Introduction

Childhood sexual abuse (CSA) has been estimated to affect approximately 27% of the female population (Finkelhor, Holton, Lewis, & Smith, 1999). CSA survivors report a higher incidence of suffer from Female Sexual Arousal Disorder and Hypoactive sexual Desire Disorder compared to women with no history of CSA and with PTSD. In addition, women with a history of CSA and with PTSD. As expected, physiological sexual responses were increased through exercise. These results suggest that the normal physiological processes involved in sexual response may be impaired in women with a history of CSA and with PTSD. The present study investigated the relationship between avoidance, SNS activity and sexual response in women with a history of CSA and with PTSD.

Hypotheses:

1) avoidance behaviors were expected to show a significant negative association with levels of physiological and subjective sexual response.
2) when levels of SNS activity are increased, levels of avoidance were expected to show an even stronger negative relationship with physiological and subjective sexual responses to erotic stimuli.
3) No significant relationships were expected between the other PTSD symptoms (re-experiencing and hyperarousability) and physiological sexual response.

Methods

Women with a history of CSA and with PTSD (n = 26) attended 2 visits scheduled on consecutive days during the participant’s luteal phase of the menstrual cycle (see Table 1 and Table 2).

Physiological sexual arousal was measured continuously throughout the exposure to the video sequence with the “arousometer,” a lever the participant moves (0-100) to indicate her subjective sexual arousal. PTSD symptoms were assessed using the Clinician Administered PTSD Scale (CAPS), a standardized interview that detects frequency and intensity of symptoms clustered into the three criteria: re-experiencing, avoidance, and arousability. The interview has shown high intercoder reliability and excellent validity.

Manipulations

Videotapes: The two video sequences used contained an erotic video (3 min) followed by an erotic video (10 min). The videos were counterbalanced between participants. Exercise: Twenty minutes of intense exercise were used to increase SNS activity.

Procedure

Visit 1.

-Physiological and subjective levels of sexual arousal measured during exposure to video sequence.
-Participants completed demographic questionnaires.

Visit 2.

-Intense exercise on a treadmill for 20 minutes
-Physiological and subjective levels of sexual arousal measured during exposure to video sequence.
-Participants completed questionnaires on sexual function and sexual history.
-CAPS interview.

Results

Hierarchical linear modeling (HLM) was used to analyze the predictive ability of avoidance behaviors on sexual response during SNS activation and during resting (Figure 1).

During the non-exercise condition, women with higher avoidance showed a trend towards a weaker physiological sexual response (F = 1.95, p = .061), while during the exercise condition, this trend became significant (F = 2.49, p < .05).

During both the non-exercise (F = 6.8, p = .01) and the exercise (F = 4.6, p = .03) conditions, women with higher avoidance showed no significant difference in subjective sexual arousal over time than women with lower avoidance.

Re-experience and hyperarousability symptoms were also statistically analyzed, however, no significant relationships were found.

Discussion

This study examined the impact of avoidance symptoms specific to PTSD on the sexual response of women with a history of CSA and with PTSD. As expected, physiological sexual responses were significantly less in women with high avoidance symptoms. The difference was only a trend during the non-exercise condition, however, it became significant (p<.05) during the exercise condition. Avoidance was not linked to subjective sexual responses.

Possibly, sensations of physical sexual arousal may be paired with negative affect and negative memories, therefore women who have developed an avoidance coping strategy may respond to the sensations by numbing their bodies. This would explain the fact that mentally, these women were reporting feelings of arousal, while physically they exhibited significantly impaired sexual response.

Limitations of the study include the use of a convenience sample of women recruited through advertisement, and the inability to generalize laboratory studies to the real world. Finally, exercise could have caused a variety of other factors to be activated in addition to SNS.

Should future studies confirm these results, it would be important to start considering cognitive behavioral treatments designed to reduce avoidance and increase exposure to erotic material while reinforcing the association between sexual arousal and positive affect.

References


