Childhood Abuse: Differential Gender Effects on Mental Health and Sexuality

Abstract

Objectives: Childhood abuse is linked to many maladaptive outcomes in adulthood, but its effects on adult sexuality are rarely explored. The goal of this study was to explore adult correlates of childhood abuse, related to both, sexual fantasies and behavior, as well as mental health. Moreover, the relationship of these outcomes and gender was explored. Methods: Surveys exploring sexual activity and fantasies, and psychopathological symptoms were conducted online on two groups of adults – those not abused in childhood, and those abused during their pre-teen age by close family members (sample of 349 participants). Results: Atypical sexual fantasies were more common in abused than non-abused males, while the same relationship was not registered in females. Similar tendencies, albeit not as strong, were seen in the case of sexual behaviors. On the other hand, both man and abused women were more prone to developing psychological symptoms, in comparison to non-abused group. However, this relationship was more pronounced in females. Moreover, high tendency for borderline personality disorder was registered in both, abused males and females, but tendency for posttraumatic stress disorder was only increased in females. Conclusions: Findings supported the hypothesis that gender moderates the outcomes of childhood abuse, with abused males experiencing more disturbances in the sexuality domain, and females experiencing more psychological symptoms. This is in accordance with findings claiming that male sexuality is more likely to be influenced by developmental events, while females tend to experience more psychological symptoms in the face of childhood abuse.

*Keywords:* *childhood abuse, gender differences, atypical sexuality, psychopathology, BPD, PTSD*

**1. Introduction**

Although numerous studies demonstrate that childhood abuse has various consequences on mental health and well being in adulthood, its effects on sexual functioning are less explored. Existing studies suggest that childhood abuse correlates with sexual disfunctions and sexual avoidance and compulsivity (Berthelot, Godbout, Hébert, Goulet, & Bergeron, 2014; Beitchman et al, 1992; Messman-Moore & Long, 2000). However, studies also suggest that previously abused males are more likely to experience sexual dysfunction and paraphilias (Abrams, 2016; Seibel, Rosser, Horvath, & Evans, 2009), while in females long lasting psychological symptoms and borderline personality disorder are more common (Abrams & Stefan, 2012; Rind, Tromovitch, & Bauserman, 1998). Current study was therefore conducted to investigate the psychological symptoms and atypical sexual fantasies and behaviors in adults who were abused during childhood, compared to those who report no abuse.

**2. Method**

**2.1. Sample**

A sample of 349 people was surveyed online, via CrowdFlower (now Figure 8), an Internet service that primarily promotes the “crowdsourcing” services of its participant base. Out of those, 149 participants reported being abused in their childhood (prior to 12 years of age), and 200 participants reported no childhood abuse. Only individuals abused in their homes by immediate family members (parents or siblings) were included in the study.

**2.2. Survey**

Survey explored atypical sexual fantasies, sexual behaviors, and psychological symptoms. The lists of fantasies/behaviors/symptoms were provided, and the participants were asked to check each one that applies to them. The psychological symptoms especially focused on those associated with posttraumatic stress disorder (PTSD) and BPD (based on the DSM-5 criteria), as studies suggest that these two disorders are commonly associated with the childhood abuse (Bounoua et al., 2015; Roberts, Rosario, Corliss, Koenen, & Austin, 2012). The list of psychopathological symptoms included: depression, panic attacks, phobia, anger, sadness, intrusive thoughts, anxiety, feeling misunderstood, feeling betrayed, loneliness or feeling alone, splitting (swinging from idealization to anger), other symptoms, and no symptoms. The lists of sexual fantasies and behaviors included: orgies, bondage, domination, cuckolding, crossdressing, nudism, verbal abuse, sex assault, masochism, sadism, swinging, and submissiveness, and no such fantasies/experiences.

**2.3. Analysis**

In all analyses there were two independent variables, both categorical and binary: *gender* (with levels *male* and *female*) and *presence of pre-teen abuse* (levels were *abused* and *not abused*). Three groups of dependent variables exploring sexual and psychological manifestations were derived from the questions regarding (1) fantasies about atypical sexual activities (13 variables), (2) engagement in these activities (13 variables) and (3) presence of psychopathological symptoms (12 variables). Two additional variables regarding presence of psychopathological syndromes were calculated. All mentioned variables were categorical and binary – yes/no type (fantasy/behavior/symptom present or absent). Since both, independent and dependent variables were categorical, one-sided Fisher exact tests were used for each of the dependent variables.

**3. Results**

Analysis showed that several atypical sexual fantasies were increased in abused males, but not in females (orgies, bondage, verbal abuse, swinging, and having none of the fantasies (non-abused men marked this option more often)). Only cuckolding was increased with abuse in both genders. Sexual behaviors were not so common, which is why there were not many significant effects, however, abused male participants had more frequent atypical sexual experiences overall (significant effect on the variable “no such experiences”), compared to men that were not abused. In females, sexual assault was more commonly reported by the abused group. On the other hand, all psychological symptoms were more common in abused, than in non-abused females, while only four symptoms were more common in abused, than non-abused males (depression, anger, intrusive thoughts, and feeling betrayed). Moreover, tendencies for BPD and PTSD were both increased in abused females, while in abused males only tendency for BPD was increased.

**4. Discussion**

 Current study supports the notion that early life abuse permeates different areas of the adult functioning, yet males and females face somewhat different consequences. Childhood abuse in this study was related to the increase in atypical sexuality, primarily in males, and with the increase of BPD and PTSD symptoms in both genders, but more pronounced in females.