

Psychological and sexual correlates of sexual abuse in women with sexual dysfunction

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Context: Approximately 20% of women experience sexual abuse (SA) worldwide. SA survivors are prone to experiencing psychiatric symptoms and sexual dysfunction (SD).

Objective: This study aimed to evaluate the prevalence and correlates of reported SA at different ages in a sexual medicine setting.

Methods: We retrospectively studied a series of women attending our clinic for SD.

Patients: A series of 200 heterosexual women with SD was consecutively recruited. Forty-seven women (23.5%) reported SA, which occurred in childhood, adolescence and adulthood in 9% (n=18), 7.5% (n=15) and 7% (n=14) of cases, respectively.

Interventions: Retrospective analysis of the patients, who completed some validated questionnaires.

Main Outcome Measures: All patients completed the Middlesex Hospital Questionnaire (MHQ), Female Sexual Function Index (FSFI), Female Sexual Distress Scale (FSDS) and Body Uneasiness Test (BUT).

Results: SA women showed significantly higher MHQ total score ($p=0.023$), free-floating anxiety (MHQ-A: $p<0.0001$) and phobic anxiety symptoms ($p=0.043$) when compared with non-SA women. SA women also showed significantly lower FSFI Orgasm domain ($p=0.001$), Satisfaction domain ($p=0.004$) and Total scores ($p=0.027$), and a higher FSDS total score ($p=0.003$). After adjusting for age and the use of psychotropic drugs, only the difference in MHQ-A ($F=9.824$, $p=0.002$), FSFI Orgasm ($F=7.395$, $p=0.007$) and FSDS total scores ($F=7.208$, $p=0.008$) retained statistical significance. When considering BUT, SA patients showed significantly higher Global Severity Index ($p=0.021$), Weight Phobia ($p=0.025$), Body Image Concerns ($p=0.025$), Avoidance ($p=0.042$), Depersonalization ($p=0.032$), Positive Symptom Total ($p=0.045$) and Positive Symptom Distress Index (PSDI) scores ($p=0.022$) than non-SA patients. All the differences retained statistical significance after adjusting for age, psychotropic drugs and body mass index. Significantly lower FSFI Orgasm ($p=0.009$) and Satisfaction domain scores ($p=0.012$) were found in patients reporting SA in adolescence when compared with SA in childhood, even after adjusting for confounders ($F=8.577$, $p=0.007$ and $F=7.102$, $p=0.013$ for Orgasm and Satisfaction, respectively).

Conclusions: SA women show higher anxiety symptoms, sexual distress and body image concerns and a worse orgasm functioning when compared to non-SA women. SA has a greater negative impact on orgasm functioning and sexual satisfaction when perpetrated in adolescence than in childhood.

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