and increased relational violence. Without a lasting commitment to these living arrangements through marriage, insecurity and lack of relationship confidence may often arise. These insecurities can create a pattern in the relationship dynamics that prevents future establishment and commitment (2009). Despite this, most emerging adults hope to one day enter into the commitment of marriage and view this as an important goal in their lives (Arnett, 2000).

Cultural Considerations

There are many cultural considerations in the development of emerging adults who leave their parental homes to pursue independence. Emerging adults with lower SES, immigrant or ethnic backgrounds such as African Americans and Hispanics, and emerging adults who were raised in rural communities, tend to become independent and pursue marriage earlier than their peers (Cohen et al., 2003).

Emerging adults from higher SES families may delay financial independence, as well as housing pursuits to attend college while emerging adults who do not attend college find earlier independence and seek full-time employment and residential arrangements apart from their families (Whittington & Peters, 1996).

Instability

Along with the shifting developmental swings of emerging adulthood, romantic relationships can become quite unsteady. Sporadic romantic engagements are common as well as increased relationship disagreements (Arnett, 2004; Shulman & Connolly, 2013). These challenges can birth a deeper understanding of the self and others, but if resolutions cannot be found, it may also mean the end of the relationship (Beckmeyer & Jamison, 2020). With healthy management of conflict comes an increase in stability and strength of the relationship, thus lengthening the commitment (Shulman & Connolly, 2013).

Fluidity

Another aspect of romantic relationship difficulty is the fluidity of this stage of life, with its uncertainties and opportunities. Whether the individual is in college or seeking ways to support an autonomous life with full-time work, living on campus, at home with parents, or in a private residence, these housing and occupational decisions greatly impact the possibility of committing to a romantic relationship (Shulman & Connolly, 2013). But again, despite this time of adjustment, Cohen et al. (2003) showed that eventually, most emerging adults move successfully toward committed marriages.

Subjective Well-Being

As the couple learns to engage in higher levels of self-disclosure while spending more time alone, the relationship becomes more satisfying to both partners (Hendrick et al., 1988). Subjective well-being is made up of positive emotions and life satisfaction and more recently, Diener (2009) described subjective well-being as happiness, life satisfaction, and positive affect. When an emerging adult has a personal sense of

happiness, contentment, and a positive outlook on life, this is closely connected to romantic relationship well-being and has a positive influence (Behera, et al., 2020). Emerging adults who have a history of CSA have lower levels of subjective well-being (Corcoran & McNulty, 2018; Melkman, 2017; Wu et al., 2022). There are many ways that subjective well-being can be increased, from finding one's identity and purpose (Sumner et al., 2015), to participating in activity-based group therapy (Ngooi et al., 2022), and increases in income, freedom of choice, and robust social supports (Binder, 2016). There is, however, very little research on increasing subjective well-being in those who have a CSA history.

Self-Value

Conceptually, satisfaction can be understood by coupling it with self-value. An individual who has a positive sense of self in relation to others develops satisfaction with life that is empowering and strengthening (Simon, 2020). Simon further described that this satisfaction can equip an individual to better manage the difficulties and challenges faced in emerging adulthood and may serve as a protective factor while entering into an intimate relationship, as well as increasing self-efficacy. Having inner strength in the self can also increase one's inclinations toward positively responding to others' needs (2020).

Self-Esteem

One's self-esteem levels may affect the romantic relationship powerfully, whether it thrives or fails (Knee et al., 2008). This romantic relationship can be viewed with directionality, as a romantic relationship can increase or decrease one's self-esteem, and self-esteem can increase or decrease one's satisfaction level (Erol & Orth, 2016). Both

self-esteem and satisfaction levels are important factors that influence each other constantly throughout the lifetime of the relationship.

Knee, et al. (2008) describes self-esteem that is dependent on the relationship with others and is called Relationship-contingent self-esteem (RCSE). This type of self-esteem depends on the relationship's success and makes an individual hyperaware of any sign in their partner of displeasure or disapproval, especially when levels of self-esteem are low (2008). On the other hand, when self-esteem levels are high, there is a greater level of confidence that their partner is safe and higher levels of positive regard for the partner (Knee et al., 2008). There is evidence that self-esteem increases in late adolescence and early adulthood, which helps develop healthier, committed romantic relationships (Luciano & Orth, 2017). Romantic, intimate relationships are of great value in developing personality and well-being and increasing self-esteem in emerging adults (Diener et al., 2000).

Body Image

Body image refers to far more than one's assessment of satisfaction with the reflection they meet in the mirror and includes "one's perceptions and attitudes toward one's body" (Pawijit et al., 2019, p. 1). Body image can be perceived through individual emotions of discomfort and stress toward one's own physical body, leading to comparing self against others, holding unrealistic beauty standards, body-checking, and giving great investment to bodily appearance (Laus et al., 2018).

Research connects positive and secure body image and feelings with increased romantic relationship satisfaction and quality, creating a secure relationship (Friedman et al., 1999).

Interpersonal Needs

Romantic relationship satisfaction also includes meeting each other's interpersonal needs. The feeling of belonging is a crucial developmental task in emerging adulthood and is defined by "lasting, stable, predominantly positive interpersonal relationships" (Corrales et al., 2016, p.112). When there is a foundation of positive acceptance by others, the negative impact of early childhood trauma can be offset by growing connections and warding off psychopathology, depression, anxiety, and shame (Corrales et al., 2016). Belonging is a central tenant that aids in developing identity construction and meaning-making (Noble-Carr et al., 2014).

Love

Another component of romantic relationship satisfaction is feeling love toward your partner. Romantic love "is an intense period of life marked by feelings of elation, joy, fun, and excitement" (Bajoghli et al., 2017, p. 328). Another way to describe love is "closeness, belonging, attachment, and deep affection" (Xia et al., 2018, p. 1500). These descriptions mark the early feelings of love; later, with maturity, a more stable consideration of commitment occurs. A relationship that is committed to continued love behaviors, despite varying feelings, creates greater stability in the love relationship (Xia et al., 2018).

Childhood Trauma

In the very nature of emerging adulthood and its inherent challenges, childhood trauma can increase these challenges exponentially and make intimate romantic relationships unsuccessful and damaging (Lassri & Shahar, 2012). This is due partly to a natural relational detachment that often occurs in the child as a coping mechanism for the

trauma, staying a part of the individual's relational style even into adulthood (Cascardi, 2016; Cederbaum et al., 2020). Relational issues due to childhood trauma can look like hypervigilance about what is perceived as aggressive or threatening behaviors in the relationship, as well as a heightened risk for arguments and conflict, power imbalances, and instability (Kansky & Allen, 2018).

Parent-Child Relationship

Early parent-child relationship quality sets relational patterns that affect emerging adulthood relationship quality (Lee, 2018). A positive and warm interaction style helps grow social-emotional development and a healthy representation of self and others (Bowlby, 1982; Cederbaum et al., 2020;). According to attachment theory, the parent-child attachment is a framework for future intimate relationships (Waters et al., 2018). Thoughts, feelings, and behaviors are seen in the dynamics of the intimate relationship that reflect earlier relational functioning and patterns in those who, in childhood and adolescence, experienced positive and warm relationships with their parents (Lee, 2018). There also seems to be increased satisfaction, less relational conflict, and greater levels of relationship commitment in emerging adult relationships when there have been positive early parent-child interactions (Collins et al., 2009).

Psychosocial Adjustment

Psychosocial adjustment refers to “the integration of the roles, skills, and identifications youth have learned in childhood with the expectations of the adult world into a coherent sense of identity” (Rinaldi & Farr, 2018, p. 23). Anderson et al. described psychosocial adjustment as “the relative degree of harmony between an individual's needs and the requirements of the environment” (Anderson et. al., 2002, p. 32).

Psychosocial adjustment includes the greater consideration of the adult world and environment, in a way that most emerging adults have not had to consider in the past.

Romantic competence

Davila et al., 2009, describe romantic competence as a set of three main skills that increase positive relationship functioning. The first is insight. This includes knowing and responding to one's own and one's partner's relational needs. This insight includes relational goals, the ability to discern one's influence on others, and openness and the ability to learn from experience. The second skill is mutuality. This is the deliberate response to the needs of others and the self. The third skill is emotional regulation, "the capacity to regulate distress and maintain self-worth and trust in others" (Davila et al., 2009, p. 57). This construct was developed out of Bowlby's Attachment Theory (Bowlby, 1988), Social-Cognitive Theories (Yeates et al., 1990), and Theories of Emotional Regulation (Cole et al., 1994).

Healthy relationship functioning

Healthy relationship functioning includes the important aspect of autonomy. Autonomy can be described as, "feeling volitional in one's actions and fully and authentically endorsing one's behaviors in the relationship" (Kluwer et al., 2020, p. 603). Autonomy can be better stated with the following quote: "Individuality (autonomy) does not stand in separation from or in opposition to others" (Anderson, 2020, p. 4). Anderson (2020) describes autonomy as separating from others and knowing the healthy boundaries of self and others. Boundaries allow for each unique individual in the relationship to continue growing, independent of the relationship, and in partnership with the other

(Gottman & Gottman, 2015, p.11). One is not neglected or sacrificed at the expense of the other, and both the autonomous and relational selves grow (Anderson, 2020).

Effective relationship problem-solving skills are another component of relationship functioning that should be mentioned. Some examples of positive problem-solving skills include the ability to remain calm while listening to others, showing respect for others' opinions, especially when they differ from your own, and using effective communication skills for disagreement resolution (Gottman & Notarius, 2002).

Considering the evidence presented above, it's clear that emerging adulthood relationships have unique complexities that may be due to reasons that correlate with one's experiences in leaving adolescence behind while still requiring continued growth to reach the developmental stage of adulthood (Arnett, 2000). Relationship functioning is highly influenced by the emerging adult's childhood experiences, including trauma, abuse, and the individual's relationship style with their parents or caregivers (Kim & Cicchetti, 2010; Schneider et al., 2001; Tardif et al., 2017). Childhood experiences are either evidenced in emerging adults adaptive, warm, and healthy relationship styles, or in their maladaptive relationships that may include high levels of conflict and low self-esteem that can especially be seen in those who have experienced CSA (Çaglayan & Körük, 2022).

Childhood Sexual Abuse

Childhood maltreatment pervades every area of the developing individual's quality of life. Even into adulthood, there can be negative outcomes due to the abuse suffered as a child. Examples of childhood negative outcomes include developmental deficiencies, academic struggles, and physical health issues that can be identified in the

child, as well as the possibility of maladjusted developmental milestones (Abajobir et al., 2017). Into adulthood, personal distress concerning perceptions of failed or difficult interpersonal relationships may develop into negative self-evaluative beliefs, and an acceptance of violence and abuse in intimate relationships (Rowe et al., 2023). Women who were physically abused as children were 37% to 43% more likely to have symptoms of post-traumatic stress disorder (PTSD) in adulthood when compared to those who did not have a history of CSA (Fletcher et al., 2021). CSA is associated with adult physical health problems and difficulties that range from obesity, substance use, and smoking (McCarthy-Jones & McCarthy-Jones, 2014). Personality disorders, depression, anxiety, borderline personality disorder, sleep problems, and other psychological disorders can find their roots in the maltreatment of the child, (McCarthy-Jones & McCarthy-Jones, 2014; McCauley et al. 1997). Aggression and anti-social behaviors, along with an increased risk of substance abuse and suicide often begin as a result of childhood abuse (Cicchetti & Toth, 2005; Herrenkohl et al., 2007. Parents who were maltreated as children are at four times greater risk to abuse their own children (Dixon et al., 2005), and women who have a history of childhood physical or sexual abuse are two to three times more likely to be in a relationship that includes domestic violence (Coid et al., 2001).

Briere and Jordan (2009) wrote an article describing the lasting effects of CSA, physical abuse, psychological abuse, and emotional neglect. They found that posttraumatic stress was associated with childhood abuse, especially sexual abuse (Briere & Jordan, 2009). The American Psychological Association (APA, 2013) defines symptoms of PTSD as having “intrusive and recurrent memories of the trauma,

avoidance of trauma-related stimuli, numbing and/or negative changes in mood or cognitions pertaining to the trauma, and changes in reactivity and arousal.” (p. ES3).

PTSD can occur far after a traumatic event. If a parent maltreats a child, PTSD symptoms may be triggered during a life circumstance where the individual is triggered with memories of past abuse that have not yet been resolved.

Some other adult psychological symptoms of childhood abuse that Briere and Jordan (2009) found include low self-esteem and feelings of hopelessness; depression, anger, and anxiety; chronic physical pain, abandonment issues, and problems with trusting others, difficulties with controlling internal states of frustration, and substance abuse. Briere and Jordan (2009) also mention that childhood and adulthood feelings of shame and guilt are associated with childhood abuse and may inflate the effects and symptoms of abuse in each developmental stage. The complexity of outcomes that can happen after childhood abuse is overwhelming, leaving the individual at risk for many maladaptive challenges in life.

The emotional toll on emerging adult females who have experienced CSA is significant. In a study that compared the coping mechanisms of males and females who have experienced CSA, it was discovered that females often denied the abuse, suppressed their emotions, and detached themselves from the reality of the trauma (Sigmon et al., 1996). CSA often leads to the belief that others can not be trusted, creating fear of intimate connection (Solomon, 2003). When childhood trauma and its effects on psychological and emotional health are not processed, inappropriate emotional responses can develop in the relationship and lead to increased levels of negative self-evaluations and beliefs, sometimes leading to self-hatred (Walker et al., 2009).

Intimate Partner Violence (IPV)

Women with a history of CSA are more likely to have experienced domestic violence (Williams et al., 2010). IPV is a serious national problem affecting nearly 2 million women annually (Herrenkohl et al., 2007). Females who have a history of CSA increase the likelihood of being revictimized as an adult in the form of IPV (Anderson et al., 2020; Barnes et al., 2009; Briere & Jordan, 2009; Chan, 2011; Coid et al., 2001; DiLillo et al., 2016; Fergusson et al., 1997).

A feminist approach to abuse is described as an issue of intentionally using power in the relationship to hurt, creating a loss of dignity and feelings of powerlessness for the victim (Winstok, 2013), which includes repeated physical, emotional, sexual, verbal, or spiritual abuse. DeKeseredy and MacLeod (1997) describe violence against women as being a way in which men seek to dominate women using power and control. Suppose the emerging adult female has a history of CSA, in most cases perpetrated by a man. There may be higher risks that she has internalized those feelings of powerlessness and is not able to develop healthy boundaries to protect herself against further abuse in adulthood.

IPV is largely hidden from family, friends, and public view. Women generally do not want to open up about this private side of their lives and can successfully hide the abuse from others. Kiss et al. (2015) describe men who abuse women as being influenced by “social gender norms that reinforce traditional notions of manhood, including a focus on success and power, multiple sexual partners, homophobia, and use of controlling tactics in the relationship” (p. 881).

The Social Learning Theory of IPV states a correlation exists between violence in childhood and adult victimization by applying the Theory of Operant Conditioning

(Richards et al., 2016). As a child, the victim was socialized to accept their victimization, and as an emerging adult, this acceptance puts the female at a higher risk for further victimization and violence in her intimate relationships (2016). Within the victimization, whether from the feminist or social learning perspective, the perpetuation of the abuse cycle remains steadfast.

IPV is usually seen as a cycle of behaviors to keep the female in a state of powerlessness and the male in a state of power. Walker (1989) developed an abuse cycle that has three stages; tension building, violent episodes, and remorseful/honeymoon phases. The first phase, tension building, explains a time within the relational dynamic when the woman holds minimal control over her partner's violence, being quick to give in to desires and wishes and putting effort into keeping the peace. In phase two, these behaviors cease working, and there is a violent episode at the slightest provocation. This can include physical punishment and injury, emotional abuse, verbal yelling, abusive language, threats, withholding resources and needs, and using God or children against the individual. This is perpetrated to gain a sense of control and to exert power. The third phase is filled with regret, promises that violence will never occur again, and a return of peace and calm (Walker, 1989). This cycle is powerfully successful in keeping the victim under the control of the abuser.

The self has learned helplessness, especially if there is a history of childhood abuse. Miller (2006) states that "learned helplessness in childhood, early and repeated sexual molestation, physical assault, ... critical events over which the child has no control" (p. 185) are factors in keeping victims in an abusive relationship. Feeling as if there is no escape and that the self does not deserve better treatment, the victim is held in

the web of abuse. Feelings of shame can develop, which has also been shown to predict IPV (Kessler & Bieschke, 1999).

Sexual Revictimization

Females are also at three to five times greater risk for adult sexual revictimization if they have a history of CSA (Barnes et al., 2009).

