



## Avoidant and compulsive sexual behaviors in male and female survivors of childhood sexual abuse<sup>☆</sup>

Marie-Pier Vaillancourt-Morel<sup>a</sup>, Natacha Godbout<sup>b,\*</sup>, Chloé Labadie<sup>a</sup>,  
Marsha Runtz<sup>c</sup>, Yvan Lussier<sup>d</sup>, Stéphane Sabourin<sup>a</sup>

<sup>a</sup> Université Laval, École de psychologie, 2325 rue des Bibliothèques, Québec, QC, Canada G1V 0A6

<sup>b</sup> Université du Québec à Montréal, Département de sexologie, 455 René-Levesque Est, local W-R165, Montréal, QC, Canada H2L 4Y2

<sup>c</sup> University of Victoria, Department of Psychology, P.O. Box 2050, Victoria, BC, Canada V8W 3P5

<sup>d</sup> Université de Québec à Trois-Rivières, Département de psychologie, C.P. 500, Trois-Rivières, QC, Canada G9A 5H7

### ARTICLE INFO

#### Article history:

Received 30 May 2014

Received in revised form

24 September 2014

Accepted 6 October 2014

Available online 28 November 2014

#### Keywords:

Childhood sexual abuse

Sexual behaviors

Dyadic adjustment

Sexual compulsivity

Sexual avoidance

### ABSTRACT

The main objectives of this study were to test a theory-based mediation model in which the relation between childhood sexual abuse (CSA) and dyadic adjustment is mediated through adult sexual avoidance and sexual compulsivity and to examine the gender-invariance of this model. A sample of 686 adults currently involved in a close relationship completed online self-report computerized questionnaires. Prevalence of CSA was 20% in women and 19% in men. In line with our hypotheses, path analyses and structural equation analyses showed that, for both women and men, CSA was associated with more sexual avoidance and sexual compulsivity, which, in turn, predicted lower couple adjustment. Overall, these findings suggest that both avoidant and compulsive sexuality are relevant intervention targets with couples in which one or both partners are CSA survivors.

© 2014 Elsevier Ltd. All rights reserved.

### Introduction

Child sexual abuse (CSA) survivors form a heterogeneous population and it is now well-established that the short- and long-term course of these experiences vary according to personal/familial pre-traumatic vulnerabilities, the nature and severity of the abuse and the quality of familial, social and professional support offered to the survivors (e.g., Godbout, Briere, Lussier, & Sabourin, 2014; Hébert, 2011; Liang, Williams, & Siegel, 2006; Watson & Halford, 2010). In their landmark longitudinal study, Trickett, Noll, and Putnam (2011) also pointed out that, in some cases, symptoms emerge more clearly over time, at critical periods of development. For CSA survivors, the formation of a cohabiting or married relationship may represent such a critical period where romantic attachment, intimacy, and sexual issues coincide to create certain challenges during young and middle adulthood. The current scientific literature suggests that many adult CSA survivors have difficulty forming close relationships and report more instability in these relationships as well as poorer dyadic adjustment (DiLillo & Long, 1999; Larson, Newell, Holman, & Feinauer, 2007; Liang et al., 2006; Miller, Schaefer, Renshaw, & Blais, 2013; Whisman, 2006), more severe domestic violence (Whitfield, Anda, Dube, & Felitti, 2003; Widom, Czaja, & Dutton, 2014), and elevated rates of relationship dissolution (Colman & Widom, 2004; Watson & Halford, 2010; Whisman, 2006). When present, these

<sup>☆</sup> Marie-Pier Vaillancourt-Morel was supported by a doctoral fellowships from the Social Sciences and Humanities Research Council (SSHRC) and the Centre de Recherche Interdisciplinaire sur les Problèmes Conjugaux et les Agressions Sexuelles.

\* Corresponding author.

long-term negative repercussions of CSA have been explained through chronic and dysfunctional self- and partner-schemas characterized by confusion, fear, shame, self-denigration, feelings of emptiness, deep mistrust, aggressiveness, etc. (Briere & Runtz, 1993; Finkelhor & Browne, 1985).

Romantic relationship difficulties experienced by CSA survivors need further exploration since the clinical picture in adulthood is complex and evolving across time within relationships. Some studies have revealed that the magnitude of the association between CSA and relationship maladjustment is small and sometimes non-significant, indicating that many CSA survivors develop satisfying romantic relationships as adults (Berthelot, Godbout, Hébert, Goulet, & Bergeron, 2014; DiLillo, Lewis, & Loreto-Colgan, 2007; Larsen, Sandberg, Harper, & Bean, 2011; Nelson & Wampler, 2000; Watson & Halford, 2010). These studies have demonstrated that the association between CSA and relationship adjustment is probably indirect and mediated by key variables playing a role in the development of these long-term consequences.

