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The Role of Social Support and Childhood Abuse in Sexual Addiction

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A B S T R A C T

This study aimed to examine the relationship between childhood abuse, social support, and sexual addiction, identifying the predictive roles of these variables in the manifestation of compulsive sexual behaviors. The study employed a cross-sectional design with a sample of 370 virtual university students in Tehran during the 2021-2022 academic year. Participants were selected using stratified random sampling. Data were collected using the Childhood Trauma Questionnaire (CTQ) to assess abuse experiences, the Multidimensional Scale of Perceived Social Support (MSPSS) to evaluate perceived social support, and the Sexual Addiction Screening Test-Revised (SAST-R) to measure sexual addiction. Data were analyzed using descriptive statistics, Pearson correlations, and multiple linear regression in SPSS version 27. The results revealed a significant positive correlation between childhood abuse and sexual addiction ($r = 0.46$, $p < .001$) and a significant negative correlation between social support and sexual addiction ($r = -0.52$, $p < .001$). Regression analysis indicated that childhood abuse ($B = 0.39$, $\beta = 0.41$, $p < .001$) and social support ($B = -0.47$, $\beta = -0.45$, $p < .001$) were significant predictors of sexual addiction, collectively explaining 35% of the variance ($R^2 = 0.35$). The findings highlight the detrimental impact of childhood abuse and the protective role of social support in mitigating compulsive sexual behaviors. The study underscores the importance of addressing childhood abuse and enhancing social support in interventions targeting sexual addiction. Therapeutic approaches focusing on mentalization and emotion regulation, along with community-based programs fostering support networks, may effectively reduce the prevalence of sexual addiction and its associated psychological burden.

Keywords: *Childhood abuse, Social support, Sexual addiction, Cross-sectional study.*

1. Introduction

Sexual addiction, often referred to as hypersexual disorder, is a compulsive engagement in sexual activities despite significant negative consequences in various aspects of life (Samadifard et al., 2019). The phenomenon has gained considerable attention in psychological research due to its association with underlying psychosocial and developmental factors, particularly adverse childhood experiences (ACE) and deficits in social support systems (Love, 2016; Soltani Azemat et al., 2017).

Childhood abuse, encompassing emotional, physical, and sexual maltreatment, is widely recognized as a critical determinant of mental health in adulthood. Research consistently highlights its role in predisposing individuals to various psychopathological conditions, including sexual addiction (Saadati et al., 2024). Griffin and Amodeo (2010) demonstrated that the severity of childhood abuse significantly influences long-term psychological outcomes, with family environment serving as either a mitigating or exacerbating factor (Griffin & Amodeo, 2010). Similarly, Pilkington et al. (2021) conducted a systematic review and meta-analysis revealing that adverse childhood experiences contribute to the development of maladaptive schemas, which in turn shape dysfunctional behavioral patterns, such as compulsive sexual behavior (Pilkington et al., 2021).

The neurobiological and psychosocial effects of childhood maltreatment have also been extensively documented. For instance, Su et al. (2022) identified coping strategies and social support as mediators in the relationship between childhood maltreatment and mental health problems, suggesting the potential for targeted interventions (Su et al., 2022). These findings align with the intergenerational effects described by Wang (2022), who emphasized the roles of parental emotion regulation and mentalization in mitigating the impact of childhood trauma on subsequent generations (Wang, 2022).

Mentalization, the capacity to understand and interpret one's own and others' mental states, has emerged as a crucial mechanism in mitigating the adverse effects of childhood abuse. Studies by Halfon et al. (2019) and Weijers et al. (2020) underscore the role of mentalization in regulating negative emotions and fostering adaptive coping strategies (Halfon et al., 2019; Weijers et al., 2020). Babaei et al. (2023) further highlighted the predictive value of mentalization and alexithymia in depression and suicidal ideation among women experiencing marital betrayal, suggesting broader implications for individuals with histories of childhood trauma (Babaei et al., 2023).

Mentalization deficits are particularly pronounced in individuals exposed to chronic stress or maltreatment during formative years. Dejko–Wańczyk et al. (2020) explored the link between maternal mentalization and externalizing behaviors in school-age boys, concluding that attachment quality and maternal mentalization significantly influence emotional and behavioral regulation (Dejko–Wańczyk, 2020). Similarly, Álvarez et al. (2022) emphasized the role of maternal mentalization in supporting emotion regulation during early childhood, highlighting its potential as a protective factor against later psychopathology (Álvarez et al., 2022).

Social support serves as a buffer against the adverse effects of childhood trauma, promoting resilience and adaptive functioning. Lee et al. (2023) investigated the moderating role of social support in the relationship between childhood adversity and late-life depression, finding that robust support networks attenuate the impact of stress and adversity (Lee et al., 2023). These findings resonate with Jia et al. (2019), who identified social support as a critical factor in mitigating depressive symptoms and enhancing coping mechanisms across diverse populations (Jia et al., 2019).