The unique experience of sexual abuse seems to place victims at a particular risk for subsequent victimization. Some have argued that sexual victimization during childhood is among the strongest predictors of continued victimization in adolescence and young adulthood, and should be upheld as a chief distal risk factor, especially for females (p. 413).

Changes in an individual's risk perception may lead to increased risk-taking behavior (Anderson et al., 2020). Fergusson et al. (1997) reported that having a history of CSA had a significant increase in early consensual sexual activity, "higher rates of teenage pregnancy, increased rates of sexually transmitted diseases, higher rates of multiple sexual partnerships, and unprotected intercourse and also appeared to be more vulnerable to further sexual assault and rape." (p. 800). Sexual revictimization is defined as either rape or sexual assault (Fergusson et al., 1997), and can happen within committed relationships and marriage. DiLillo et al. (2016) wrote that 61% of sexual revictimizations happen to women by their intimate partner, and "adult victims of CSA hold misconceptions about the role and meaning of sex and experience confusion about sexual norms." (p. 213) with the presence of a partner's sexual aggression, sexual persistence, or non-consensual sexual advances considered normal sexual behaviors for the victim.

Mediators

This study has purposefully chosen two strong mediators with their meaning-making measures. Both mediators, PTG and SWB, require a certain level of reframing and personal reflection long after the traumatic event(s), giving time to restructure the experience(s) for one's growth and benefit. In no way does this lessen this study's acknowledgment or validation of how devastating trauma can be for one's well-being in life, physically, spiritually, psychologically, and socially. By introducing meaning-making constructs, the study hopes to increase therapeutic skills and conceptualization and find positive ways of approaching the healing dynamics of those who have experienced trauma. Growth and distress often co-exist, and it's with the understanding that growth emerges from the struggle with coping, not from the trauma itself. This disclaimer introduces the mediators, PTG and SWB.

Post-Traumatic Growth

Post-traumatic growth experiences may lead to fulfilling intimate relationships in adulthood when childhood abuse has been experienced (Yilmaz & Zara, 2016; Zoellner & Maercker, 2006).

Individuals who develop personal meaning systems post-trauma heal faster and have healthier thoughts and emotional regulation as they navigate life (Preston et al., 2022; Zoellner & Maercker, 2006). Within the concepts of Constructivist Self-Development Theory (CSDT), many domains of an individual's life are considered to give a greater subjective understanding of their particular trauma responses (McCann & Pearlman, 1992; Miller et. al., 2010; Ponce, et al., 2004; Saakvitne et al., 1998). Areas of exploration include the subjective meaning that has been assigned to the trauma, ways in

which the self is subjectively experienced, consideration of the age and developmental stage when the abuse occurred, biological and psychological resources that were available, childhood interpersonal experiences, as well as the social, cultural, and economic environment in which the child was living (Saakvitne et al., 1998). Using this wide scope of consideration, the therapist can conceptualize how great an impact the trauma had on the individual.

The impact of childhood abuse, which includes many forms of loss, emotional brokenness, and psychological trauma, is often extensive and damaging. With the guidance and skill of the clinician, traumatic events can be reconstructed to find greater strengths and personal meanings. These can include increased “faith, trust, hope, and connection; and the redefinition of self, self-in-relation, and sense of community . . . trauma is about devastation and resilience” (Saakvitne et al., 1998, p. 281). Many survivors of CSA experience great relational and emotional impairment and injury which are easy to identify in the client's maladaptive behaviors, thoughts, and emotions (Bartlett et. al., 2018).

Negative trauma effects that are processed and worked through create opportunities for healing and restructuring the meaning of one's life (McInnes, 2020). Personal strengths that the client can identify, recognize, and appreciate give hope and courage to continue forward in their journey of healing (Hodges & Myers, 2010). Another important point for the therapist to remember is that trauma is experienced differently by every individual (Weinberg & Gil, 2016). Each individual is uniquely shaped by trauma, with varying long-lasting effects.

Spiritual Well-Being

Wong-McDonald and Gorsuch describe SWB as being both vertical (one's relationship with God) and horizontal (describing one's found purpose in life and satisfaction). SWB also considers existential well-being, which, along with the vertical and horizontal aspects of life, makes up the construct of Spiritual Well-Being (Wong-McDonald & Gorsuch, 2004). This construct also considers existential well-being as an "individual's general sense of satisfaction or purpose in life" (Tsuang et al., 2007, p. 673). There are four domains involved in this construct: Personal, Communal, Environmental, and Transcendental Well-Being (Gomez & Fisher, 2003). Gomez & Fisher (2003) described spiritual well-being as

A state of being reflecting positive feelings, behaviors, and cognitions of relationships with oneself, others, the transcendent and nature, that in turn provide the individual with a sense of identity, wholeness, satisfaction, joy, contentment, beauty, love, respect, positive attitudes, inner peace and harmony, and purpose and direction in life (p. 1976).

An individual's relationship with self, others, the natural environment, and one's understanding of God or a higher power outside of humanity, as well as positive themes, such as joy, contentment, love, and inner peace and harmony, together make up the construct of SWB. By finding one's belonging, acceptance with others, acceptance of the self, and a spiritual reaching after a power higher than the self, individuals can find the strength and growth in life that enable spiritual well-being (Gomez & Fisher, 2003).

Domains of SWB: Personal: the personal domain regards intrapersonal aspects of the self (Fides et al., 2020; Gomez & Fisher, 2003;). Here is where constructs such as meaning, purpose, and value in life are found. Love and forgiveness for others and having a strong sense of identity are part of this domain. Forgiveness "is not excusing,

exonerating, justifying, condoning, pardoning, or reconciling . . . forgiveness is broadly understood as a process of decreasing inter-related negative resentment-based emotions, motivations, and cognition.” (Worthington et al. 2007, p. 292). Forgiveness can increase personal well-being, as well as physical health (Worthington et al., 2007; Worthington, 2005).

Having a personal relationship and connection with God and nature grows spirituality and well-being (Fides et al., 2020). A secure attachment with God can be viewed through the lens of Bowlby’s attachment theory which states that “people who have an enduring emotional bond with a loving relationship partner develop an internalized sense of worth and are not dependent on others for approval.” (Homan & Cavanaugh, 2013, p. 1531). Likewise, individuals can develop similar connections with God, confident that He is loving and accepting (Homan & Cavanaugh, 2013). Within this attachment style, there is a substantial increase in subjective well-being (Öztürk & Mutlu, 2010).

Communal: The aspect of interpersonal relationships that are founded on the beliefs of love for others, justice, hope, and faith in humanity makes up the communal domain (Gomez & Fisher, 2003). Trust embedded in a relationship is also a part of this domain. Without trust, commitments are shallow, and relationships have a greater risk of failing. “Trust and well-being are tightly linked...those who feel themselves to be living in a trustworthy environment have much higher levels of subjective well-being.” (Helliwell & Wang, 2010, p.21). Trust is also associated with positive affect and higher levels of life satisfaction (Calvo et al., 2012).

Environmental: The aspect of one's wonder and respect for the natural world, to care for and nurture the environment, are the main themes of this domain (Gomez & Fisher, 2003). Nature has healing, restorative, and relaxation benefits (Laumann et al., 2001; Nisbet et al., 2011). Nisbet et al. (2011) say that those who regularly spend time in natural surroundings have higher levels of subjective well-being, life satisfaction, and positive emotions. Not only does nature increase positive attributes in individuals, but it lessens the perceptions of stress, anxiety, and symptoms of illness (Frumkin, 2001).

Transcendental: The relationship with a higher power that involves faith, worship, and adoration is considered in this domain. One way in which many individuals worship God is through prayer. Prayer is important for physical and psychological well-being (Whittington & Scher, 2010). Inner peace and respect for others are also increased in those who experience spiritual beliefs. Life becomes more meaningful, and respect for others (including the self) increases (Whittington & Scher, 2010).

Conclusion

Various researchers have shown the unique characteristics of emerging adulthood romantic relationships (Fisher, 2006; Shulman & Connolly, 2013; Shulman & Scharf, 2000), as well as identifying that the search for a romantic partner is a normal task for emerging adults (Feinberg, 2002; Fincham & Cui, 2011; Shulman & Connolly, 2013; Xia et al., 2018). Relationship satisfaction levels are often discussed in the literature in regard to the relationship's impact on physical and mental health (Fincham & Beach, 2006; Gottman & Krokoff, 1989). There are many emerging adulthood relationship trends that are unique for this population (Arnett, 2000; Chen & Morgan, 1991; Conger et al., 2000; Goldscheider & Goldscheider, 1994).

CSA has been widely researched and examined. The abuse and its effects on a child's development and its future adulthood functioning have been looked at with a wide variety of theoretical lenses. Developmental deficiencies (Abajobir et al., 2017; Rowe et al., 2023), PTSD symptoms (Duncan et al., 1996); psychological disorders (Cicchetti & Toth, 2005; McCauley et al., 1997), substance abuse and suicide (Dixon et al., 2005; Herrenkohl et al., 2007), and domestic violence (Coid et al., 2001) are just a few effects of CSA that have been researched.

Individuals who have a CSA history also have a higher risk of engaging in an adulthood romantic relationship that includes domestic violence (Anderson et al., 2020; Barnes et al., 2009; Briere & Jordan, 2009; Chan, 2001; Coid et al., 2001; DiLillo et al., 2016; Fergusson et al., 1997; Williams et al., 2010). Theories ranging from a feminist approach to IPV (DeKesserdy & MacLeod, 1997; Winstok, 2013), social gender norms (Kiss et al., 2015), and social learning theory (Richards et al., 2016) have all been researched in order to gain a greater conceptualization of the nuances of IPV. When an individual has a history of CSA, there are greater complications to consider when researching adulthood IPV (Kessler & Bieschke, 1999; Miller, 2006). The risks of sexual revictimization are considerably higher when one has a history of CSA (Andersen et al., 2020; Barnes et al., 2009; DiLillo et al., 2016; Fergusson et al., 1997).

Post-traumatic growth may influence an emerging adult's intimate relationship positively with those who have experienced CSA (Yilmaz & Zara, 2016; Zoellner & Maercher, 2006). Finding subjective meaning and growth while processing traumatic events can increase cognitive and emotional balance (Zoellner & Maercher, 2006) as

many areas of the individual's life are explored and considered (McCann & Pearlman, 1992; Miller et al., 2010; Ponce et al., 2004; Saakvitne et al., 1998).

Spiritual well-being research examines personal growth and wellness through the four domains of personal, communal, environmental, and transcendental (Fides et al., 2020; Frumkin, 2001; Gomez & Fisher, 2003; Laumann et al., 2001; Nisbet et al., 2011; Whittington & Scher, 2010).

While each of these areas of study has extensive research, there is still more to discover between the relationships of childhood trauma and their effects on emerging adulthood romantic relationships, especially when mediators that are strength-based are considered. The ongoing issues with IPV and sexual revictimization for those with a history of CSA are strong indicators that call for greater research efforts in these areas of life experiences.

CHAPTER 3

RESEARCH METHODOLOGY

Introduction

The following chapter is an overview of the methodology used to collect and analyze the data. This chapter includes the research questions, the research design, the total population, the sample size, and a definition of the variables used in this study. This chapter also includes details of the instruments, the data collection procedures, and the data analysis procedures.

This study was a quantitative, non-experimental design. A convenience sample was used, and participants were recruited by QuestionPro. All participants were U.S. females between 18-29 years old who were currently in an intimate, committed romantic relationship. Participants responded to questions on a demographics questionnaire and completed the following inventories: Childhood Trauma Questionnaire- Short Form (CTQ-SF) (Bernstein et al., 1998; Hagborg et al., 2022), Post-Traumatic Growth Inventory (PTGI) (Kaur et al., 2017; Tedeschi & Calhoun, 1996), Spiritual Well-Being Scale-SV (SWBS-SV) (Malinakova et al. 2017; Paloutzian et al., 2021), Relationship Assessment Scale (RAS) (Hendrick, 1988), Sexual Experiences Survey- Short Form Victimization (SES-SFV) (Kolivas & Gross, 2007), and the Abuse Behavior Inventory (ABI) (Postmus et al., 2015).

The total number of participants used in this study was 406. The data was analyzed using SPSS and AMOS, and path analysis was conducted.

Type of Research/Research Design

To understand the relationship between romantic relationship satisfaction and CSA, a quantitative, non-experimental design was used. The predictive role of CSA was examined by using a correlational research design using a survey research method.

Collecting data using the survey was chosen due to its relatively quick ability to gather a large quantity of data. The correlational design offers an effective method of determining prevalence and relationships among variables. The findings of correlational research can also be used to guide and inform future research as it provides a scaffolding of the current data and shows the accumulation (or lack) of knowledge in this area (Limberg et al., 2021).

Multiple variables can be investigated with the collected data from a group, such as cultural considerations or different experiences per age group. There were no imposed conditions on the participants; they simply needed to report on experiences that have already occurred or are occurring. A large sample size can also be used with this type of study since it can be administered with simplicity and ease and requires no experimentation.

One of the greatest risks in this type of study is participation bias, which can either be seen in the biases in self-reporting one's experiences as if they perceive the research expects them to or answering according to their current emotional and mental state of being.

Hypotheses

The following are the research hypotheses:

Research Hypothesis 1

Emerging adults have high levels of relationship satisfaction.

Research Hypothesis 2

Emerging adult females who have a history of CSA report lower levels of romantic relationship satisfaction.

Research Hypothesis 3

Emerging adult females experience greater levels of relationship satisfaction when they experience higher levels of SWB and PTG.

Research Hypothesis 4

Emerging adult females who have a history of CSA have a reduced risk for sexual revictimization and IPV when they score high on the SWB and PTG scales.

Research Questions

The following research questions were addressed in this study:

Research Question 1: To what extent are female emerging adults satisfied with their romantic relationships?

Research Question 2: Among female emerging adults who have a history of CSA, how satisfied are they with their intimate partner relationship?

Research Question 3: To what extent do post-traumatic growth (PTG) and spiritual well-being (SWB) mediate the influence of CSA on intimate partner satisfaction?

Research Question 4: To what extent do PTG and SWB traits mediate the influence of risk of adulthood sexual revictimization and IPV on intimate partner relationship satisfaction in those with a history of CSA?

Population and Sample

The target population for the study consisted of 18-29-year-old emerging females in the United States who are currently in a committed, romantic relationship. An initial screener was included in the survey to determine whom to include in the survey according to the above criteria. QuestionPro was used to solicit participants from a nationwide pool and to gain help in finding participants matching the study's criteria. The target sample size was 400, determined by an effect size of .25, power of .95, and alpha of .05 (Althubaiti, 2023). This study had a total of 406 participants.

Definition of Variables

This study used six variables: intimate romantic relationship satisfaction to measure satisfaction levels among emerging adult females, CSA to measure the prevalence of experiences among participants, post-traumatic growth and spiritual well-being as the study's strength-based mediators, IPV to measure relationship abuse behaviors, and sexual revictimization to measure prevalence among participants.

Intimate Romantic Relationship Satisfaction

Intimate Romantic Relationship Satisfaction (IRS) describes the interpersonal evaluation of the attraction for and the feelings of one's romantic relationship (Hendrick, 1988). The Relationship Assessment Scale (RAS) (Hendrick, 1988) was used to measure this construct with statements such as "How well does your partner meet your needs?" "How good is your relationship compared to most," and "How much do you love your partner?"

Childhood Sexual Abuse

CSA is defined as a non-consensual sexual activity before the age of 18 in the U.S., and although the age differs from state to state, sixteen years of age is common among states in determining sexual consent (Collin-Vezina et. al., 2013).

Non-consensual sexual activity includes sexual touching/exposure, vaginal penetration, picture-taking, and other unwanted sexual activity (Bernstein et. al., 1997; Collin-Vezina et. al., 2013;). The perpetrator is a trusted individual five or more years older than the child and can include a sibling, parent, family member, trusted friend, community member, or stranger (Bernstein et al., 1997; Johnson, 2004) The CTQ-SF assessed these experiences with such statements as "someone tried to touch me sexually or tried to make me touch them," "someone tried to make me do sexual things or watch sexual things," and "I believe that I was sexually abused" (Bernstein et al., 1997). The ACES questionnaire was considered for this study, but in reviewing the childhood trauma questionnaire short form (CTQ-SF), with its strong evidence for valid and consistent results, and with its subscale for sexual abuse (Hagborg et al., 2022), the CTQ-SF was chosen.

Post-Traumatic Growth

Post Traumatic Growth describes positive outcomes that an individual experiences post-trauma (Tedeschi & Calhoun, 1996). Some examples of these include discovering new possibilities in life, having a greater sense of inner strength, or having a greater appreciation for life. The Post-Traumatic Growth Inventory (PTGI) was used and included statements such as “a sense of closeness to others,” “I accept needing others,” and “I established a new path for my life.” (Kaur et al., 2017; Tedeschi & Calhoun, 1996).

