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Role of Body Esteem in the Sexual Excitation and Inhibition Responses of Women With and Without a History of Childhood Sexual Abuse

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ABSTRACT

Introduction: Women's sexuality is influenced by their perceptions of their bodies. Negative body appraisals have been implicated in the development and maintenance of sexual concerns in women with a history of childhood sexual abuse (CSA). The sexuality of these women is often expressed in extremes of approach and avoidant sexual tendencies, which have been related to the sexual inhibition and sexual excitation pathways of the dual control model.

Aim: To test the influence of body esteem on the sexual excitation and inhibition responses of women with and without a history of CSA.

Methods: One hundred thirty-nine women with CSA and 83 non-abused women reported on their abuse history, depressive symptomology, sexual response, and affective appraisals of their body.

Main Outcome Measures: Validated self-report measurements of sexual excitation and inhibition responses (Sexual Excitation/Sexual Inhibition Inventory for Women) and body esteem (Body Esteem Scale) were administered.

Results: Body esteem was significantly associated with sexual inhibition responses of women regardless of CSA history status but was significantly related only to the sexual excitation responses of women with a CSA history. Perceived sexual attractiveness was a unique predictor of sexual excitation in women with a history of CSA.

Conclusion: Women with a history of CSA have lower body esteem than non-abused women, particularly in self-perceived sexual attractiveness, and these perceptions appear to influence their sexual responses by acting on the sexual excitation and inhibition response pathways.

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Key Words: Childhood Sexual Abuse; Body Esteem; Sexual Response; Sexual Excitation; Sexual Inhibition

INTRODUCTION

Women's sexuality is influenced by how they perceive their bodies.[1] Body image and one's body-related esteem have been defined as cognitive and affective appraisals of one's body that develop with socialization and experience.[2] Body shame in women has been associated with greater sexual self-consciousness, less sexual pleasure, and more sexual problems.[1] Previous research also has implicated body esteem in the sexual desire of women.[3] Research has demonstrated that negative body evaluations during sexual activity can negatively affect sexual functioning owing to cognitive and affective interference[4] and are significantly related to fewer sexual experiences, less sexual assertiveness, and more sexual anxiety and avoidance.[5] Pujols et al[6] found that higher levels of body esteem predicted higher levels of women's sexual satisfaction even after controlling for sexual functioning. However, other research has found no significant relation between women's body image and sexual satisfaction after controlling for body mass and relational factors.[7]

Sexual traumatization, such as childhood sexual abuse (CSA), seems particularly relevant to one's attitudes toward one's body.[8,9] This might be due to areas of the women's bodies triggering potentially traumatic memories of the violation against their bodies.[10] Body esteem related to sexual attractiveness has been found to be significantly lower in women with a history of CSA compared with non-abused women.[11] In one study, women who experienced sexual traumatization demonstrated significantly more negative body appraisals than did those with non-sexual traumatization or those with no history of trauma.[9] These results suggest that CSA history is related to individuals' perceptions of, and attitudes toward, their bodies.

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Women with CSA histories often develop sexual self-perceptions integrating their early abuse, which can affect their adult sexuality.[12] Women with a history of CSA have reported contrasting tendencies toward seeking out or avoiding sexual experiences, with many women falling at the extremes of this continuum with hypersexual and hyposexual tendencies.[13] The dual control model describes two neurophysiologic pathways that drive and restrain sexual responses and behavior: sexual excitation and sexual inhibition.[14–16] Greater sexual excitation and less sexual inhibition have been found to predict for hypersexuality and sexually compulsive behaviors.[17,18] The sexual excitation and inhibition pathways are believed to form in response to early sexual experiences and respond adaptively.[15,16] Women with CSA histories form adaptive sexual responses after their abuse that can be influenced by their body appraisals and sexual self-perceptions.

A meta-analysis of various sexual excitation and inhibition responses in women found that women with CSA histories often demonstrate greater inhibitory and less excitatory responses than women without CSA in the presence of sexual stimuli. However, the results also indicated that women with CSA histories showed greater sexual excitation than did non-abused women in the absence of sexual stimuli.[13] Rellini[13] argued that the sexual excitation and inhibition pathways of sexual response might allow for hyper- and hyposexual tendencies within the same individual. Little research has been done on potential mechanisms for understanding these sexual responses in women with CSA histories.

Body esteem could play a role in the sexual outcomes of women with CSA histories by acting on sexual excitation and inhibition response pathways. To date, only one study has examined the role of body esteem in the sexual response of women with a history of CSA. In a sample of 57 women with CSA histories and 47 controls, Wenninger and Heiman[11] found that body image variables related to health and sexual attractiveness explained a significant amount of the variance in women's reported sexual functioning even after controlling for CSA.

AIM

The present study aimed to expand on these findings by assessing potential differences in body esteem between women with and women without a history of CSA and determining the role body esteem plays in these women's sexual excitation and inhibition responses. We hypothesized (i) CSA history would moderate the relation between body esteem and sexual response, such that women with a history of CSA and low body esteem would demonstrate more sexual inhibition and less sexual excitation than non-abused women, and (ii) body esteem would be a unique predictor of sexual response in women with a CSA history after controlling for other known correlates of sexual response.

METHODS

Participants and Procedure

Recruitment

Participants were recruited using newspaper advertisements and posts on community websites. Advertisements for women with a history of CSA called for women with a history of unwanted sexual contact in childhood who were interested in receiving psychological treatment for sexual problems. Advertisements for women without a history of CSA called for women who were interested in participating in a study on women's sexual experiences and sexual health (see Meston et al[19] for a description of the treatment protocol and Harte et al[20] for participant attrition). Women who were interested in the study called the laboratory and were given an initial telephone screening interview. Those who met the requirements were scheduled for a more intensive intake interview in which all eligibility criteria were confirmed. Recruitment began in 2006 and was completed in 2010.

Inclusion and Exclusion Criteria

To be included in the study, women with and without a history of CSA were required to be at least 18 years of age, sexually active, and report sexual dysfunction, distress, or low sexual satisfaction. Exclusion criteria were women younger than 18 years old, not sexually active at the time of the study, receiving psychotherapy for sexual or abuse-related concerns at the time of the study, having experienced a traumatic event in the 3 months before the study, having experienced sexual abuse or assault within 2 years before the study, having an untreated psychiatric disorder in the 6 months before the study, being in an abusive relationship at the time of the study, currently using illicit drugs, or currently suicidal. Women without CSA histories also were excluded if they reported any history of unwanted sexual experiences as an adult. Women who were taking psychoactive medications were allowed in the study if they were on a stable dose for at least 3 months before the study.

Two hundred twenty-five women with CSA histories were screened for eligibility. Forty-one women were excluded for eligibility reasons (absence of sexual problems, n = 17; sexual abuse within the past 2 years, n = 10; concomitant psychotherapy, n = 8; suicidality, n = 6; travel or time commitment difficulties, n = 7). An additional 38 women who were eligible to participate in the study withdrew from the study before their first assessment. The final sample with CSA histories was comprised of 139 women.

Procedure

Eligible women came into the laboratory for their intake assessment as part of a larger treatment outcome study[19] and signed an informed consent form before completing measurements on their sexual experience history, cognitive and affective appraisals of their body and bodily functions, depression