Because CSA has consistently been related to a variety of negative sexual attitudes and behaviors emerging in middle-childhood (e.g., intrusive or inappropriate sexual behaviors; e.g., Friedrich et al., 2001; Trickett et al., 2011) and in adolescence (e.g., early age at first intercourse, a high number of sexual partners, high-risk sexual behaviors, teenage pregnancy and early motherhood; e.g., Loeb et al., 2002), it is not surprising that researchers are beginning to notice that CSA is related to adverse sexual health outcomes in adult intimate relationships. For example, CSA predicts multiple aspects of sexual functioning, including low frequency of intercourse (Dennerstein, Guthrie, & Alford, 2004), or inversely heightened sexuality (Wilson & Widom, 2008), negative sexual attitudes (DiLillo et al., 2007), sexual dissatisfaction (Rellini & Meston, 2007), lower sexual self-esteem, higher sexual concerns, heightened risk of sexual revictimization (Van Bruggen, Runtz, & Kadlec, 2006), self-reported infidelity (Colman & Widom, 2004; Frias et al., 2014), and a vast array of sexual dysfunctions (Najman, Dunne, Purdie, Boyle, & Coxeter, 2005). The rigorous examination of adult sexual sequelae is important because it has been suggested that they may specifically distinguish CSA survivors from victims of other types of childhood trauma (Blain, Muench, Morgenstern, & Parsons, 2012).

Although various studies have reported an association between CSA and negative sexual health outcomes, most researchers have focused on sexual difficulties as an outcome of CSA or as a component of relationship difficulties rather than as a potential mediator of the association between CSA and dyadic adjustment. However, in their review, Christopher and Sprecher (2000) reported several studies focusing on intimate relationships who have demonstrated that sexuality in marriage or in dating relationships is positively related to several indicators of relationship satisfaction. Indeed, because sexuality is an integral component of intimate relationships, it is not surprising that unsatisfactory, conflictual, dysfunctional or non-existent sexuality has a powerful impact on marital quality and can threaten marital viability and stability (McCarthy, 2003; Yeh, Lorenz, Wickrama, Conger, & Elder, 2006). Building on previous research suggesting a consistent association between CSA and negative sexual health outcomes, an indirect link between CSA and couple adjustment, and finally, a positive relation between sexuality and couple satisfaction, the general goal of this study was to test a theory-based mediation model in which the relation between CSA and dyadic adjustment is mediated by adult sexual behaviors.

Aaron (2012), as well as Colangelo and Keefe-Cooperman (2012), systematically reviewed the literature on CSA and adult sexual functioning and independently concluded that the disparate outcomes can be organized into two competing pathways. The first path goes from CSA to internalized sexual symptoms characterized by avoidance, either caused by abuse flashbacks, aversion, dissociation during intercourse, negative feelings and dysfunctions. The second path indicates that CSA may lead to the development of externalized, compulsive sexual behaviors and is also referred to as hypersexuality or addictive sexuality. Aaron (2012) asserted that avoidance may be women's typical long-term sexual response to CSA whereas in men, sexual compulsivity would be the normative reaction.

The empirical basis for these theoretically hypothesized gender-differences is at best weak. Most studies of sexual compulsivity have been conducted exclusively on men (Blain et al., 2012; Forouzan & Van Gijseghem, 2005; Parsons, Grov, & Golub, 2012). For example, in a large sample of men who have sex with men, Parsons et al. (2012) observed that men showing sexual compulsivity were twice as likely as other men to have experienced CSA. In a study sampling both women and men, Skegg, Nada-Raja, Dickson, and Paul (2010) revealed that the association between CSA and sexual compulsivity was significant for men but not for women. However, in a large representative sample of UK women and men, Plant, Plant, and Miller (2005), reported that CSA predicted addictive sexual activities in both men and women. This small pool of studies points to inconsistent gender-specific outcomes in the relation between CSA and sexual compulsivity, supporting the need to scrutinize this relationship.

The association between CSA and sexual avoidance has also received little empirical attention and the evidence for gender differences is mixed. In a study of 272 women survivors of CSA, Lemieux and Byers (2008) found that women who have experienced sexual penetration or attempted sexual penetration were more likely to have both purposely abstained from sexual activity and more frequently engaged in casual or unprotected sex. Likewise, while studying a sample consisting of 65 male CSA survivors, Forouzan and Van Gijseghem (2005) reported sexual fears as well as compulsive masturbation. Finally, McCallum, Peterson, and Mueller (2012) showed that CSA was associated with sexual avoidance in men recruited in a sexually transmitted disease clinic but not in an online survey. Again, there is no conclusive evidence that women experience more sexual avoidance than men. On the contrary, it can be argued that the sexual avoidance and sexual compulsive pathways proposed by Aaron (2012) and Colangelo and Keefe-Cooperman (2012) to explain the longitudinal course of CSA may not be exclusionary but co-occur with sexual distress symptoms in both women and men survivors. Whereas such a proposition may appear counterintuitive or paradoxical, sexual ambivalence, fueled by both sexual pathways (i.e., compulsion to engage

Download English Version:

<https://daneshyari.com/en/article/344697>

Download Persian Version:

<https://daneshyari.com/article/344697>

[Daneshyari.com](https://daneshyari.com)