Spiritual Well-Being

Spiritual Well-Being combines existential well-being (EWB) and religious well-being (RWB) (Paloutzian et al., 2021). EWB is seen as finding subjective meaning and purpose in life, being able to manage daily trials, and feeling high inner strength. RWB is a broad construct but is looked at through experiencing a meaningful relationship with a higher power. SWB has been shown to improve mental health and ensure better outcomes for life’s stressors (Hirsch et al., 2014). The Spiritual Well-Being Scale (SWBS) was used to measure this construct with statements, such as, “I believe there is some real purpose for my life” and “I believe that God loves me and cares about me.”(Malinakova et al., 2017; Paloutzian et al., 2021).

Intimate Partner Violence

Intimate Partner Violence is evidenced by physical acts, words, or gestures perpetrated toward an intimate romantic partner, either psychological, physical, emotional, or spiritual, and with the intent of exerting power and control (Postmus et al., 2015).

Sexual Revictimization

Sexual Revictimization is defined as unwanted sexual experiences in adulthood (Scoglio et al., 2022). Sexual Revictimization was measured using the Sexual Experiences Survey Short Form (SES-SFV) (Kolivas & Gross, 2007) with such statements as, “someone fondled, kissed, or rubbed up against the private areas of my body,” “someone had oral sex with me without my consent,” and “even though it didn’t happen, someone tried to . . . without my consent.” This inventory was used as a sub-factor for the intimate relationship satisfaction factor.

Instrumentation

This study used a battery of survey questions consisting of screener questions, demographic details, CTQ-SF, SWBS, PTGI, RAS, SES-SFV, and ABI and is summarized in Table 1.

Childhood Trauma Questionnaire- Short Form

The first is the Childhood Trauma Questionnaire- Short Form (CTQ-SF)—Sexual Abuse subscale. The sexual abuse subscale of this inventory was used to measure CSA that occurred between the ages of 12-17 (Bernstein et al., 1997). This subscale has 5 items and is a self-report, retrospective questionnaire for adolescents and adults. The CTQ is considered the “gold standard” in assessing childhood traumatic events (Sacchi et al., 2018). The CTQ was originally comprised of 70 items and was administered to large samples of adult drug and alcohol-dependent individuals. The subscale of sexual abuse showed good internal consistency (ranging from .74 to .94) and had excellent test-retest validity (.88).

Table 1*Summary of Instrumentation*

| Instrument | Measures | Variables | Items |
|--------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Screener | Inclusivity questions | United States, Female, Age 18-29 Current relationship | 4 |
| Demographics | Age, Race, Gender Identity, Sexual Orientation, Intimate Relationship Status, Income, Highest Level of Education, CSA | Demographic | 11 |
| CTQ-SF | Sexual abuse | Sexual abuse | Q: 1-4 |
| SWBS-SF | Spiritual well-being | Religious Well-being Existential Well-being | RWB: 5,6,8,10 EWB: 7,9,11 |
| PTGI-SF | Post-traumatic growth | New Possibilities Relating to others Personal strength Spiritual change Appreciation of life | I: 14, 18 II: 17, 19 III: 15, 20 IV: 16, 21 V: 12, 13 |
| RAS | Intimate relationship satisfaction | Relationship satisfaction | Q: 22-28 |
| SES-SFV | Revictimization | Fondled Oral Intercourse | Q: 29-33 Q: 34-38 Q: 39-43 |
| ABI | Intimate partner violence | Physical Abuse Psychological Abuse | Q: 52, 59, 63, 70-75 Q: 46-51, 53-58, 60-62, 64, 65, 67-69 |

In 2003, Bernstein developed the short form of the CTQ which has 28 items. Each clinical subscale has 5 items from the original inventory that corresponds to the highest factor loadings, developing the 5 subscales (Cronbach's alpha for Emotional Abuse = .84; Sexual Abuse = .92; Physical Abuse = .81; Emotional Neglect = .85, and Physical Neglect = .61) (Sacchi et al., 2018). The participant answered using a 5- point Likert scale: (1 = *never true* to 5 = *very often true*) (Bernstein et al., 2003). Each subscale has 4 levels of abuse/neglect: none, moderate, severe, and extreme. The CTQ is often used due to its reports of its validity and reliability, with a good test-retest reliability of .88. and a score of .95 for Cronbach's alpha (Bernstein & Fink, 1997).

Spiritual Well-Being Scale (SWBS)

The Spiritual Well-Being Scale (SWBS) was developed in 1982 as a measure of one's subjective quality of life (Paloutzian et al., 2021) that includes one's motivation to be spiritual. Paloutzian and Ellison (1982) combined what they termed the "vertical dimension" to describe religious well-being and one's perceived relationship with God (RWB # 5, 6, 8, 10), and the "horizontal dimension" to describe existential well-being with an emphasis on purpose and satisfaction in life (EWB #7, 9, 11). Together, these two dimensions make up the Spiritual Well-Being Scale. The SWBS has been used in over 200 studies, including dissertations and professional presentations (Paloutzian, 2021). For this study, we used the shortened version, a 7-item scale, of the SWBS (SWBS-SF), developed by Malinakova et al. (2017). A 6-point Likert scale was used, ranging from 1 (*strongly agree*) to 6 (*strongly disagree*). Factor loadings of the seven items are as follows: for RWB, ranging from .89 to .92, and for EWB, from .77 to .85. Once the inventory was shortened to seven items, the internal consistency of the

subscales was .92 for RWB and .76 for EWB, and the overall internal consistency for the 7-item scale was .814. (Malinakova et al., 2017)

Post-Traumatic Growth Inventory—Short Form (PTGI-SF)

The Post-Traumatic Growth Inventory Short Form (PTGI-SF) measures one's ability to look beyond life's difficulties, pains, and injuries, finding positive outcomes, with 10 items that measure the following subfactors (Kaur et al., 2017; Tedeschi & Calhoun, 1996):

Factor I: Relating to Others (Item #s 14, 18)

Factor II: New Possibilities (Item #s 17, 19)

Factor III: Personal Strength (Item #s 15, 20)

Factor IV: Spiritual Change (Item #s 16, 21)

Factor V: Appreciation for Life (Item #s 12, 13)

A 6-point Likert scale ranged from 0 (*I did not experience this change as a result of my crisis*) to 5 (*I experienced this change to a great degree as a result of my crisis*).

The PTGI-SF was developed when time was limited for clinicians and participants and was used to measure the extent to which individuals who have experienced traumatic events perceived positive growth from coping with the trauma and its ramifications, being a retrospective self-report assessment.

The Millennium Cohort Study was developed and launched in 2001 (Riddle et al., 2007). This study was the largest of its kind to ever be used to assess the health of military personnel. The PTGI-SF was added to the Millennium study for the 2011-2013 cycle. During these years, there were 135,843 participants. These groups were divided into the exploratory sample and the validation sample, each group containing 67,922

participants. Each participant was asked to respond to a statement using a 5-point Likert scale ranging from “I did not experience this change in my life” to “I experienced this change to a very great deal as a result of my crisis.” The items showed strong internal consistency (.92). EFA was conducted on the exploratory sample, and CFA was conducted using the validation sample. Each item had a standard deviation of greater than or equal to 1, and each item was strongly correlated with the total scale ($r > .52$). (Kaur et al., 2017). Garrido-Hernansaiz et al. (2022) researched the PTGI short form using a random population of adults from Spain to test reliability. A total of 844 individuals participated in the study. The context for this study was the COVID-19 pandemic, and the statement that participants were requested to respond to was, “Sometimes, crises like the COVID-19 pandemic entail significant changes in life. Please indicate for each of the statements below the degree to which this change occurred in your life. There are no right or wrong answers.” The data was collected using an online questionnaire service. To test for reliability, participants were contacted 4 months after the initial survey and were asked to complete the PTGI-SF a second time. Moderate stability was found, having a range from .56-.68. According to Garrido-Hernansaiz et al. (2022), the PTGI-SF total score showed good reliability (.88).

Relationship Assessment Scale

The Relationship Assessment Scale is a subjective measure of one’s intimate relationship satisfaction for married, cohabiting, engaged, or dating couples (Hendrick, 1988). This instrument is made up of measures of love, relationship satisfaction, strength commitment, and investment in a relationship. There are only seven items included with the scale (#22-28). They are measured using a 5-point Likert scale using the letters A =

poorly, unsatisfied, never, hardly at all, not much, and very few; and E = *extremely well, extremely satisfied, excellent, very often, completely, very much and very many*. Items 4 and 7 are reverse scored. To get a final score, the items are totaled and divided by 7 to obtain a mean score. Higher scores signify better relationship satisfaction. The internal consistency for RAS was high at .828 (Maroufizadeh et al., 2018; Vaughn & Matyastik Baier, 1999). The reliability for the RAS was $\alpha = .86$ (Hendrick, 1988).

The RAS was correlated with the Dyadic Adjustment Scale (DAS), which measures adjustments in intimate relationships and relational stability. The DAS and RAS are highly correlated, indicating convergent validity (.84, $p < .01$). Multiple regression was used to predict RAS total scores from DAS subscale scores with the highest correlation showing between RAS total score and the satisfaction subscale score ($r = .47, p = .000$). This concluded that RAS could be used to assess one's perspective toward the relationship (Vaughn & Matyastik Baier, 1999).

Sexual Experiences Survey—Short Form Victimization (SES-SFV)

The Sexual Experiences Survey—Short Form Victimization (SES-SFV) is considered to be the most popular measurement inventory used to examine sexual victimization (Kolivas & Gross, 2007). The SES-SFV used in this study's survey was a 15-item inventory that included questions about unwanted sexual experiences. The participant places a checkmark in the box that corresponds with the number of times each sexual experience has happened. There are two columns, and respondents are to rate each question on a scale from 0 to 3+, with the questions being "How many times in the past 12 months?" and "How many times since the age of 14?" The three categories that were measured were organized into groupings labeled: Fondled (#29-33), Oral (#34-38), and

Intercourse (#39-43). Various studies have reported high internal consistency, with Cronbach's alpha from .92 to .98 (Depraetere et al., 2020). Reliability is moderate (.69), according to Littleton et al. (2019). Johnson et al. (2017) found this questionnaire to be valid and reliably sufficient when used with college females, which is the population this study used. Johnson et al., (2017) found that internal consistencies ranged from .92 to .98. Historically, the SES had strong correlations between self-report and interview responses ($r = .61-.74$) with a high one-week test-retest of 93% (Koss & Gidycz, 1985). A more recent study showed similar findings in a 2-week test-retest reliability ($r^2 = .41$) (Anderson et al., 2018). This questionnaire was used to measure sexual revictimization.

Abusive Behavior Inventory (ABI)

Abusive Behavior Inventory (ABI) is a 30-item instrument that uses a 5-point Likert-type scale that measures the frequency of physical and psychologically abusive behaviors over 6 months. The ABI reflects a feminist perspective, meaning that the abuse was intentionally used to establish power and control over the victim (Shepard & Campbell, 1992). Items such as "called you names and/or criticized you," "pushed, grabbed or shoved you," and "physically forced you to have sex" are included. The two subscales are the following item numbers: physical abuse (item #s 52, 59, 63, 66, 70-75) and psychological abuse (item #s 46-58, 60-62, 64, 65, 67-69). A current study shows good internal reliability with physical abuse=.91 and psychological abuse=.93 (Postmus et al., 2015). Alpha coefficients on the physical abuse subscale ranged from .8 to .92, and on the psychological subscale, .76 to .91. The total ABI reliability coefficient was .95, with the following subscale coefficients (Physical Violence= .93; Psychological Abuse=

.92). These findings suggest for physical and psychological abuse, the ABI is a reliable and valid measure (Postmus et al., 2015).

Construct validity showed that each variable that was highly related to abusive behavior had a stronger correlation to the ABI subscales than the variables that were predicted to be less related, showing good construct validity. Factor validity was looked at by determining correlations between each item on the ABI and the total score of each subscale. Alpha coefficients ranged from .80 to .92 for all subscale groups.

Data Collection

An application to Andrew's University Institutional Review Board was completed and approved on April 20th with the request to add to the consent form a list of mental health resources for those who may be triggered by reporting past CSA (Appendix A; Appendix B). This research was sensitive as participants were also asked to report current relational functioning that may reveal continued victimization. Participants were given permission to withdraw from the study at any time.

Using QuestionPro to help develop and distribute the survey and collect and store the data, provided high efforts for ethical confidentiality for each participant. Names were never used, and each participant was assigned a number, which is reflected in the data. This study combined six surveys into one (Appendix C; Appendix D). QuestionPro requested that the survey be made shorter, at which point the following inventories were shortened to their "short-form" versions: PTGI, CTQ, and SWBS.

The survey was ready to launch on May 12, 2022, and it took one week to collect the desired number of participants. After this was completed, the survey was closed to participants. The data was downloaded and saved into SPSS for analysis. Each

participant's name was coded by a random number on both the QuestionPro site and the data set. Names of the participants were never shared between QuestionPro and the researcher.

Data Analysis

Participants completed a 75-item survey using the data collection services of QuestionPro. Having a history of CSA was not a requirement to participate in the study, but being a female between the ages of 18-29, currently in a committed romantic relationship, and living in the United States were required characteristics. With an effect size of .25, a power of .95, and an alpha of .05, a minimum of 347 participants was required (Kane, 2019). For this study, for added surety, 400 participants were targeted.

For research questions #1 & #2, a simple correlation was run to determine if any significant relationship existed between emerging adult females and their baseline level of relationship satisfaction and emerging adult females with a history of CSA and relationship satisfaction.

For research questions #3 & #4, a structural equation model was developed to see relationships among the factors of this study through a visual framework. This also gave some analysis that revealed each factor's predictive values on the dependent variable (Tranmer & Elliot, 2008).

Summary

This study was designed to look at the complex relationships among many factors that may affect intimate relationship satisfaction for emerging adult females. These variables were measured using structural equation modeling. Participants were randomly chosen through convenience sampling utilizing a QuestionPro participant pool. After data collection was completed, analysis occurred through SPSS and AMOS.

Chapter 4 will look at the results of demographic details, as well as the results of the path analysis. Afterward, a discussion of the findings as well as the results on practice and future research in Chapter 5.

CHAPTER 4

RESEARCH FINDINGS

This study aimed to investigate the influence of CSA, IPV, and revictimization on romantic relationship satisfaction and the extent to which spiritual well-being and post-traumatic growth mediate those possible influences. In this chapter, there will be an overview of the demographic characteristics of participants, descriptive statistics to develop a profile of our participant responses, and statistical results for each research question.

Introduction

Once an understanding of relationship satisfaction was established, this study narrowed down the factors to specifically examine the impact of CSA on romantic relationship satisfaction. The constructs of SWB and PTG were included as mediators to examine what impact these variables have on relationship satisfaction in females who have a history of CSA. Common experiences of adulthood sexual revictimization and IPV that occur with those with a history of CSA will be discussed, as well as determining whether SWB and PTG have mediating effects on these factors.

Demographic Data

A total of 809 individuals viewed the survey. For those who chose to continue the survey, screener questions that required endorsements for completing the survey were as follows: “Are you a North American living in North America?,” “Are you a female

between the ages of 18-29?,” and “Are you currently in a committed romantic relationship?” Of those interested in taking the survey, ten individuals were under or over the required age of emerging adulthood (18-29), three reported not living in North America, and three reported not being in a committed romantic relationship. These individuals were excluded from completing the survey. This left a total of 413 participants who completed the survey and whose data was run and analyzed.

The characteristics most often endorsed by the participants were: females between the ages of 25-29 (60.1%, $n = 247$); Caucasian (61.07%, $n = 251$); whose gender self-identification is a woman (94.16%, $n = 387$); whose sexual orientation is straight (71.05%, $n = 292$); married (50.36%, $n = 207$), or in an exclusive, committed relationship (46.96%, $n = 193$), whose income falls between \$0-\$64,000 (64.23%, $n = 264$); is a high school graduate (28.47%, $n = 117$); and who has not experienced CSA (54.74%, $n = 225$). A full description of the participants is shown in Table 2 Demographic Information.

