ADVERSE CHILDHOOD EXPERIENCES AND FEMALE SEXUAL FUNCTIONING IN TUNISIAN WOMEN

e-Poster Viewing
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BACBKGROUND

Female sexual dysfunction (FSD) has attracted more interest in the past few decades. A biopsychosocial approach is necessary to guide research and clinical care regarding this issue.

On the social side, childhood events seem to influence female sexuality.

AIMS:

to assess the relationship between sexual functioning and adverse childhood experiences in a community sample of sexually active women.

METHODS:

- ❖ A cross-sectional, descriptive and analytical study,
- ❖ at the psychiatric outpatient unit of Hedi Chaker University Hospital in Sfax, Tunisia
- ❖ 32 participants : women accompanying patients.
- ❖ **Female Sexual Function Index (FSFI)** → sexual functioning assessment
- ❖ **Adverse Childhood Experience-International Questionnaire (ACE-IQ)** → the study of negative childhood events (NCE)

RESULTS:

Table1: Sociodemographic data

Mean age	39.4±5,7 years (min 28 , max 48)
Educational attainment	43.8% primary school level 34.4% secondary school level 18.7% high school level
Professional status	43.8%: no profession
Place of residence	78.1% urban area
Family income	87.5% Low to medium

Table2: ACE-IQ dimensions

Adverse childhood experiences	0 (never)		1 (many or few times)	
	n	%	n	%
Physical abuse	19	59.4	13	40.6
Emotional abuse	11	34.4	21	65.6
Sexual abuse	27	84.4	5	15.6
Household substance use	26	81.3	6	18.7
Incarcerated household member	29	90.6	3	9.4
Household mental illness	26	81.3	6	18.7
Witnessing domestic violence	23	71.9	9	28.1
Parental divorce/separation	28	87.5	4	12.5
Lack of protection and supervision	21	65.6	11	34.4
Neglect	25	78.1	7	21.9
Peer violence	21	65.6	11	34.4
Community violence	30	93.7	2	6.3
Exposure to collective violence	30	93.7	2	6.3

mean ACE-IQ score: 3.1 points
→ ACE-IQ Score ≥4 in 34,4%

Female Sexual
Dysfunction
68.8%

Table 3: FSFI dimensions

FSFI sub-scale	score
Desire	3.7
Arousal	3.8
Lubrication	4.5
Orgasm	4.5
Satisfaction	5
Pain	3.3
Global score	24.9

Table4: Relationship between NCE and adulthood sexual functioning

	desire	araousal	lubrification	orgasm	satisfaction	pain
ACE-IQ global score	NS	NS	NS	NS	p=0.01 r=-0.45	NS
ACE-IQ global score	NS	NS	NS	NS	p=0.011	NS
≥ 4	3.7	3.5	4.3	4	4.3	3,3
	3.8	4	4.6	4.7	5.4	3,3
Sexual abuse	NS	NS	NS	NS	p=0.002	NS
yes	3.7	3.2	3.5	3.8	3.6	2.9
no	3.8	4	4.7	4.6	5.3	3.4
witnessing domestic violence	NS	NS	NS	NS	p=0,004	NS
yes	3.5	3.3	4.2	3.9	4.1	3.3
no	3.9	4	4.7	4.7	5.3	3.3

DISCUSSION:

→ We found a negative association between ACE-IQ global score and sexual satisfaction sub-score. Likewise, exposure to more than 4 NCE was associated with a lower sexual satisfaction.

Interpersonal **childhood traumas** have been shown to **negatively impact marital functioning** [1]. They are related to sexual anxiety, sexual avoidance, and they decreased sexual satisfaction during adulthood [2-4]. Several studies suggested that cumulative NCE can have negative and lasting effects on individual (depression, anxiety ...) and relational (insecure attachment) outcomes [5,6], which may affect sexual satisfaction.

Many hypotheses have been proposed to explain the marital distress resulting from child maltreatment:

*Victims may develop **post-traumatic stress symtoms**. This psychological distress affects engagement in marital relationship, because of hypervigilance and lack of emotional regulation [7].

*Godbout et al. [5] suggested that interpersonal trauma are associated with the development of **insecure attachment** which is related to psychological distress and lack of marital and sexual satisfaction.

→ Our findings showed that **childhood sexual abuse** (CSA) was a predictor of a **decreased sexual satisfaction** in adulthood (p=0.002).

CSA is thought to potentially disrupt normative sexual development including sexual decision making and forming satisfying sexual relationships [8].

For Lorenz et al. [9] CSA may have negative impact on later intimacy, particularly sexual functioning and satisfaction, through **insecure attachment patterns** [10].

Furthermore, sexual abuse experience seems to be associated with **maladaptive coping strategies**, including both avoidance and emotion-focused strategies (managing negative emotional reactions) [11].

CSA may product **sexual distortions or attitudes and beliefs about sexuality**, promoting victims to interpret gender-related informations in a threatening way [9]. So that, victims will experience fewer rewards and greater distress when thinking about sex. → There would be less sexual activity and less pleasure during sexual intercourse, and then lower sexual satisfaction.

→ In our study, women **witnessing domestic violence** were significantly **less likely to be sexually satisfied** (p = 0.004). Godbout et al. [5] showed that witnessing parental physical violence in childhood increases the **abandonment anxiety**, which is directly and indirectly linked, through psychological distress, to the dyadic adjustment.

Identifying with the victim and observing the negative consequences of victimization (low self-esteem, high level of psychological distress, financial insecurity...) may lead to **maladaptive attachment representations** (ambivalence, self-depreciation, and fear of rejection). This would increase women's vulnerability to negative events and marital conflict [5].

CONCLUSION:

Our study highlighted the importance of childhood events in femal sexual functioning in adulthood. Thus, therapeutic interventions should target developmental impacts of child traumas, like mindfulness and mentalisation deficits, emotional regulation problems, attachment insecurities, as well as dysfunctional relational patterns

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