The multidimensional nature of social support—encompassing emotional, informational, and instrumental dimensions—provides a comprehensive framework for understanding its protective effects. Timmons et al. (2021) explored the unique challenges of remote learning during the COVID-19 pandemic, emphasizing the importance of social and emotional support for children and educators alike (Timmons et al., 2021). Haker et al. (2022) extended this perspective to the context of chronic illness, documenting the psychosocial impact of parental multiple sclerosis on children and adolescents (Haker et al., 2022).

The intersection of childhood trauma and sexual addiction has been a focal point in contemporary research. Ahmadboukani et al. (2022) examined the mediating role of rumination and thwarted belongingness in the relationship between childhood experiences and depressive symptoms, providing insights into the underlying mechanisms of compulsive behaviors (Ahmadboukani et al., 2022). McLean and Hales (2010) highlighted the interplay between attachment styles and traumatic experiences, illustrating how unresolved childhood trauma can manifest in dysfunctional relational patterns and addictive behaviors (McLean & Hales, 2010).

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Sheikhi and Aminiha (2022) explored the mediating role of mentalization in the relationship between childhood adversity and the dark triad personality traits, offering a novel perspective on the psychological underpinnings of sexual addiction. Their findings suggest that deficits in mentalization and social cognition may exacerbate compulsive sexual behaviors, particularly in individuals with histories of abuse and neglect (Sheikhi & Aminiha, 2022). Thus, this study explores the relationship between childhood abuse, social support, and sexual addiction

2. Methods and Materials

2.1. Study Design and Participants

This study employed a cross-sectional design to examine the role of social support and childhood abuse in sexual addiction. The statistical population comprised all virtual university students in Tehran during the 2021-2022 academic year. Based on Kline's formula (2011), the required sample size was calculated by multiplying the total number of questionnaire items (129) by 2.5, resulting in 322 participants. To account for potential dropout, 370 individuals were recruited. Participants were selected through stratified random sampling to ensure representation across various demographic groups.

2.2. Measures

2.2.1. Childhood Abuse

Developed by Bernstein et al. (2003), this 28-item screening tool assesses childhood abuse and neglect across five dimensions: emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect. The CTQ also includes three items to detect potential denial of adverse childhood experiences. Internal consistency (Cronbach's alpha) for the dimensions ranged from 0.78 to 0.95, and concurrent validity was reported between 0.59 and 0.78. For the Iranian population, Ebrahimi et al. (2006) reported Cronbach's alpha values between 0.81 and 0.98 (Alizadeh et al., 2023).

2.2.2. Sexual Addiction

Designed by Carnes et al. (2010), this 45-item yes/no questionnaire identifies individuals exhibiting compulsive sexual behaviors. The test comprises a primary section (20 items) and subscales tailored for specific groups, including women and homosexual individuals. Reliability (Cronbach's alpha) was reported as 0.82 for heterosexual men, 0.84 for women, and 0.89 for homosexual men. Internal consistency for Iranian samples was reported at 0.92, with convergent validity verified through Pearson correlations of 0.72 between subscales and the total score (Samadifard et al., 2019).

2.2.3. Social Support

This 12-item scale assesses perceived social support from three sources: family, friends, and significant others, rated on a 7-point Likert scale. Scores range from 12 to 84, with higher scores indicating greater perceived support. Basharat (2007) validated the MSPSS for Iranian samples, reporting Cronbach's alpha coefficients of 0.91 for the total scale and 0.83–0.89 for subscales. Test-retest reliability over a 2–4 week interval yielded correlations between 0.69 and 0.86 (Rahgoi, 2024; Sevari & Terahi, 2024).

2.3. Data Analysis

The collected data were analyzed using SPSS version 27. A multiple linear regression analysis was conducted to examine the relationship between sexual addiction (dependent variable) and the two independent variables: childhood abuse and perceived social support. Assumptions of normality, linearity, and homoscedasticity were tested prior to analysis.

3. Findings and Results

The study sample included a total of 370 participants. Regarding gender, 246 participants (66.5%) were female, and 124 (33.5%) were male. In terms of education level, the majority held a bachelor's degree (214 participants, 57.8%), followed by 113 participants (30.5%) with a master's degree, and 43 participants (11.6%) with a doctoral degree. Marital status revealed that 316 participants (85.4%) were single, while 54 participants (14.6%) were married. Regarding economic status, 154 participants (41.6%) reported a monthly income of less than 5 million tomans, 72 participants (19.5%) reported an income between 5 to 10 million tomans, and 144 participants (38.9%) reported an income of more than 10 million tomans.