Table 2*Demographic Information*

| Variable | Categories | n | % |
|------------------------------|-------------------------------------------|------|-------|
| Age | 18-24 | 156 | 37.96 |
| | 25-29 | 247 | 60.10 |
| Race | Hispanic or Latino | 58 | 14.11 |
| | American Indian or Alaskan Native | 10 | 2.43 |
| | Asian | 20 | 4.87 |
| | Black or African American | 42 | 10.22 |
| | Native Hawaiian or Other Pacific Islander | 3 | .73 |
| | Caucasian or White | 251 | 61.07 |
| | Multiracial | 20 | 4.87 |
| Gender Identity | Other | 4 | .97 |
| | Prefer not to say | 3 | .73 |
| | Woman | 387 | 94.16 |
| | Transgender Woman | 3 | .73 |
| | Non-Binary | 15 | 3.65 |
| | Gender Fluid | 4 | .97 |
| | Prefer not to answer | 2 | .49 |
| Sexual Orientation | Lesbian | 17 | 4.14 |
| | Bisexual | 78 | 18.98 |
| | Asexual | 8 | 1.95 |
| | Straight | 292 | 71.05 |
| Intimate Relationship Status | Other | 10 | 2.43 |
| | Prefer not to say | 6 | 1.46 |
| | Widowed | 4 | .97 |
| | Married | 207 | 50.36 |
| Income | Divorced | 3 | .73 |
| | Separated | 4 | .97 |
| | In Exclusive Committed Relationship | 193 | 46.96 |
| | \$0-\$64,000 | 264 | 64.23 |
| | \$64,001-\$96,000 | 95 | 23.11 |
| Educational Level | \$96,001-\$111,000 | 38 | 9.25 |
| | Above \$112,000 | 3.41 | 14 |
| | Less than high school | 18 | 4.38 |
| | High school graduate | 117 | 28.47 |
| | Some college | 115 | 27.98 |
| CSA Experience | College with undergrad degree | 114 | 27.74 |
| | College with graduate degree | 47 | 11.44 |
| | Yes | 135 | 32.85 |
| | No | 225 | 54.74 |
| | Unsure | 43 | 10.46 |
| | Don't want to answer | 8 | 1.95 |

Reliability Estimates

Internal consistency reliabilities of the scales and subscales in this study are reported in Table 3. According to George and Mallory (2002), estimates of $>.9$ are (Excellent), $.8 - .9$ are (Good), $.7 - .8$ are (Acceptable), $.6 - .7$ are (Questionable), $.5 - .6$ are (Poor), and $<.5$ are (Unacceptable). Reliability estimates determine how closely related the items are as a group. The results are as follows: the Romantic Relationship Satisfaction scale, consisting of seven items, was found to have good reliability ($\alpha = .86$). The Childhood Sexual Abuse scale, consisting of five items, was found to have excellent reliability ($\alpha = .95$). The Spiritual Well-Being scale, consisting of five items, had excellent reliability ($\alpha = .90$). The overall scale of Post-Traumatic Growth, with 10 items ($\alpha = .90$) was found to have excellent reliability. The Intimate Partner Violence scale, with 30 items ($\alpha = .97$), was found to have excellent reliability. Finally, the Sexual Revictimization scale, with 30 items ($\alpha = .96$), had excellent reliability.

Table 3*Reliability Estimates*

| Variable | # Items | Cronbach's alpha |
|------------------------------------|---------|------------------|
| Romantic Relationship Satisfaction | 7 | .86 |
| Childhood Sexual Abuse | 5 | .95 |
| Spiritual Well-Being | 7 | .90 |
| Religious Well-Being | 4 | .95 |
| Existential Well-Being | 3 | .86 |
| Post-Traumatic Growth | 10 | .90 |
| I New Possibilities | 2 | .74 |
| II Relating to Others | 2 | .78 |
| III Personal Strengths | 2 | .78 |
| IV Spiritual Change | 2 | .79 |
| V Appreciation for Life | 2 | .71 |
| Intimate Partner Violence | 30 | .97 |
| Physical Abuse | 10 | .94 |
| Psychological Abuse | 20 | .96 |
| Sexual Revictimization | 30 | .96 |
| Fondled (past 12 months) | 5 | .88 |
| Fondled (since 14 yrs. old) | 5 | .89 |
| Oral sex (past 12 months) | 5 | .92 |
| Oral sex (since 14 yrs. old) | 5 | .91 |
| Intercourse (past 12 months) | 5 | .89 |
| Intercourse (since 14 yrs. old) | 5 | .91 |

Descriptive Statistics

Descriptive statistics are presented as a quick overview of the data collected on each factor with a sample size of 413. For this study, the following criteria were used for interpretation: Romantic Relationship Satisfaction, 0-1.99, low level of satisfaction, 2-3.99, moderate satisfaction, and 4-5, high levels of satisfaction; CSA, 0, none, 1 or above, experienced past CSA; IPV: 0, none, 1 or above, endorsement of IPV; Spiritual Well-Being: 1-1.99, low levels of spiritual well-being, 1.99-4.99, moderate spiritual well-being, and 4.99-6.0, high levels of spiritual well-being; Post-Traumatic Growth: 1-1.99, a small level of post-trauma changes, 2-3.99, moderate changes, and 4-5, high level of post-trauma changes; Sexual Revictimization Scale “in the past 12 months” and “since 14 years old”, 0, none, 1 or above, sexual revictimization experiences.

Means, standard deviations, and skewness of the variables used in this study are reported in Table 4. With skewness statistics within ± 2 , relationship satisfaction, CSA, spiritual well-being, and post-traumatic growth appear to be normally distributed. As expected, sexual revictimization and IPV variables are moderate to severely positively skewed.

Females in this study reported being highly satisfied with their intimate relationships ($M = 3.99$, $SD = 0.78$). Overall, females in this study reported to have been ‘rarely’ abused while they were growing up ($M = 2.09$, $SD = .86$). Participants reported that overall they have moderate levels of spiritual well-being ($M = 2.86$, $SD = .17$). Post-traumatic growth was reported with a mean of ($M = 2.67$, $SD = 1.08$) which represents a small degree of change that participants experienced post-trauma. IPV was also reported to be a rare occurrence among participants ($M = 1.54$, $SD = .77$).

Table 4*Variable Mean, Standard Deviation, and Skewness*

| Variables | <i>N</i> | <i>Min</i> | <i>Max</i> | <i>M</i> | <i>SD</i> | Skewness |
|---------------------------------------------|----------|------------|------------|----------|-----------|----------|
| Romantic Intimate Relationship Satisfaction | 406 | 1.29 | 5.00 | 3.99 | 0.78 | -0.75 |
| Childhood sexual abuse | 406 | 1.00 | 5.00 | 2.09 | 1.27 | 0.86 |
| Spiritual well-being | 406 | 1.00 | 6.00 | 2.86 | 1.30 | 0.17 |
| Religious well-being | 406 | 1.00 | 6.00 | 3.08 | 1.70 | 0.40 |
| Existential well-being | 406 | 1.00 | 6.00 | 2.57 | 1.22 | 0.55 |
| Post-traumatic growth | 406 | 1.00 | 5.10 | 2.67 | 1.08 | 0.07 |
| New Possibilities | 406 | 1.00 | 5.00 | 2.68 | 1.27 | 0.13 |
| Relating to others | 406 | 1.00 | 5.00 | 2.42 | 1.26 | 0.42 |
| Personal strengths | 406 | 1.00 | 5.00 | 2.92 | 1.34 | 0.01 |
| Spiritual change | 406 | 1.00 | 5.00 | 2.38 | 1.35 | 0.56 |
| Appreciation for life | 406 | 1.00 | 5.50 | 2.95 | 1.42 | 0.17 |
| Sexual Revictimization | | | | | | |
| Fondled in the last 12 months | 396 | .00 | 3.00 | 0.26 | 0.62 | 2.88 |
| Fondled since 14 yrs. old | 396 | .00 | 3.00 | 0.80 | 0.99 | 0.94 |
| Oral sex in the last 12 months | 396 | .00 | 3.00 | 0.20 | .059 | 3.47 |
| Oral sex since 14 yrs. old | 398 | .00 | 3.00 | 0.58 | 0.93 | 1.15 |
| Intercourse during the last 12 months | 397 | .00 | 3.00 | 0.17 | 0.53 | 3.69 |
| Intercourse since 14 yrs. old | 395 | .00 | 3.00 | 0.58 | 0.93 | 1.19 |
| Intimate partner violence | 406 | 1.00 | 5.00 | 1.54 | 0.77 | 2.01 |
| Physical abuse | 406 | 1.00 | 5.00 | 1.37 | 0.74 | 2.52 |
| Psychological abuse | 406 | 1.00 | 5.00 | 1.63 | 0.82 | 1.75 |

Table 5 indicates that in the last 12 months, approximately 24% of participants were fondled without consent one or more times, 16% had non-consensual oral sex one or more times, and 16% had non-consensual sexual intercourse one or more times. Since participants were 14 years old, about 55% were non-consensually fondled one or more times, 40% had non-consensual oral sex one or more times, and 41% had non-consensual sexual intercourse one or more times.

Results by Research Question

This section will report the results of the following research questions:

Research Question 1: To what extent are female emerging adults satisfied with their romantic relationships?

Table 5

Number and (Percent) Reporting Sexual Revictimization

| Event/Frequency | N(%) | At least once | At least twice | At least thrice |
|---------------------------------|------------|---------------|----------------|-----------------|
| Fondled – last 12 months | 304 (76.8) | 51(12.9) | 27(6.8) | 14(3.5) |
| Fondled – since 14 yrs. Old | 181(45.7) | 74(18.7) | 78(19.7) | 63(15.9) |
| Oral sex – last 12 months | 332(83.8) | 33(8.3) | 17(4.3) | 14(3.5) |
| Oral sex – since 14 yrs. Old | 238(59.8) | 57(14.3) | 56(14.1) | 47(11.8) |
| Intercourse – last 12 months | 335(84.4) | 33(8.3) | 18(4.5) | 11(2.8) |
| Intercourse – since 14 yrs. Old | 232(58.7) | 59(14.9) | 59(14.9) | 45(11.4) |

Looking at Table 6, ninety percent of participants, as a whole, expressed much love for their partners ($M = 4.65$, $SD = .75$). Seventy-five percent of participants expressed moderate to high levels of satisfaction that they experience in their relationship ($M = 4.12$, $SD = 1.02$). Seventy-six percent of participants reported that their partners moderately met their needs ($M = 4.1$, $SD = 1$), and 72% reported moderate levels of satisfaction in their relationship when compared to others ($M = 4.04$, $SD = 1.08$). Sixty-nine percent of participants rated expectations as moderately met in the relationship ($M = 3.92$, $SD = 1.19$). Items #7 and #4 were both reversed and scored. They both show moderate to high levels of one's satisfaction concerning the number of problems that exist in the relationship, with 24% of participants reporting satisfaction ($M = 2.83$, $SD = 1.12$) and 17% of participants scoring moderate to high levels of having no regret toward their current committed relationship ($M = 2.07$, $SD = 1.27$).

Research Question 2: Among female emerging adults who have a history of CSA, how satisfied are they with their intimate partner relationship?

Table 6*Relationship Satisfaction Item Statistics*

| Statements | <i>N</i> | <i>M</i> | <i>SD</i> | % |
|-------------------------------------------------------------------------|----------|----------|-----------|-------------------|
| 6. How much do you love your partner? | 406 | 4.65 | 0.76 | 90.7 ^a |
| 2. In general, how satisfied are you with your relationships? | 406 | 4.12 | 1.02 | 75.7 ^b |
| 1. How well does your partner meet your needs? | 405 | 4.10 | 1.00 | 76.5 ^c |
| 3. How good is your relationship compared to most? | 406 | 4.04 | 1.08 | 72.9 ^d |
| 5. To what extent has your relationship met your original expectations? | 406 | 3.93 | 1.18 | 69.5 ^e |
| 7. How many problems are there in your relationships? | 406 | 2.83 | 1.11 | 24.1 ^f |
| 4. How often do you wish you hadn't gotten in this relationship? | 406 | 2.07 | 1.26 | 16.3 ^g |

Note: ^aPercent 'much' and 'very much'; ^bPercent 'satisfied' and 'very satisfied'
^cPercent 'well' and 'very well'; ^dPercent 'good' and 'excellent'
^ePercent 'almost' and 'completely'; ^fPercent 'many' and 'very many'
^gPercent 'often' and 'very often'

As indicated in Table 7, CSA was reported by 133 participants. Their current overall relationship satisfaction is $M = 3.76$ ($SD = 0.86$), indicating moderately satisfied. Eighty-six percent of those participants who have a history of CSA endorsed having high levels of love toward their partner ($M = 4.52$, $SD = .87$). Participants felt that their personal needs are mostly being met in the relationship ($M = 3.86$, $SD = 1.17$). Participants with a history of CSA report that their original expectations are being met in the relationship ($M = 3.52$, $SD = 1.35$). When asked about how many problems there are in the relationship, those with a history of CSA report some indicators of issues ($M = 3.04$, $SD = 1.09$). Finally, when considering regret in entering one's current relationship, those having a CSA history show moderate levels of relationship commitment regret ($M = 2.14$, $SD = 1.22$).

Table 7*Intimate Relationship Satisfaction Among Females With a History of Childhood Sexual Abuse*

| | <i>N</i> | <i>M</i> | <i>SD</i> | % |
|-------------------------------------------------------------------------|----------|----------|-----------|-------------------|
| Total Scale (overall satisfaction) | 133 | 3.76 | 0.86 | |
| 6. How much do you love your partner? | 133 | 4.52 | 0.88 | 85.7 ^a |
| 1. How well does your partner meet your needs? | 132 | 3.86 | 1.15 | 68.2 ^c |
| 2. In general, how satisfied are you with your relationships? | 133 | 3.83 | 1.15 | 66.2 ^b |
| 3. How good is your relationship compared to most? | 133 | 3.75 | 1.16 | 61.7 ^d |
| 5. To what extent has your relationship met your original expectations? | 133 | 3.55 | 1.34 | 57.9 ^e |
| 7. How many problems are there in your relationships? | 133 | 3.06 | 1.06 | 27.1 ^f |
| 4. How often do you wish you hadn't gotten in this relationship? | 133 | 2.14 | 1.21 | 15.1 ^g |

Note ^aPercent 'much' and 'very much'

^bPercent 'satisfied' and 'very satisfied'

^cPercent 'well' and 'very well'

^dPercent 'good' and 'excellent'

^ePercent 'almost' and 'completely'

^fPercent 'many' and 'very many'

^gPercent 'often' and 'very often'

Table 8 suggests that females with no history of CSA reported significantly $t(356) = -4.057, p < .001$ higher relationship satisfaction ($M = 4.10, SD = 0.72$) than those with a history of abuse ($M = 3.76, SD = 0.86$). Although statistically significant, the magnitude of the difference is small ($ES(d) = -0.44$).

The main differences in satisfaction levels that are significant to mention between the no CSA and the CSA groups include the overall satisfaction level between the two groups. Those who have no history of CSA show a higher overall level of relationship satisfaction ($M = 4.1, SD = .72$) than those who have a CSA history ($M = 3.76, SD = .86$). There is a lower sense of one's relational needs being met in those with a CSA history ($M = 3.86, SD = 1.15$). There is also a lower sense of having problems in one's romantic relationship in those who do not have a CSA history ($M = 2.73, SD = 1.15$) than in those who have a CSA history ($M = 3.06, SD = 1.06$). See Table 9.

