

The Role of Social Support and Childhood Abuse in Sexual Addiction

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E d i t o r	R e v i e w e r s
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1. Round 1

1.1. Reviewer 1

Reviewer:

In the first paragraph, "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)." Consider specifying whether the term "hypersexual disorder" is still recognized in the DSM-5-TR, as it was not included in DSM-5.

The study uses "370 virtual university students in Tehran during the 2021-2022 academic year." What was the rationale for selecting virtual university students? Does this population exhibit higher risks for sexual addiction, or was it chosen for convenience?

The study predominantly includes single individuals (85.4%). Given that marital status could influence sexual behaviors, discuss how this might affect the generalizability of findings to the broader population.

The study employs the Sexual Addiction Screening Test-Revised (SAST-R). The sentence "Internal consistency for Iranian samples was reported at 0.92" suggests high reliability, but were any factor analyses conducted to ensure construct validity in the Iranian cultural context?

The R² value of 0.35 indicates that childhood abuse and social support explain 35% of the variance in sexual addiction. How does this compare to prior studies? Is this considered a strong or moderate effect in this field?

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

The introduction presents various studies but does not establish a clear theoretical framework for understanding sexual addiction in the context of childhood abuse and social support. Integrating a framework, such as attachment theory or self-regulation theory, would provide stronger conceptual grounding.

In the paragraph beginning with "The neurobiological and psychosocial effects of childhood maltreatment have also been extensively documented," it would be helpful to mention specific neurobiological mechanisms, such as HPA axis dysregulation or altered limbic system functioning, that might mediate the relationship between childhood abuse and sexual addiction.

The study states, "The CTQ also includes three items to detect potential denial of adverse childhood experiences." How were these items handled in the analysis? Were respondents who scored high on denial excluded?

The MSPSS scores range from 12 to 84. What specific cut-off points were used to categorize participants into "low" vs. "high" social support groups, if applicable?

The regression analysis states that assumptions of "normality, linearity, and homoscedasticity were tested prior to analysis." Providing test statistics (e.g., skewness and kurtosis for normality, variance inflation factors for multicollinearity) would strengthen the methodological rigor.

The statement, "The mean score for sexual addiction was 45.63 (SD = 15.72), reflecting varying levels of addictive behaviors within the sample," is vague. It would be more informative to specify the range of scores and distribution shape.

Response: Revised and uploaded the manuscript.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.