Table 1

Descriptive statistics for the study variables

Variable	Mean (M)	Standard Deviation (SD)
Childhood Abuse	38.27	12.54
Social Support	56.41	14.29
Sexual Addiction	45.63	15.72

The mean score for childhood abuse was 38.27 (SD = 12.54), indicating moderate levels of reported abuse among participants. Social support had a mean score of 56.41 (SD = 14.29), suggesting that participants perceived moderate to high levels of support. The mean score for sexual addiction was 45.63 (SD = 15.72), reflecting varying levels of addictive behaviors within the sample (Table 1).

Prior to conducting the regression analysis, the necessary assumptions were checked and confirmed. The normality of residuals was verified using the Kolmogorov-Smirnov test (p = 0.092), indicating no significant deviation from normality. Linearity was assessed through scatterplots of residuals against predicted values, which displayed a random distribution with no discernible patterns. Homoscedasticity was evaluated using Levene's test (F = 1.23, p = 0.298), confirming equal variances. Additionally, multicollinearity was examined by calculating Variance Inflation Factor (VIF), with all values below 2.0, indicating no multicollinearity concerns. These results demonstrate that the data met the assumptions required for linear regression analysis.

Table 2

Correlation Results Between Sexual Support and Independent Variables

Variable	Pearson r	p-value
Childhood Abuse	0.46	< .001
Social Support	-0.52	< .001

Childhood abuse was positively correlated with sexual addiction (r = 0.46, p < .001), indicating that higher levels of childhood abuse were associated with greater sexual addiction scores. Conversely, social support was negatively correlated with sexual addiction (r = -0.52, p < .001), suggesting that higher levels of perceived social support were associated with lower sexual addiction scores (Table 2).

These assumptions were tested to ensure the validity of the subsequent statistical analyses, and the results indicated that the assumptions of normality, multicollinearity, and linearity were met to a satisfactory extent.

Table 3

Summary of regression results for predictors of sexual addiction

Source	Sum of Squares	Degrees of Freedom (df)	Mean Squares	R	R^2	R^2adj	F	p
Regression	4321.45	2	2160.73	0.59	0.35	0.34	34.12	< .001
Residual	7891.72	367	21.51					
Total	12213.17	369						

The overall regression model was statistically significant, F(2, 367) = 34.12, p < .001, indicating that the predictors explained 35% of the variance in sexual addiction (R^2 = 0.35). This suggests that childhood abuse and social support collectively have a significant impact on sexual addiction scores (Table 3).

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Table 4

Multivariate regression results for predictors of sexual addiction

Predictor	B	Standard Error (SE)	β	t	p
Constant	18.74	3.15		5.95	< .001
Childhood Abuse	0.39	0.08	0.41	5.11	< .001
Social Support	-0.47	0.07	-0.45	-6.27	< .001

Childhood abuse was a significant positive predictor of sexual addiction (B = 0.39, SE = 0.08, β = 0.41, t = 5.11, p < .001), indicating that higher abuse scores were associated with increased sexual addiction scores. Social support, in contrast, was a significant negative predictor (B = -0.47, SE = 0.07, β = -0.45, t = -6.27, p < .001), indicating that higher levels of social support were associated with lower sexual addiction scores (Table 4).

4. Discussion and Conclusion

The present study aimed to explore the relationship between childhood abuse, social support, and sexual addiction. The findings revealed significant associations between the variables, with childhood abuse emerging as a positive predictor and social support as a negative predictor of sexual addiction. This section interprets these results in light of previous research and theoretical perspectives.

The significant positive relationship between childhood abuse and sexual addiction aligns with existing literature. Childhood abuse often disrupts normative emotional development, leading to maladaptive coping strategies in adulthood. Griffin and Amodeo (2010) demonstrated that childhood abuse severity directly influences long-term psychological outcomes, including behaviors characterized by dysregulated impulse control, such as sexual addiction (Griffin & Amodeo, 2010). Similarly, Pilkington et al. (2021) identified adverse childhood experiences as precursors to early maladaptive schemas, which are strongly associated with compulsive behaviors (Pilkington et al., 2021).

The significant negative association between social support and sexual addiction emphasizes the buffering role of supportive networks in mitigating maladaptive behaviors. Lee et al. (2023) highlighted that robust social support reduces the impact of stress and adverse experiences, fostering resilience against maladaptive coping mechanisms (Lee et al., 2023). The findings from this study echo Su et al. (2022), who reported that social support serves as a protective factor, diminishing the psychological impacts of childhood maltreatment (Su et al., 2022).