Table 8

Comparing Relationship Satisfaction Between Females With and Without a History of Childhood Sexual Abuse.

| Childhood Sexual Abuse | <i>N</i> | <i>M</i> | <i>SD</i> | <i>t</i> | <i>df</i> | <i>p</i> | ES(d) |
|------------------------|----------|----------|-----------|----------|-----------|----------|-------|
| Yes | 133 | 3.76 | 0.86 | -4.057 | 356 | <.001 | -0.44 |
| No | 225 | 4.10 | 0.72 | | | | |

Table 9*Relationship Satisfaction Among Females With no History of Childhood Sexual Abuse*

| | <i>N</i> | <i>M</i> | <i>SD</i> | % |
|------------------------------------------------------------------------|------------|-------------|-------------|-------------------|
| Total scale (overall satisfaction) | 225 | 4.10 | 0.72 | |
| 6 How much do you love your partner? | 225 | 4.71 | 0.67 | 92.9 ^a |
| 2 In general, how satisfied are you with your relationships? | 225 | 4.28 | 0.93 | 80.9 ^b |
| 1 How well does your partner meet your needs? | 225 | 4.24 | 0.86 | 81.3 ^c |
| 3 How good is your relationship compared to most? | 225 | 4.20 | 1.00 | 79.6 ^d |
| 5 To what extent has your relationship met your original expectations? | 225 | 4.14 | 1.05 | 76.0 ^e |
| 7 How many problems are there in your relationships? | 225 | 2.73 | 1.15 | 23.5 ^f |
| 4 How often do you wish you hadn't gotten in this relationship? | 225 | 2.10 | 1.34 | 18.2 ^g |

Note: ^aPercent 'much' and 'very much'

^bPercent 'satisfied' and 'very satisfied'

^cPercent 'well' and 'very well'

^dPercent 'good' and 'excellent'

^ePercent 'almost' and 'completely'

^fPercent 'many' and 'very many'

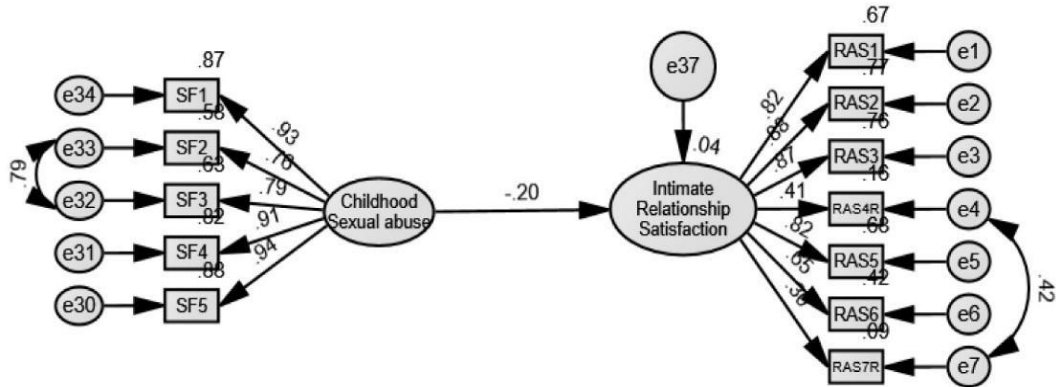
^gPercent 'often' and 'very often'

Research Question 3: To what extent do PTG and SWB mediate the influence of CSA on intimate partner relationship satisfaction? And **Research Question 4:** To what extent do PTG and SWB traits mediate the influence of risk of adulthood sexual revictimization and IPV on intimate partner relationship satisfaction in those with a history of CSA?

To answer these two research questions, a structural equation model was developed and tested (Figure 2). Using structural equation modeling, this study began with an examination of the relationship between CSA on relationship satisfaction. The fit indices showed that this model was a good fit: $\chi^2 = 89.172$, $df = 51$, $p < .001$; $\chi^2/df = 1.748$; CFI = .990, NFI = .977, GFI = .965, RMSEA = .043, SRMR = 0.0370.

Figure 2

Structural Equation Modeling for Childhood Sexual Abuse and Intimate Relationship Satisfaction



In Figure 2, $R^2 = .04$, which shows that 4% of the variance in intimate partner relationship satisfaction can be explained by CSA. The relationship between IRS and CSA is negative ($\beta = -.20$), indicating that a higher level of IRS is associated with a lower prevalence of CSA.

Looking at the mediating relationships of SWB and PTG, as well as adulthood sexual revictimization and IPV, on IRS, the following model was created (see Figure 3). Table 10 displays the fit indices for the model.

Figure 3

Initial Model

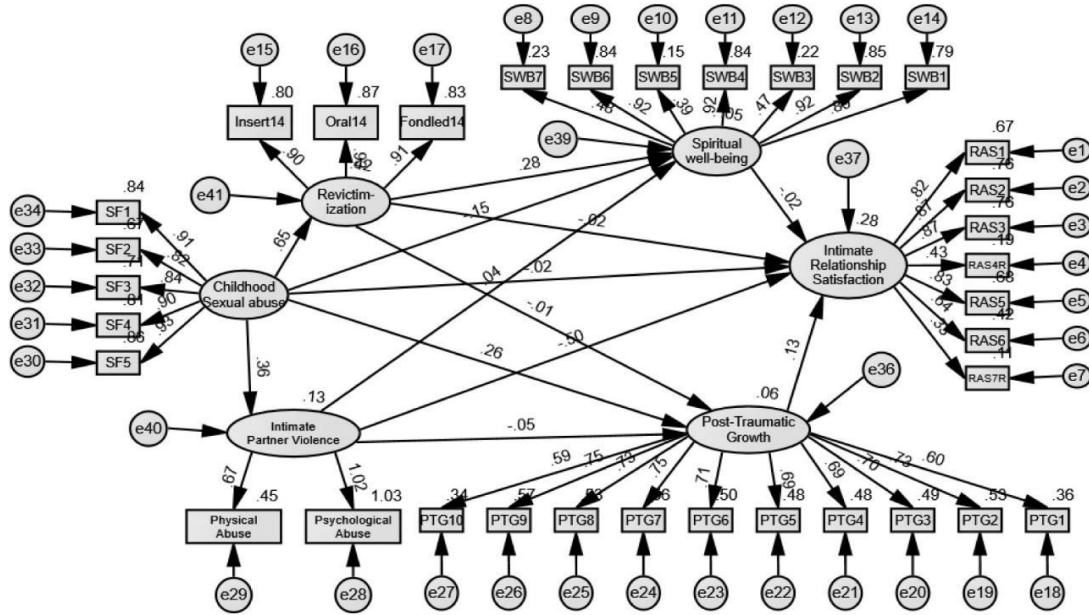


Table 10

Fit Indices (Initial Model)

| Fit indices | Target value ^a | Initial model |
|-----------------------|---------------------------|-------------------------------------------|
| Chi-Square | $p > .05$ | $\chi^2=2264.413$ $df = 514, p < .001$ |
| Chi-Square/ <i>df</i> | $\leq 2.00^*$ | 4.405 |
| NFI | $\geq .95^{**}$ | .796 |
| CFI | $\geq .95^{**}$ | .834 |
| GFI | $\geq .95^{**}$ | .742 |
| RMSEA | $\leq .06^{***}$ | .091 |
| SRMR | $\leq .10$ | .101 |

Note: ^aGamst, et. al, 2017, p.

*values up to 5.00 may be acceptable.

**Values between .90 to .95 indicate acceptable fit.

***Values between .07 to .08 indicate moderate fit

As shown in Table 10, the following fit indices were shown on the initial model: $X^2 = 2264.413$; $df = 514$; $p < .001$; $X^2/df = 4.405$; CFI = .834; GFI = .742; RMSEA = .091; SRMR = .101. $R^2 = .28$. This shows that 2.8% of the variance in intimate relationship satisfaction can be explained by CSA when PTG, SWB, sexual revictimization and IPV are mediating the relationship. The relationship between CSA and IRS is ($\beta = -.02$), indicating that beta is small and is not statistically significant, suggesting that CSA does not explain intimate partner relationship satisfaction in the presence of the other mediating variables (SWB and PTG). Both fit statistics were lower than expected (NFI = .796; CFI = .834; GFI = .742). Target values for fit statistics are desirable at .95 or above.

Table 11 shows path coefficients for the initial structural model. CSA has a statistically significant positive effect on revictimization ($\beta = .639$; $p < .001$) and IPV ($\beta = .358$; $p < .001$). Sexual revictimization has a statistically significant positive effect on spiritual well-being ($\beta = .257$; $p < .001$). And IPV has a statistically significant negative effect on relationship satisfaction ($\beta = -.491$; $p < .001$). There was also a statistical significance rate ($\beta = .229$; $p = .002$) of the effect that CSA has on PTG. Looking at the path coefficients, there are several significant findings to mention. CSA has a statistically significant positive effect on revictimization ($\beta = .379$; $p < .001$), on IPV ($b = .239$; $p < .001$), and on post-traumatic growth ($\beta = .194$; $p < .001$). Revictimization had a statistically significant positive effect on SWB ($\beta = .220$; $p < .001$). Path coefficients of the re-specified model are shown. With the respecified model, CSA's statistical effects on PTG lessen ($\beta = .170$; $p < .002$).

Table 11*Direct Effect Path Coefficients*

| Path | b | SE | β | t | p |
|---------------------|-------|------|---------|--------|-------|
| Revict <----- CSA | .367 | .026 | .639 | 14.155 | <.001 |
| IPV <----- CSA | .237 | .031 | .358 | 7.631 | <.001 |
| PTGrth <----- CSA | .170 | .056 | .229 | 3.055 | .002 |
| SWeB <----- Revict | .199 | .057 | .257 | 3.478 | <.001 |
| SWeB <----- CSA | -.058 | .032 | -.130 | -1.781 | .075 |
| PTGrth<----- IPV | -.058 | .060 | -.052 | -0.967 | .334 |
| PTGrth<----- Revict | .045 | .091 | .035 | 0.490 | .624 |
| SWeB <----- IPV | .021 | .035 | .031 | 0.581 | .561 |
| IReS <----- IPV | -.425 | .059 | -.491 | -7.182 | <.001 |
| IReS <----- SWeB | -.030 | .060 | -.023 | -0.497 | .619 |
| IReS <----- PTGrth | .100 | .038 | .1302 | .616 | .009 |
| IReS <----- CSA | -.022 | .039 | -.039 | 0.572 | .567 |
| IReS <----- Revict | -.019 | .063 | -.09 | -0.294 | .769 |

Note: Relationship satisfaction (IReS): $R^2=.272$

Revictimization (Revict): $R^2=.409$

Intimate partner violence (IPV): $R^2=.128$

Post-traumatic growth (PTGrth): $R^2=.057$

Spiritual well-being (SWeB): $R^2=.042$

Fit indices of the initial model suggest the hypothesized (initial) does not quite fit the observed data. The model was modified based on modification indices (see Table 12). SEM may be improved by adding or deleting paths (Gamst et al., 2016). The following modification of the initial model was done (see Figure 4).

- a. Two indicator variables were deleted due to low regression coefficients (below .4): RAS7 and SWB5

Seven error terms were co-varied: e32 to e33, e8 to e12, e18 to e19, e23 to e25, e21 to e26, e22 to e27, e20 to e26.

Table 12

Fit Indices (Target, Initial and Re-specified Model)

| Fit indices | Target value ^a | Initial model | Re-Specified Model |
|---------------|---------------------------|-------------------------------------|-------------------------------------|
| Chi-Square | p>.05 | $\chi^2=2264.413$ df=514, p<.001 | $\chi^2=1097.099$ df=443, p<.001 |
| Chi-Square/df | $\leq 2.00^*$ | 4.405 | 2.477 |
| NFI | $\geq .95^{**}$ | .796 | .895 |
| CFI | $\geq .95^{**}$ | .834 | .934 |
| GFI | $\geq .95^{**}$ | .742 | .860 |
| RMSEA | $\leq .06^{***}$ | .091 | .060 |
| SRMR | $\leq .10$ | .101 | .089 |

Note: ^aGamst, et. al, 2017

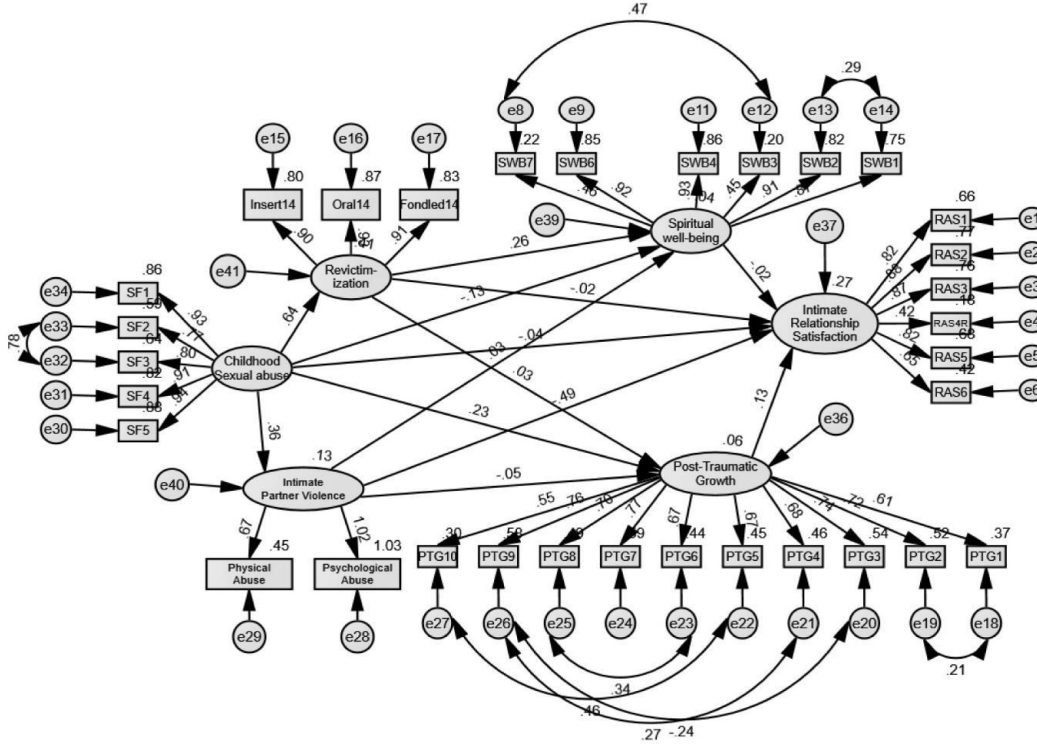
*values up to 5.00 may be acceptable.

**Values between .90 to .95 indicate acceptable fit.

***Values between .07 to .08 indicate moderate fit

Figure 4

Re-specified model



These modifications increased the model fit (see Table 11 and Figure 3), which shows the consistency of the model with the data, and has little need for any further specification. The following indices were shown on the respecified model: $\chi^2 = 1097.099$; $df = 433$; $p < .001$; $\chi^2/df = 2.477$; CFI = .934; GFI = .860; RMSEA = .060; SRMR = .089. A variance of 2.7% ($R^2 = .27$) in relationship satisfaction can be explained by CSA when PTG, SWB, sexual revictimization, and IPV mediate the relationship.

Table 13 provides the results of the mediating effects of CSA, SWB, PTG, revictimization, and IPV on IRS. This table answers both Questions 3 and 4.

Research question #3 looked at the possibility that both post-traumatic growth and spiritual well-being would serve as mediators between CSA and adulthood intimate relationship satisfaction. As shown in Table 13, there was a positive significant measured pathway from CSA to PTG to IReS ($p=.006$), showing that PTG has a significant indirect effect on relationship satisfaction. CSA does not show to have an indirect effect on relationship satisfaction in the presence of the mediator SWB ($p=.579$). These above relationship dynamics demonstrate a complete mediation, showing that apart from the mediators in this study, CSA has no direct effect on relationship satisfaction.

Table 13

Indirect Effect Path Coefficients

| Paths | Estimate | Confidence Interval (95%) | | <i>p</i> |
|---------------------------------|--------------|---------------------------|--------------|-----------------|
| | | Lower | Upper | |
| CSA to Revict to SWeb to IReS | -.002 | -.012 | .006 | .570 |
| CSA to IPV to PTGrth to IReS | -.001 | -.007 | .001 | .191 |
| CSA to Revict to PTGrth to IReS | .002 | -.004 | .011 | .469 |
| CSA to IPV to SWeb to IReS | .000 | -.003 | .001 | .476 |
| CSA to SWeb to IReS | .002 | -.004 | .011 | .579 |
| CSA to PTGrth to IReS | .017 | .004 | .039 | .006 |
| CSA to Revict to IReS | -.007 | -.059 | .044 | .771 |
| CSA to IPV to IReS | -.101 | -.159 | -.054 | <.001 |
| Revict to PTGrth to IReS | .004 | -.011 | .029 | .472 |
| Revict to SWeb to IReS | -.006 | -.033 | .017 | .565 |
| IPV to SWeb to IReS | -.001 | -.010 | .003 | .488 |
| IPV to PTGrth to IReS | -.006 | -.025 | .004 | .210 |

Research question #4 looked at the possibility of both adulthood sexual revictimization and IPV on relationship satisfaction in those with a history of CSA. There was a statistically significant negative effect of CSA to IPV to IReS ($-.101$; $p = <.001$), showing that this relationship dynamic is a complete mediation. CSA has no direct effect on relationship satisfaction apart from IPV. In addition, CSA does not have an indirect statistical significance effect on relationship satisfaction in the presence of sexual revictimization ($p = .771$). So whether sexual revictimization is present or not, CSA does not affect relationship satisfaction.

The regression weights of the initial model (Appendix E) and the respecified model (Appendix F) show the statistical significance of each pathway developed for the model. Each factor's effect on another factor is measured to determine significance. This can be demonstrated in terms of positive effects, where the increase in the level of one factor influences the increase in the other factor. This can be seen with the effects of CSA on sexual revictimization ($\beta = .379$; $p = <.001$), IPV ($\beta = .239$; $p = <.001$), and PTG ($\beta = .194$; $p = <.001$), sexual revictimization on SWB ($\beta = .220$; $\beta = <.001$). The pathways can also show negative effects, where the level of increase in one factor decreases the level in another. This can be seen with the negative effects of IPV on relationship satisfaction ($\beta = -.434$; $p = <.001$), meaning that when there is an increase of experiences with IPV, there is a decrease in relationship satisfaction. Each individual item in each inventory is statistically significant as a reflection of the construct that it is measuring.

Summary of Findings

In this sample, descriptive statistics for all participants showed that 90% endorsed high levels of love for their partner ($M = 4.65$, $SD = .75$). General satisfaction was

indicated by 75% of participants ($M = 4.12$, $SD = 1.02$). Seventy-six percent of participants endorsed that their personal needs were being met in the relationship ($M = 4.1$, $SD = 1$), and 72% of participants regarded their relationship to be better when compared to others ($M = 4.04$, $SD = 1.08$). When considering the difference between those who have a history of CSA and those who do not, there is a higher endorsement of love (92%; $M = 4.71$, $SD = .67$) and satisfaction (81%; $M = 4.28$, $SD = .93$) in those who have not experienced CSA than in those who have (Love = 86%; $M = 4.52$, $SD = .87$; Satisfaction = 66%; $M = 3.86$, $SD = 1.15$).

In this sample, the prevalence of CSA among participants was rare ($M = 2.09$). They reported moderate levels of SWB ($M = 2.86$) and reported having experienced PTG to a small degree ($M = 2.67$).

In this sample, sexual revictimization showed that about half of the participants have experienced some form of revictimization since they were 14 years old. These incidents include non-consensually being fondled (55%), non-consensually engaging in oral sex (40%), and non-consensual intercourse (41%).

When considering sexual revictimization among participants in the last 12 months, it was reported that 24% were non-consensually fondled, 16% engaged in non-consensual oral sex, and 16% had non-consensual intercourse.

A path analysis was conducted to understand if the theoretical and covariance models were equal. Fit indices of the initial model suggest the hypothesized (initial) did not quite fit the observed data. The model was modified based on modification indices. These modifications increased the model fit and had little need for further respecification. Based on the results, the respecified model was found to be a good fit and explains 2.7%

of the variance in relationship satisfaction. CSA ($\beta = -.04, p = .567$), sexual revictimization ($\beta = -.02, p = .769$), SWB ($\beta = -.02, p = .619$) all showed to have no statistical significance as direct effects on relationship satisfaction. IPV, however, showed high levels of statistical significance in it had a direct effect on relationship satisfaction ($\beta = -.49, p = <.001$). In terms of indirect effects, there was a statistically significant effect on relationship satisfaction from CSA to PTG ($\beta = .017, p = .006$), and from CSA to IPV ($\beta = -.101, p = <.001$).

CHAPTER 5

SUMMARY, CONCLUSIONS, AND RECOMMENDATION

Summary

This chapter will include a summary of a brief overview of the problem, a condensed literature review, an overview of the methodology, and the results. The results will include a discussion on implications and recommendations for future research while also considering clinical practice.

Purpose of the Study

Emerging adulthood is a time of great adjustment (Arnett, 2004; Chopik et al., 2022). When emerging adults have a history of childhood trauma, many negative outcomes have the potential to create greater difficulty in an emerging adult's relationship functioning and satisfaction (Faulkner et al. 2014), especially when considering that there is an increased risk for sexual revictimization and IPV for individuals who have experienced CSA (Coid et al., 2001). Much of the current childhood trauma literature is focused on these, among many other longitudinal negative outcomes. This study aimed to determine to what degree emerging adult females are experiencing relationship satisfaction. This study had the additional purpose of determining whether or not strength-based constructs, such as PTG and SWB, played a role in the relationship between CSA and IRS while also lessening an emerging adult's experiences of Sexual Revictimization and IPV.

Review of the Literature

This section provides a brief summary of the key variables that were considered in this study which include intimate romantic relationship satisfaction, CSA, SWB, PTG, IPV, and sexual revictimization.

Intimate Romantic Relationship Satisfaction

One of emerging adulthood's main developmental tasks is finding a romantic partner, defined in terms of one's sexual and emotional intimacy (Fisher, 2006). During this developmental period, there is an increase in the capability of experiencing increasing levels of intimacy (Shulman & Scharf, 2000). Successfully completing this task in finding intimacy, higher levels of life satisfaction are reported along with an increase in successful adjustment periods (Xia et al., 2018). High satisfaction in romantic relationships increases one's subjective well-being, life satisfaction, and happiness (Love & Holder, 2016). Childhood trauma can increase the risk of unhappy relationships, relationship conflicts, and instability (Kansky & Allen, 2018).

Childhood Sexual Abuse

Emerging adulthood symptoms of past trauma include PTSD, physical health issues, psychological disorders, and relationship issues (Cicchetti et al., 2005; Duncan et al., 1996; Felitti et al., 1998). Depending on biopsychosocial factors in the individual's life as a child, the risks of PTSD are considerably higher for victims of CSA (Briere and Jordan, 2009). Fear of intimate contact with others often has a lasting effect (Solomon, 2003), including lack of trust and inappropriate emotional responses within an intimate relationship (Walker et al., 2009).

Spiritual Well-Being

The way in which Wong-McDonald (2004) describes SWB is with directives, both vertical and horizontal. Vertical describes one's relationship with God, and horizontal describes one's found purpose in life, including subjective life satisfaction. Wong-McDonald (2004) also includes an existential element to this construct in its focus on life's purpose. Spiritual Well-Being is a broad construct comprising 4 domains: Personal, Communal, Environmental, and Transcendental Well-Being. Relationship functioning and dynamics in each of these domains are considered. Relationships with a higher power, with community and family, co-workers and loved ones, along with a relationship with the natural world and the self, are all considered when measuring spiritual well-being. Spiritual-Well Being was chosen for its conceptual support of Post-Traumatic Growth and its ability to identify growth and strength areas that an individual may have.

Post-Traumatic Growth

Post-Traumatic Growth was chosen as a mediator in its ability to search for meaning after processing the trauma. This is an important distinction. PTG in no way invalidates the traumatic experience of the individual. Contrary to this notion, PTG seeks to honor the traumatic experience. PTG embodies the idea that once an individual is on the road to recovery, strengths, and positive outcomes must be considered to bring stability and a sense of meaning. Tedeschi (2021, p. 180) describes these outcomes as "constructive and transformative." Historically, Tedeschi and Calhoun (1996, p. 464) defined PTG as "benefits perceived as arising from the struggle with trauma," not in experiencing the traumatic event itself. There are five domains of PTG, relationship with

others, personal strength, new possibilities, appreciation of life, and spiritual and existential change.

Both PTG and SWB identify an individual's internal resources, as well as external resources they have that may otherwise go unnoticed. Trauma has a way of covering those strengths, and these measurements seek to identify them to bring greater resilience and strength to the individual who experienced trauma.

Intimate Partner Violence

Considering emerging adult females with a history of CSA, the risk of IPV escalates (Williams et al., 2010). These high-conflict relationships can devastate the female, including serious mental health issues and physical injury (Anderson, 2020; Barnes et al., 2009). A history of CSA increases one's experience of shame, self-blame, and internalization of unresolved emotions that can create a feeling of powerlessness. This often manifests within the unhealthy boundaries of abusive relationships, where power and dominance control the relationship (Winstok, 2013). This childhood learned helplessness is often the factor that keeps the emerging adulthood female in an abusive relationship (Miller, 2006).

Sexual Revictimization

Emerging adult females with a history of CSA are at a three to five times greater risk for adulthood sexual revictimization (Coid et al., 2001). Theories of risk perception have been offered as an explanation (Anderson, 2020). Another theory of role confusion that holds the female to engage in unwanted sexual activity is explained as well (DiLillo et al., 2016). A third theory states that a prototype of the abuser is unconsciously

embedded in the child, and they are more likely to choose an intimate partner who matches that prototype (Mahoney & Williams, 1998).

Finding an intimate partner much like the self in social interactions, experiences, and behaviors is common. This continues to be the case with women who have experienced CSA, and they may unknowingly choose intimate partners who reflect their experiences with the prototype of a sexual abuser. These occurrences of revictimization are highly damaging to the woman and can create such psychological distress that PTSD symptoms develop and make normal daily living tasks difficult to manage. They may also feel violated, confused, and betrayed by a loved one (Mahoney & Williams, 1998).

Methodology

This study is a quantitative, non-experimental design. A convenience sample was used, and participants were recruited by QuestionPro. All participants were United States females between the ages of 18 to 29 in a committed intimate relationship with a partner. Participants responded to questions on a demographic questionnaire. The total number of participants in this study is 406 after screening and removing participants who did not meet the criteria. The data was analyzed using SPSS and AMOS to conduct correlation, demographic tables, and path analysis.

The Results

A total of 809 individuals clicked on the link to begin the screening questions. Of those, 406 individuals completed the screening questions, informed consent, and demographic questionnaire. All 406 individuals completed the questionnaire whose responses were used for data analysis.

In this study, the characteristics most frequently endorsed by participants were: 25-29 years old (60%; $n = 247$); Caucasian or White (61%; $n = 251$); Identified as a woman (94%; $n = 387$); Straight sexual orientation (71%; $n = 292$); Married (50%; $n = 207$); \$0-\$64,000 yearly income (64%; $n = 264$); High School Graduate (28%; $n = 117$); with no history of CSA (54%; $n = 225$). Approximately 50% of participants reported that they had been sexually revictimized since they were 14 years old, and approximately 25% reported that they had been sexually revictimized in the last 12 months. Sexual revictimization experiences that were reported were all non-consensual and included fondling, oral acts, and intercourse. A full description of the participants is shown in Table 1.

Research Question 1

The first research question is: To what extent are female emerging adults satisfied with their romantic relationships? The relationship satisfaction inventory that was used defines satisfaction as “loving your partner,” feelings of “satisfaction” in the relationship, feeling that your “needs are being met,” positively comparing your relationship to others, original relationship expectations are being met, satisfied with the number of problems there are in the relationship, and any regrets over committing to this relationship. Results from descriptive statistics indicate that the majority of participants endorsed high levels of love in their current romantic relationship ($M = 4.65$, $SD = .75$). Seventy-five percent of participants indicated high levels of satisfaction ($M = 4.12$, $SD = 1.02$). The remaining items were endorsed at moderate levels, with the following scores: needs to be met ($M = 4.1$, $SD = 1$), comparison of one’s relationship quality to others ($M = 4.04$, $SD = 1.08$), relationship expectations being met ($M = 3.92$, $SD = 1.19$), the number of problems that

are in the participant's current relationship ($M = 2.83$, $SD = 1.12$), and finally, level of regret for "getting" into this relationship ($M = 2.07$, $SD = 1.27$). These results show that, as a whole, female emerging adults who are in committed romantic relationships are experiencing relationship satisfaction.

Despite the vulnerability of multiple life adjustments experienced during this developmental stage of life, female emerging adults can still manage and maintain loving and satisfying intimate relationships. This increases higher levels of life satisfaction (Xia et al., 2018), which also supports mental health. (Fergusson et al., 2015). Emerging adult females who experience intimate relationship satisfaction are also establishing strong relational foundations for successful parenthood (Feinberg, 2002; Fincham & Cui, 2011). The data gives a very positive report that emerging adults are experiencing these highly satisfying relationships that may later grow happy families.

Research Question 2

The second research question is: Among female emerging adults who have a history of CSA, how satisfied are they with their intimate partner relationship? This was measured similarly by analyzing the descriptive statistics. In those who have a history of CSA, the general satisfaction that is experienced in committed romantic relationships is a bit lower. When questioned about the level of love the participant had for their relationship partner, the results were generally the same as for those who do not have a history of CSA (CSA = $M = 4.52$, $SD = .87$; no CSA = $M = 4.71$, $SD = .67$). Sixty-six percent of participants in this category endorsed moderate satisfaction in their relationship ($M = 3.86$, $SD = 1.15$) as compared to participants who have not had CSA history ($M = 4.28$, $SD = .93$). The perception of one's relational needs being met was

lower, with 68% endorsing met needs ($M = 3.86, SD = 1.17$) as compared to those who do not have CSA history ($M = 4.24, SD = .86$). Comparing one's relationship quality to others showed that 61% of participants reported that their relationship is better when compared to others ($M = 3.75, SD = 1.15$) as compared to those without a CSA history ($M = 4.2, SD = 1$). In participants with a history of CSA, the extent to which they felt their relationship met their expectations were lower ($M = 3.52, SD = 1.35$) than in those without CSA history ($M = 4.14, SD = 1.04$). Participants reported a higher level of conflict "problems" in their relationship ($M = 3.04, SD = 1.09$) than in those who do not have a CSA history ($M = 2.73, SD = 1.15$). And finally, participants who regretted entering into their current relationship were about the same if there was a history of CSA ($M = 2.14, SD = 1.22$) than if there was not ($M = 2.1, SD = 1.34$).

In general, those participants who do not have a history of CSA report significantly higher romantic relationship satisfaction levels than those who have a CSA history. Looking at the individual items that create the satisfaction construct, the amount of love that both groups (No CSA and CSA) have for their significant other in the relationship is about the same. Both groups report high levels of love for their significant partner. So regardless of the childhood abuse history, an emerging adult female reports loving her partner as fully as those who do not have the same history.

Participants with a CSA history also report lower satisfaction levels because the relationship met their relational expectations. One reason may be that a female who has experienced CSA will likely have low self-esteem (Briere & Jordan, 2009). When a female has low self-esteem, it often becomes natural for her to try and find her worth in the ways in which she's esteemed by others, especially by a romantic partner. She is

more inclined to assess her partner's perception of her "less positively." (Murray et al., 2000). This results in feeling that her relationship expectations may be lacking and creates less satisfaction. This could also affect the participants' perception of the magnitude of conflicts in their relationships and whether or not they are satisfied. If an emerging adult female senses that her romantic partner is continually viewing her with less positive perceptions, this may create more conflict within the relationship or herself, which would lower relationship satisfaction.

Research Question 3

The third research question was: To what extent do post-traumatic growth (PTG) and spiritual well-being (SWB) mediate the influence of CSA on intimate partner relationship satisfaction?

The first part of this question shows a significant relationship between CSA and relationship satisfaction ($\beta = -.20$), indicating that higher levels of relationship satisfaction are associated with lower levels of CSA. There is also a 4% variance in relationship satisfaction that CSA can explain.

With the relationship between CSA and relationship satisfaction established, the indirect effect of the pathway between CSA and PTG on relationship satisfaction ($\beta = .017$; $p = <.006$) is statistically significant and positive. In other words, CSA indirectly influences relationship satisfaction through PTG. Post-traumatic growth measures various ways an individual has made meaning of their trauma as they process through and heal from it. Again, growth is not enhanced or developed by the trauma itself but through healing from the trauma. Post-traumatic growth can be evidenced by faith, trust, hope, connection, a redefinition of self, self-in-relation, and a sense of community (Saakvitne et

al., 1998). An individual can grow within a community and in relationships with others and can grow within oneself. This growth can bring deep healing to an individual who has been a victim of CSA.

The pathway from CSA to SWB to relationship satisfaction was not statistically significant ($\beta = .002$; $p = < .579$). CSA has no indirect effect on relationship satisfaction in the presence of SWB. Perhaps one's spiritual experiences, which include themes such as joy, contentment, harmony, acceptance of others, and finding one's place of belonging, as well as a sense of identity, wholeness, inner peace, and purpose in life (Gomez & Fisher, 2003) may be too broad and wide in its consideration for this research. SWB not only looks at one's relationship with others but also with God. Most of this study's participants reported that they have much love for their partners, whether they have a CSA history or not. Love does not seem to be an experience or construct affected by CSA. And when an individual is considering their relationship with God, perhaps this belief system and relationship are not as moveable in the presence of trauma as this study assumed. In other words, emerging adult females can certainly have a positive inner spiritual world while struggling with the effects of childhood trauma and while engaged in romantic relationships that may or may not be healthy and satisfying.

Research Question 4

This study's fourth and last research question is: To what extent do PTG and SWB traits mediate the influence of risk of adulthood sexual revictimization and IPV on intimate partner relationship satisfaction in those with a history of CSA? When the factors of sexual revictimization become a part of the pathway from CSA to revictimization to relationship satisfaction, there is no statistical significance found ($\beta = -$

.007; $p < .771$). However, there is one statistically significant negative effect in the pathway of CSA to IPV to relationship satisfaction ($\beta = -.101$; $p < .001$), showing that CSA does not directly influence relationship satisfaction except for the mediating effect of IPV. IPV is an extremely complex relationship dynamic. Even if a participant has the ability to measure and endorse positive changes that took place after the experience of CSA, this may not serve as a strong enough protective factor to prevent abusive relationships from occurring. IPV is a larger, systemic issue in our society with the continuation of promoting and sustaining male dominance and control (Winstok, 2013).