The regression analysis confirmed that childhood abuse significantly predicts higher levels of sexual addiction. This finding is consistent with research by Ahmadboukani et al. (2022), who identified rumination and thwarted belongingness as mediators in the relationship between childhood trauma and depressive symptoms (Ahmadboukani et al., 2022). These mechanisms likely contribute to the development of compulsive sexual behaviors as individuals attempt to cope with unresolved trauma. The intergenerational effects noted by Wang (2022) further underscore the significance of addressing childhood abuse in therapeutic contexts, as unresolved trauma can perpetuate cycles of dysfunction (Wang, 2022).

In contrast, social support was found to predict lower levels of sexual addiction, underscoring its protective role. Timmons et al. (2021) highlighted the critical importance of social and emotional support in fostering resilience, particularly during crises such as the COVID-19 pandemic (Timmons et al., 2021). Haker et al. (2022) extended this perspective to children and adolescents affected by chronic illness in parents, demonstrating that social support mitigates the psychosocial impact of adversity (Haker et al., 2022). These findings collectively suggest that interventions aimed at enhancing social support systems could play a crucial role in reducing the prevalence of sexual addiction.

The observed relationships can be explained through theoretical frameworks emphasizing the role of attachment and mentalization in psychological development. Childhood abuse often disrupts attachment processes, impairing the development of secure bonds and emotional regulation. McLean and Hales (2010) documented how insecure attachment styles stemming from childhood trauma contribute to maladaptive relational patterns, including addictive behaviors (McLean & Hales, 2010). Mentalization, the capacity to understand one's own and others' mental states, mediates the relationship between trauma and behavior, as highlighted by Halfon et al. (2019). Deficits in mentalization, commonly observed in individuals

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with histories of abuse, may drive compulsive behaviors as attempts to regulate overwhelming emotions (Halfon et al., 2019).

Social support likely mitigates these effects by providing emotional and instrumental resources that promote adaptive coping. The multidimensional nature of social support, as detailed by Timmons et al. (2021) and Lee et al. (2023), enables individuals to navigate stressors more effectively, reducing the need for maladaptive coping strategies such as compulsive sexual behavior (Lee et al., 2023; Timmons et al., 2021). Additionally, the negative relationship between social support and sexual addiction aligns with findings by Jia et al. (2019), who emphasized the role of support networks in enhancing coping mechanisms and reducing depressive symptoms (Jia et al., 2019).

The implications of these findings extend to intervention strategies. Enhancing mentalization through therapeutic approaches, as suggested by Weijers et al. (2020), could mitigate the effects of childhood trauma on sexual addiction (Weijers et al., 2020). Similarly, promoting social support through community-based initiatives may provide individuals with the resources needed to manage stress and adversity more effectively.

This study has several limitations that should be acknowledged. First, the cross-sectional design precludes the establishment of causal relationships between variables. While significant associations were observed, longitudinal studies are needed to confirm causality. Second, the sample consisted of virtual university students, which may limit the generalizability of the findings to other populations. The unique stressors and coping mechanisms of this demographic may differ from those of individuals in different educational or socioeconomic contexts. Third, reliance on self-reported measures introduces the possibility of response biases, including social desirability and recall bias, which may have influenced the accuracy of the data. Finally, the study focused on two predictors—childhood abuse and social support—while other potential influences, such as genetic predisposition or personality traits, were not examined.

Future research should address these limitations to build on the findings of this study. Longitudinal studies are necessary to explore the causal pathways between childhood abuse, social support, and sexual addiction. Investigating the temporal dynamics of these relationships would provide deeper insights into how early-life experiences influence the development of compulsive behaviors. Additionally, future studies should examine the role of other mediators and moderators, such as emotion regulation, resilience, and cultural factors, to provide a more comprehensive understanding of the phenomenon. Expanding the sample to include diverse populations, including individuals from various socioeconomic and cultural backgrounds, would enhance the generalizability of findings. Moreover, integrating objective measures, such as biomarkers of stress or neuroimaging data, could complement self-reported data and provide a more nuanced understanding of the underlying mechanisms.

The findings of this study have important implications for clinical practice and community interventions. Mental health professionals should prioritize addressing the psychological sequelae of childhood abuse in therapeutic settings. Interventions focusing on enhancing mentalization and emotion regulation skills may help individuals manage the long-term effects of trauma and reduce their reliance on maladaptive coping mechanisms such as sexual addiction. Additionally, community-based initiatives aimed at strengthening social support networks could play a crucial role in prevention and recovery. Programs that foster peer support, family engagement, and community connections may provide individuals with the resources needed to navigate adversity effectively. Finally, public health campaigns should raise awareness about the long-term impacts of childhood abuse and the importance of social support, encouraging early intervention and support-seeking behaviors.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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