Having a history of CSA can develop unhealthy boundary systems that make it more difficult for the emerging adult to recognize unhealthy patterns of relational dynamics. In fact, many emerging female adults with a history of CSA are conditioned to accept positions of powerlessness and may not realize the cycles of abuse that are a regular part of their relationship dynamics (Richards et al., 2016). To endorse that there have been growth areas after CSA, one needs to reflect on the past and consider circumstances and attitudes that may have changed after coping with abuse. Perhaps this reflection creates a protective boundary for the individual in their recognition of potential harm. Without personal reflection, there is not the opportunity of creating meaning in one's experiences, and relational boundaries may be weaker. In summary, apart from the mediators PTG and IPV, CSA has no direct effect on relationship satisfaction.

Limitations of the Study

There are several limitations that should be kept in mind. The construct of the survey was a concern of this study. QuestionPro requested a clear and detailed description of each construct the survey measured to better inform the participants. The

survey might have been more effective if each construct's items were allowed to be mixed at random. There was the concern of participant self-report bias, especially when one was asked to reflect on childhood and report any growth experiences from sexual abuse. Depending on where the participant was in their healing journey, this may have triggered negative reactions to the questions. Similar to the experience of forgiveness, many consider the acknowledgment of growth after abuse to be a statement of "excusing, exonerating, justifying, condoning, or pardoning" the abuse, which may bring on "negative resentment-based emotions, motivations and cognitions" (Gomez & Fisher, 2003). Participants would have been less likely to endorse growth items if this was the case. For this reason, it may have been better to offer a survey that "hides" the study's true purpose, thereby decreasing resentment and self-report bias. To do this, neutral items could be intermingled throughout the survey to distract from the real purpose of the study.

This study acknowledges that the majority of participants in this study are white women, and there may be experiential nuances that are missed for other groups. Lastly, again considering longitudinal surveys, there is a great tendency for participants to endorse items that reflect their current functioning and emotional states. This can sway the reality of the earlier abuse experiences of the participant, as well as overlooking any growth that may have actually occurred while an individual was coping with the aftermath of the abuse.

Recommendations

The following are recommendations for clinical practice and future research.

Implications for Practice

1. Clinician practice that focuses on trauma may be greatly enhanced through the therapist's use of strength-based approaches to trauma. Taking time to consider ways in which the client has grown through coping with trauma can become impactful insights and perhaps allow the client to consider different facets of their experiences.
2. Bringing into therapy sessions the consideration and assessment of spiritual matters that the client has experienced may help build greater self-understanding and healthy boundary systems. All too often, spiritual matters are not considered in therapy, and large portions of the client's experiences in life are left untouched by this neglect. Whether the spiritual experiences have been good or bad, they usually play a large part in client growth and emotional experiences.
3. Including psychoeducation on what a healthy relationship looks like and teaching clients to identify the indicators that a romantic relationship may be unhealthy, especially for those with a history of CSA, may be very beneficial for those clients' future and current relationship patterns.
4. With the high level of sexual revictimization that was evident by participant endorsements, clinicians should consider that up to half of their female clients have experienced some form of non-consensual sexual activity, and assess for this prevalence, as well as its effects on female psychological, physical, spiritual and relationship health.

Recommendations for Further Study

The study also suggests some areas for further research:

1. This highly sensitive study asked participants to reflect on a time in their lives that may have caused great harm. For this reason, it may be better to “hide” earlier trauma experiences items within a larger group of survey questions, diluting the effects of having to reflect back to childhood trauma by only considering one item at a time dispersed throughout a larger survey. Future research should include some items that assess current emotional regulation. This can help clarify the participant’s current perceptions of their experiences and clarify longitudinal results. Future research should be more concise in its inclusion of strength-based assessments. Using only one mediator may be more helpful in better conceptualizing the results.
2. A future study that adds qualitative components to the research would help to enlarge our understanding of the complexities experienced as an emerging adult female when considering CSA and intimate romantic relationships.
3. Future research would benefit from considering other diverse groups’ experiences with CSA, emerging adulthood trends, PTG, and SWB. For example, low SES individuals may have completely different experiences with PTG and SWB if they have a history of CSA. Likewise, emerging adult females from collectivist groups may experience the complexities of autonomy, independence, and romantic relationship patterns in a way not reflected in this study.

4. Further investigating the relationship between sexual revictimization and SWB is recommended for future research to understand the factors that influence this relationship.
5. Finally, a future study that considers the experiences of emerging adult males who have a history of CSA would be a large gap to fill, as males are less represented in CSA literature.

Epilogue

In summary, this research showed that CSA had a small impact on Relationship Satisfaction. While there were satisfaction items that were endorsed with higher levels by those who had a history of CSA, it was not significant enough to definitely say that there was a correlation between the two. This study did show that those with CSA experiences have a higher endorsement of sexual revictimization than those who do not have this history ($\beta = .639$; $p = <. 001$).

The mediation power of PTG and SWB was less than expected and was only significantly seen in their effects on participants' experiences with PTG on relationship satisfaction. SWB did not mediate any influence on the relationship between CSA and Relationship Satisfaction. IPV showed a statistically significant negative effect on relationship satisfaction, meaning that in the presence of IPV, there was less relationship satisfaction. Finally, the best predictors of relationship satisfaction was IPV and PTG and apart from the mediators, CSA has no direct effect on relationship satisfaction.

In summary, recommendations were presented for future research as well as clinical practice. For future research, it was recommended that the structure of the survey be changed, lessening self-report bias. Another recommendation would be to include an

inventory that assesses for participants' current emotional state to better conceptualize the results. A final recommendation advised that only one strength-based mediator be looked at to make the findings of the research more concise.

Recommendations were also presented for future clinical work. Including strength-based assessments of trauma, and relational histories which can increase client insights, and create healthy boundaries. And taking into consideration an individual's experiences with post-traumatic growth, helping the client identify ways of personal growth in response to processing and healing from the trauma, may help to secure healthy and thriving romantic relationships for the emerging adult.

APPENDICES

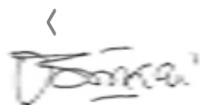
APPENDIX A: IRB APPROVAL

Dear Sarah,

Congratulations! This letter is to advise you that the Institutional Review Board (IRB) has reviewed and approved your IRB application for research involving human subjects entitled: "*The correlation between childhood sexual abuse, intimate partner violence and sexual revictimization on romantic relationship satisfaction with spiritual well-being and post-traumatic growth as mediators*" IRB protocol number 22-016 under Full category. Please find attached your letter of approval.

If we can be of further assistance, please contact us at 269-471-6361 or via email at irb@andrews.edu.

Sincerely,



Mordekai Ongo, Ph.D.

Research Integrity & Compliance Officer

Andrews University

Buller Hall 234

[8488 E. Campus Circle Dr](#)

[Berrien Springs, MI 49104-0355](#)

Tel. Office: 269-471-6361

APPENDIX B: INFORMED CONSENT

INFORMED CONSENT FORM

Research Title: The Correlation Between Female Emerging Adulthood Intimate Relationship Satisfaction and Childhood Sexual Abuse with Spiritual Well-Being and Post-Traumatic Growth as Mediators

Please read this consent document carefully before you decide to participate in this study.

National Hotlines if you need support or help:

RAINN (National Resources for Sexual Assault Survivors and their Loved Ones):

<https://www.rainn.org>

National Sexual Assault Hotline: 800-656-HOPE

Darkness to Light: 866-FOR-LIGHT

Stop It Now: 888-PREVENT (773.8368)

National Sexual Violence Resource Center: <https://www.nsvrc.org/>

National Online Resource Center on Violence Against Women: <https://vawnet.org/>

National Center on Violence Against Women in the Black Community:

<https://ujimacommunity.org/>

National Domestic Violence Hotline: 800-799-SAFE

GirlThrive: <https://www.invisiblegirlsthive.com/>

Principal Investigator: Sara Ward

Research Advisor: Dr. Hinman

This research study is part of my dissertation project, in partial fulfillment of my doctorate in Counseling Psychology at Andrews University, Berrien Springs, Michigan.

Your participation in this study is greatly appreciated.

Purpose of Study: The purpose of this research is to increase exposure to strength-based approaches in trauma literature, to increase knowledge on the long term effects of childhood sexual abuse, and to increase awareness of the factors that influence romantic relationship satisfaction in female emerging adults.

Procedures: In order to understand the relationship between romantic relationship satisfaction and childhood sexual abuse, I will be collecting data using a survey that was developed for this study. The data, once collected and examined, will give a better understanding of how the different factors in this study are related. This will be used to guide and inform future research and clinical work with female emerging adults.

Duration of participation in study: You will complete a 104 item survey online, which should take approximately 45 minutes, depending on the speed of reading. This will be a one-time survey participation only.

Risks and Benefits: This research is sensitive, in that you are asked to recall childhood trauma. You are also asked to report on current relationship satisfaction. This may reveal continued victimization. Resources are provided that may be a point of contact if you have needed some additional support.

Voluntary Participation: Participation in this study is completely voluntary, refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You may discontinue participation at any time without penalty or loss of benefits to which you may otherwise be entitled.

Confidentiality: Using the online platform of QuestionPro to distribute, collect, and return the data, including a note in the registration that outlines the confidentiality process, it is the hope and determined effort to ensure that your name and experiences will be completely confidential. Names will never be used to store and collect the data. We anticipate that your participation in this survey presents no greater risk than everyday use of the internet.

Your identity will be kept confidential to the extent of the law. There will be nothing linking you to the study. None of your identifiers, if any, will be used in any report or publication.

Whom to Contact: If you have any questions about your rights as a subject/participant in this research, contact my advisor, Dr. Hinman at hinman@andrews.edu, or researcher Sara Ward at geigers@andrews.edu. You can also contact the IRB Office at irb@andrews.edu or at (269) 471-6361.

Statement of Consent: If you want to volunteer to take this survey, please click on the “I approve” button.

Thank you!

APPENDIX C: DEMOGRAPHIC QUESTIONNAIRE

Are you a North American living in North America?

- Yes
- No >>Terminate

Are you a female between the ages of 18-29?

- Yes
- No >>Terminate

Are you currently in a committed intimate romantic relationship?

- Yes
- No >>Terminate

Age

- Under 18 >>Terminate
- 18-24
- 25-29
- Over 29 >>Terminate

Race

- Hispanic or Latino
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Caucasian or White
- Multiracial
- Other
- Prefer not to say

Gender Identity

- Woman
- Transgender Woman
- Non-Binary
- Gender Fluid

- Prefer not to answer

Sexual Orientation

- Lesbian
- Bisexual
- Asexual
- Straight
- Other
- Prefer not to say

Intimate Relationship Status

- Single >>Terminate
- Widowed
- Married
- Divorced
- Separated
- In exclusive committed relationship

Income

- \$0-\$64,000
- \$64,001-\$96,000
- \$96,001-\$111,000
- Above \$112,000

Highest level of education completed

- Less than high school
- High school graduate
- Some college
- College with undergrad degree
- College with graduate degree

Have you ever experienced childhood sexual abuse?

- Yes
- No
- Unsure
- Don't want to answer

APPENDIX D: SURVEYS

Childhood Trauma Questionnaire-Short Form

| | Never True | Rarely True | Sometimes <u>True</u> | Often True | Very Often True |
|---------------------------------------------------------------------------------------------------------|---------------|----------------|--------------------------|---------------|--------------------|
| <hr/> | | | | | |
| When I was growing up: | | | | | |
| 1. Someone tried to touch me in a sexual way or tried to make me touch them | | | | | |
| 2. Someone threatened to hurt me or tell lies about me unless I did something sexual with them | | | | | |
| 3. Someone tried to make me do sexual things or watch sexual things | | | | | |
| 4. Someone molested me (took advantage of me sexually) | | | | | |

Spiritual Well-Being Scale

| Question- SWBS | Strongly Agree | Moderately Agree | Agree | Disagree | Moderately <u>Disagree</u> | Strongly <u>Disagree</u> |
|----------------------------------------------------------------------|-------------------|---------------------|-------|----------|-------------------------------|-----------------------------|
| 5. I believe that God loves me and cares about me (RWB) | | | | | | |
| 6. I have a personally meaningful relationship with God (RWB) | | | | | | |
| 7. I feel very fulfilled and satisfied with life (EWB) | | | | | | |
| 8. I believe that God is concerned about my problems (RWB) | | | | | | |
| 9. I feel good about my future (EWB) | | | | | | |
| 10. My relation with God contributes to my sense of well-being (RWB) | | | | | | |
| 11. I believe there is some real purpose for my life (EWB) | | | | | | |

Post-Traumatic Growth Inventory

| Question -PTGI | 0 | 1 | 2 | 3 | 4 | 5 |
|------------------------------------------------------------------------|---|---|---|---|---|---|
| 12. I changed my priorities about what is important in life | | | | | | |
| 13. I have a greater appreciation for the value of my own life | | | | | | |
| 14. I developed new interests | | | | | | |
| 15. I have a greater feeling of self- reliance | | | | | | |
| 16. .I have a better understanding of spiritual matters | | | | | | |
| 17. .I more clearly see that I can count on people in times of trouble | | | | | | |
| 18. I established a new path for my life | | | | | | |
| 19. I have a greater sense of closeness with others | | | | | | |
| 20. I know better that I can handle difficulties. | | | | | | |
| 21. I have a stronger religious faith. | | | | | | |

Relationship Assessment Scale

| Question - RAS | A | B | C | D | E |
|--------------------------------------------------------------------------|---------------|---|---------|---|---------------------|
| | Poorly | | Average | | Extremely Well |
| 22. How well does your partner meet your needs? | Unsatisfied | | Average | | Extremely Satisfied |
| 23. In general, how satisfied are you with your relationship? | Poor | | Average | | Excellent |
| 24. How good is your relationship compared to most? | Never | | Average | | Very Often |
| 25. How often do you wish you hadn't gotten in this relationship? | Hardly at All | | Average | | Completely |
| 26. To what extent has your relationship met your original expectations? | Not Much | | Average | | Very Much |
| 27. How much do you love your partner? | Very Few | | Average | | Very Many |
| 28. How many problems are there in your relationship? | | | | | |

Sexual Experiences Survey-Short Form Victimization, part 1

Someone fondled, kissed, or rubbed up against the private areas of my body (lips, breast/chest, crotch, or butt) or removed some of my clothes without my consent (but did not attempt sexual penetration) by:

| Past 12 mo. | Since 14 y.o. |
|-------------|---------------|
| 0123+ | 0123+ |

29. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.
 30. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to
 31. Taking advantage of me when I was too drunk or out of it to stop what was happening
 32. Threatening to physically harm me or someone close to me
 33. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon
-

Sexual Experiences Survey-Short Form Victimization, part 2

Someone had oral sex with me or made me have oral sex with them without my consent by:

| Past 12 mo. | Since 14 y.o. |
|-------------|---------------|
| 0123+ | 0123+ |

34. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.
 35. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to
 36. Taking advantage of me when I was too drunk or out of it to stop what was happening
 37. Threatening to physically harm me or someone close to me
 38. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon
-

Sexual Experiences Survey-Short Form Victimization, part 3

A man had intercourse with me without my consent:

| | |
|-------------|---------------|
| Past 12 mo. | Since 14 y.o. |
| 0123+ | 0123+ |

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------|
| <p>39. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.</p> <p>40. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to</p> <p>41. Taking advantage of me when I was too drunk or out of it to stop what was happening</p> <p>42. Threatening to physically harm me or someone close to me</p> <p>43. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon</p> <p>44. Did any of the experiences described in this survey happen to you 1 or more times?</p> | <p>Yes</p> <p>Yes</p> | <p>No</p> <p>No</p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------|
-

Abuse Behavior Inventory

| Question- ABI | 1= Never | 2= Rarely | 3=Occasionally | 4= Frequently | 5= Very Frequently |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------|----------------|---------------|-----------------------|
| Has your romantic partner: | | | | | |
| 46. Called you names and/or criticized you | | | | | |
| 47. Tried to keep you from doing something you wanted to do (e.g., said you couldn't go out with friends or go to a meeting) | | | | | |
| 48. Gave you angry stares or looks | | | | | |
| 49. Prevented you from having money for your own use | | | | | |
| 50. Ended a discussion with you and made the decision himself | | | | | |
| 51. Threatened to hit or throw something at you | | | | | |
| 52. Pushed, grabbed or shoved you | | | | | |
| 53. Put down your family and friends | | | | | |
| 54. Accused you of paying attention to someone or something else | | | | | |
| 55. Put you on an allowance | | | | | |
| 56. Used your children to threaten you (e.g., told you that you would lose custody or said he would leave town with the children) | | | | | |
| 57. Became very upset with you because dinner, housework, or laundry was not ready when he wanted it or done the way he thought it should be | | | | | |
| 58. Said things to scare you (e.g., told you something "bad" would happen or threaten to commit suicide) | | | | | |
| 59. Slapped, hit or punched you | | | | | |
| 60. Made you do something humiliating or degrading (e.g., made you beg for forgiveness or ask his permission to use the car or do something) | | | | | |
| 61. Checked up on you (e.g., listened to your phone calls, checked the mileage on your car, or called you repeatedly at work) | | | | | |
| 62. Drove recklessly when you were in the car | | | | | |
| 63. Pressured you to have sex in a way that you didn't like or want | | | | | |
| 64. Refused to do housework or child care | | | | | |
| 65. Threatened you with a knife, gun, or other weapon | | | | | |
| 66. Spanked you | | | | | |
| 67. Told you that you were a bad parent | | | | | |
| 68. Stopped you or tried to stop you from going to work or school | | | | | |
| 69. Threw, hit, kicked, or smashed something | | | | | |
| 70. Kicked you | | | | | |
| 71. Physically forced you to have sex | | | | | |
| 72. Threw you around | | | | | |
| 73. Physically attacked the sexual parts of your body | | | | | |
| 74. Choked or strangled you | | | | | |
| 75. Used a knife, gun, or other weapon against you | | | | | |

APPENDIX E: PATH COEFFICIENT TABLE

Regression Weights: (Group number 1- Default model)

| | | | Estimate | S.E. | C.R. | P | Label |
|--------------|------|--------|----------|------|--------|------|-------|
| Revict | <--- | CSA | .379 | .026 | 14.381 | *** | |
| IPV | <--- | CSA | .239 | .032 | 7.576 | *** | |
| PTGrth | <--- | CSA | .194 | .057 | 3.414 | *** | |
| SWeB | <--- | Revict | .220 | .059 | 3.707 | *** | |
| SWeB | <--- | CSA | -.068 | .034 | -1.988 | .047 | |
| PTGrth | <--- | IPV | -.059 | .060 | -.981 | .326 | |
| PTGrth | <--- | Revict | -.007 | .091 | -.075 | .940 | |
| SWeB | <--- | IPV | .029 | .036 | .806 | .420 | |
| IReS | <--- | IPV | -.434 | .059 | -7.328 | *** | |
| IReS | <--- | SWeB | -.028 | .059 | -.476 | .634 | |
| IReS | <--- | PTGrth | .098 | .038 | 2.569 | .010 | |
| IReS | <--- | CSA | -.015 | .040 | -.363 | .717 | |
| IReS | <--- | Revict | -.021 | .064 | -.331 | .740 | |
| | | | | | | | |
| RAS1_1 | <--- | IReS | 1.000 | | | | |
| RAS2_1 | <--- | IReS | 1.087 | .052 | 20.918 | *** | |
| RAS3_1 | <--- | IReS | 1.153 | .055 | 20.936 | *** | |
| RAS4_R_1 | <--- | IReS | .668 | .076 | 8.742 | *** | |
| RAS5_1 | <--- | IReS | 1.201 | .062 | 19.318 | *** | |
| RAS6_1 | <--- | IReS | .593 | .043 | 13.939 | *** | |
| RAS7_R_1 | <--- | IReS | .448 | .069 | 6.534 | *** | |
| | | | | | | | |
| SWBS7_1 | <--- | SWeB | 1.000 | | | | |
| SWBS6_1 | <--- | SWeB | 2.551 | .246 | 10.372 | *** | |
| SWBS5_1 | <--- | SWeB | .811 | .123 | 6.582 | *** | |
| SWBS4_1 | <--- | SWeB | 2.561 | .247 | 10.384 | *** | |
| SWBS3_1 | <--- | SWeB | 1.046 | .140 | 7.464 | *** | |
| SWBS2_1 | <--- | SWeB | 2.589 | .249 | 10.390 | *** | |
| SWBS1_1 | <--- | SWeB | 2.473 | .241 | 10.262 | *** | |
| | | | | | | | |
| Insert_14_1 | <--- | Revict | 1.000 | | | | |
| OralSex_14_1 | <--- | Revict | 1.044 | .035 | 29.773 | *** | |
| Fondled_14_1 | <--- | Revict | 1.088 | .038 | 28.506 | *** | |

Continued: Regression Weights: (Group number 1- Default model)

| | | | Estimate | S.E. | C.R. | P | Label |
|---------------|------|--------|----------|------|--------|-----|-------|
| PTGI1_1 | <--- | PTGrth | 1.000 | | | | |
| PTGI2_1 | <--- | PTGrth | 1.013 | .086 | 11.802 | *** | |
| PTGI3_1 | <--- | PTGrth | .946 | .083 | 11.448 | *** | |
| PTGI4_1 | <--- | PTGrth | .952 | .084 | 11.368 | *** | |
| PTGI5_1 | <--- | PTGrth | .980 | .086 | 11.387 | *** | |
| PTGI6_1 | <--- | PTGrth | .922 | .080 | 11.559 | *** | |
| PTGI7_1 | <--- | PTGrth | 1.019 | .085 | 12.019 | *** | |
| PTGI8_1 | <--- | PTGrth | .982 | .083 | 11.804 | *** | |
| PTGI9_1 | <--- | PTGrth | 1.082 | .090 | 12.043 | *** | |
| PTGI10_1 | <--- | PTGrth | .842 | .084 | 10.026 | *** | |
| PsycAb_R_1 | <--- | IPV | 1.000 | | | | |
| PhysAbuse_R_1 | <--- | IPV | .519 | .050 | 10.424 | *** | |
| CTQSF5_1 | <--- | CSA | 1.000 | | | | |
| CTQSF4_1 | <--- | CSA | .941 | .030 | 30.928 | *** | |
| CTQSF3_1 | <--- | CSA | .802 | .031 | 25.959 | *** | |
| CTQSF2_1 | <--- | CSA | .753 | .031 | 24.159 | *** | |
| CTQSF1_1 | <--- | CSA | .934 | .029 | 32.111 | *** | |

Standardized Regression Weights: (Group number 1- Default model)

| | | | Estimate |
|--------|------|--------|----------|
| Revict | <--- | CSA | .651 |
| IPV | <--- | CSA | .357 |
| PTGrth | <--- | CSA | .260 |
| SWeB | <--- | Revict | .277 |
| SWeB | <--- | CSA | -.147 |
| PTGrth | <--- | IPV | -.053 |
| PTGrth | <--- | Revict | -.005 |
| SWeB | <--- | IPV | .042 |
| IReS | <--- | IPV | -.502 |
| IReS | <--- | SWeB | -.022 |
| IReS | <--- | PTGrth | .126 |
| IReS | <--- | CSA | -.025 |
| IReS | <--- | Revict | -.021 |

Continued: Standardized Regression Weights: (Group number 1- Default model)

| | | | Estimate |
|---------------|------|--------|----------|
| RAS1_1 | <--- | IReS | .816 |
| RAS2_1 | <--- | IReS | .873 |
| RAS3_1 | <--- | IReS | .873 |
| RAS4_R_1 | <--- | IReS | .430 |
| RAS5_1 | <--- | IReS | .825 |
| RAS6_1 | <--- | IReS | .645 |
| RAS7_R_1 | <--- | IReS | .328 |
| SWBS7_1 | <--- | SWeB | .476 |
| SWBS6_1 | <--- | SWeB | .915 |
| SWBS5_1 | <--- | SWeB | .390 |
| SWBS4_1 | <--- | SWeB | .918 |
| SWBS3_1 | <--- | SWeB | .468 |
| SWBS2_1 | <--- | SWeB | .920 |
| SWBS1_1 | <--- | SWeB | .886 |
| Insert_14_1 | <--- | Revict | .896 |
| OralSex_14_1 | <--- | Revict | .934 |
| Fondled_14_1 | <--- | Revict | .914 |
| PTGI1_1 | <--- | PTGrth | .603 |
| PTGI2_1 | <--- | PTGrth | .731 |
| PTGI3_1 | <--- | PTGrth | .700 |
| PTGI4_1 | <--- | PTGrth | .693 |
| PTGI5_1 | <--- | PTGrth | .695 |
| PTGI6_1 | <--- | PTGrth | .710 |
| PTGI7_1 | <--- | PTGrth | .751 |
| PTGI8_1 | <--- | PTGrth | .731 |
| PTGI9_1 | <--- | PTGrth | .753 |
| PTGI10_1 | <--- | PTGrth | .587 |
| PsycAb_R_1 | <--- | IPV | 1.015 |
| PhysAbuse_R_1 | <--- | IPV | .673 |
| CTQSF5_1 | <--- | CSA | .927 |
| CTQSF4_1 | <--- | CSA | .903 |
| CTQSF3_1 | <--- | CSA | .845 |
| CTQSF2_1 | <--- | CSA | .819 |
| CTQSF1_1 | <--- | CSA | .914 |

APPENDIX F: PATH COEFFICIENTS (RE-SPECIFIED
MODEL)

Regression Weights: (Group number 1- Default model)

| | | | Estimate | S.E. | C.R. | P | Label |
|--------------|------|--------|----------|------|--------|------|-------|
| Revict | <--- | CSA | .367 | .026 | 14.155 | *** | A |
| IPV | <--- | CSA | .237 | .031 | 7.631 | *** | G |
| PTGrth | <--- | CSA | .170 | .056 | 3.055 | .002 | X |
| SWeB | <--- | Revict | .199 | .057 | 3.478 | *** | B |
| SWeB | <--- | CSA | -.058 | .032 | -1.781 | .075 | F |
| PTGrth | <--- | IPV | -.058 | .060 | -.967 | .334 | H |
| PTGrth | <--- | Revict | .045 | .091 | .490 | .624 | Z |
| SWeB | <--- | IPV | .021 | .035 | .581 | .561 | N |
| IReS | <--- | IPV | -.425 | .059 | -7.182 | *** | M |
| IReS | <--- | SWeB | -.030 | .060 | -.497 | .619 | D |
| IReS | <--- | PTGrth | .100 | .038 | 2.616 | .009 | L |
| IReS | <--- | CSA | -.022 | .039 | -.572 | .567 | C |
| IReS | <--- | Revict | -.019 | .063 | -.294 | .769 | Y |
| RAS1_1 | <--- | IReS | 1.000 | | | | |
| RAS2_1 | <--- | IReS | 1.092 | .052 | 21.027 | *** | |
| RAS3_1 | <--- | IReS | 1.154 | .055 | 20.919 | *** | |
| RAS4_R_1 | <--- | IReS | .649 | .077 | 8.479 | *** | |
| RAS5_1 | <--- | IReS | 1.200 | .062 | 19.287 | *** | |
| RAS6_1 | <--- | IReS | .595 | .043 | 13.989 | *** | |
| SWBS7_1 | <--- | SWeB | 1.000 | | | | |
| SWBS6_1 | <--- | SWeB | 2.635 | .262 | 10.064 | *** | |
| SWBS4_1 | <--- | SWeB | 2.647 | .263 | 10.075 | *** | |
| SWBS3_1 | <--- | SWeB | 1.024 | .105 | 9.771 | *** | |
| SWBS2_1 | <--- | SWeB | 2.609 | .261 | 10.001 | *** | |
| SWBS1_1 | <--- | SWeB | 2.480 | .251 | 9.862 | *** | |
| Insert_14_1 | <--- | Revict | 1.000 | | | | |
| OralSex_14_1 | <--- | Revict | 1.045 | .035 | 29.776 | *** | |
| Fondled_14_1 | <--- | Revict | 1.088 | .038 | 28.455 | *** | |

Continued: Regression Weights: (Group number 1- Default model)

| | | | Estimate | S.E. | C.R. | <i>p</i> | Label |
|---------------|------|--------|----------|------|--------|----------|-------|
| PTGI1_1 | <--- | PTGrth | 1.000 | | | | |
| PTGI2_1 | <--- | PTGrth | .998 | .076 | 13.103 | *** | |
| PTGI3_1 | <--- | PTGrth | .993 | .085 | 11.668 | *** | |
| PTGI4_1 | <--- | PTGrth | .931 | .084 | 11.037 | *** | |
| PTGI5_1 | <--- | PTGrth | .938 | .086 | 10.972 | *** | |
| PTGI6_1 | <--- | PTGrth | .861 | .079 | 10.927 | *** | |
| PTGI7_1 | <--- | PTGrth | 1.035 | .086 | 12.080 | *** | |
| PTGI8_1 | <--- | PTGrth | .937 | .083 | 11.347 | *** | |
| PTGI9_1 | <--- | PTGrth | 1.087 | .092 | 11.828 | *** | |
| PTGI10_1 | <--- | PTGrth | .779 | .083 | 9.365 | *** | |
| PsycAb_R_1 | <--- | IPV | 1.000 | | | | |
| PhysAbuse_R_1 | <--- | IPV | .519 | .050 | 10.301 | *** | |
| CTQSF5_1 | <--- | CSA | 1.000 | | | | |
| CTQSF4_1 | <--- | CSA | .931 | .029 | 32.544 | *** | |
| CTQSF3_1 | <--- | CSA | .750 | .032 | 23.520 | *** | |
| CTQSF2_1 | <--- | CSA | .698 | .032 | 21.610 | *** | |
| CTQSF1_1 | <--- | CSA | .933 | .027 | 34.885 | *** | |

Standardized Regression Weights: (Group number 1- Default model)

| | | | Estimate |
|----------|------|--------|----------|
| Revict | <--- | CSA | .639 |
| IPV | <--- | CSA | .358 |
| PTGrth | <--- | CSA | .229 |
| SWeB | <--- | Revict | .257 |
| SWeB | <--- | CSA | -.130 |
| PTGrth | <--- | IPV | -.052 |
| PTGrth | <--- | Revict | .035 |
| SWeB | <--- | IPV | .031 |
| IReS | <--- | IPV | -.491 |
| IReS | <--- | SWeB | -.023 |
| IReS | <--- | PTGrth | .130 |
| IReS | <--- | CSA | -.039 |
| IReS | <--- | Revict | -.019 |
| RAS1_1 | <--- | IReS | .815 |
| RAS2_1 | <--- | IReS | .876 |
| RAS3_1 | <--- | IReS | .873 |
| RAS4_R_1 | <--- | IReS | .418 |

Continued: Standardized Regression Weights: (Group number 1- Default model)

| | | | Estimate |
|---------------|------|--------|----------|
| RAS5_1 | <--- | IReS | .825 |
| RAS6_1 | <--- | IReS | .647 |
| SWBS7_1 | <--- | SWeB | .465 |
| SWBS6_1 | <--- | SWeB | .923 |
| SWBS4_1 | <--- | SWeB | .927 |
| SWBS3_1 | <--- | SWeB | .447 |
| SWBS2_1 | <--- | SWeB | .905 |
| SWBS1_1 | <--- | SWeB | .868 |
| Insert_14_1 | <--- | Revict | .895 |
| OralSex_14_1 | <--- | Revict | .934 |
| Fondled_14_1 | <--- | Revict | .913 |
| PTGI1_1 | <--- | PTGrth | .606 |
| PTGI2_1 | <--- | PTGrth | .723 |
| PTGI3_1 | <--- | PTGrth | .738 |
| PTGI4_1 | <--- | PTGrth | .682 |
| PTGI5_1 | <--- | PTGrth | .668 |
| PTGI6_1 | <--- | PTGrth | .666 |
| PTGI7_1 | <--- | PTGrth | .766 |
| PTGI8_1 | <--- | PTGrth | .701 |
| PTGI9_1 | <--- | PTGrth | .759 |
| PTGI10_1 | <--- | PTGrth | .545 |
| PsycAb_R_1 | <--- | IPV | 1.016 |
| PhysAbuse_R_1 | <--- | IPV | .673 |
| CTQSF5_1 | <--- | CSA | .941 |
| CTQSF4_1 | <--- | CSA | .907 |
| CTQSF3_1 | <--- | CSA | .801 |
| CTQSF2_1 | <--- | CSA | .770 |
| CTQSF1_1 | <--- | CSA | .926 |

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PROFESSIONAL EXPERIENCE

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| 2022-2023 | Doctoral Intern Therapist National Psychological Training Consortium Great Lakes Region, Valley Oaks Health Community Living Program for Children and Adolescence |
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PROFESSIONAL PUBLICATIONS

Pugh, K. J., Bergstrom, C. M., Wilson, L., Geiger, S., Goldman, J., Heddy, B. C., & Kriescher, D. (2019). Transformative experience: A critical review and investigation of individual factors. *Learning, design, and technology: An International compendium of theory, research, practice, and policy*. Springer.

Geiger, S., Pugh, K., & BenSalem, M. Predicting transformative experience: Role of personality and interest. Paper presented at *AERA 2017. Knowledge to Action: Achieving the Promise of Equal Educational Opportunity*; 2017 April 27-May 1; San Antonio, Texas.