Dialogues in Clinical Neuroscience & Mental Health

e-ISSN: 2585-2795 • p-ISSN: 2654-1432
DOI: 10.26386/obrela.v8i1.299
p. 29-37

From Childhood Trauma to Adult Victimization: The Role of Sexual Mindfulness in Mitigating Sexual IPV

Ehsan Khorasani

Department of Developmental Psychology and Socialisation, Padova University, Padova, Ital y

Abstract

Purpose: Adverse childhood experiences (ACEs) have been linked to poor sexual health outcomes. This study aims to determine whether ACEs are associated with positive or negative sexual health factors, which could serve as indirect indicators of sexual intimate partner violence (IPV) victimization. Additionally, we discuss how sexual mindfulness may moderate this association.

Methods: Data were collected between May and August 2021 from a sample of 301 women enrolled at the Torange Institute in Iran. We utilized structural equation modeling (SEM) in Mplus version 8.2 to investigate the associations.

Results: The structural equation modeling results indicated that ACEs were significantly associated with both negative and positive factors related to sexual health. A direct connection was found between negative sexual health factors and sexual IPV victimization among individuals with a history of maltreatment in childhood. Conversely, sexual communication was negatively associated with sexual IPV victimization. There exists an association between ACEs and sexual IPV victimization that can be mediated by negative sexual health factors. Notably, sexual mindfulness emerged as a significant moderator in the relationship between negative sexual health factors and sexual IPV victimization among survivors of maltreatment.

Conclusion: Different patterns of exposure to ACEs are linked to distinct sexual health outcomes. The findings of this study can inform preventive measures and early interventions aimed at mitigating various challenges related to adult sexual behavior for survivors of ACEs in Iran. Furthermore, as these survivors cultivate greater sexual mindfulness, their sexual decisions may become more purposeful and intentional, potentially leading to reduced regret regarding their sexual choices.

Keywords

sexual IPV victimization, adverse child experience, sexual health outcomes, sexual mindfulness

Corresponding author: Ehsan Khorasani, Department of Developmental Psychology and Socialisation, Padova University, Padova, Italy. Email: Ehsan.khorasani@studenti.unipd.it

Introduction

The association between childhood sexual abuse (CSA) and negative sexual health outcomes is well-documented (1,2). Survivors of CSA frequently endure additional forms of abuse and maltreatment concurrently, yet some studies tend to isolate CSA as the singular form of abuse, resulting in an incomplete understanding of the experiences associated with adverse childhood experiences (ACEs) (3,4). Furthermore, research has indicated that cumulative ACEs may exert a more detrimental impact on adult sexual health outcomes than the experience of CSA alone (4,5). The present study aligns with the complex trauma model, which posits that exposure to repetitive, severe, and frequent instances of various types of abuse adversely affects multiple facets of individual functioning, rather than solely focusing on the experience of a single form of ACE (6,7).

An adverse childhood experience (ACE) refers to situations in which a child suffers harm or trauma, encompassing abuse, neglect, witnessing parental violence, or experiencing frequent household dysfunction, including issues related to alcoholism, substance abuse, and mental health problems. A research emphasized the need for researchers to identify the factors arising from ACEs that may influence future adult sexual outcomes (8). Consequently, the present study aims to elucidate the vulnerabilities faced by survivors of ACEs, particularly in a sexual context, which may predispose them to heightened levels of sexual victimization. This investigation is especially pertinent for participants who encounter challenges in disclosing such traumas, such as individuals in Iran, where cultural limitations often hinder open discussions about these experiences.

Iran is a country in the Middle East, situated in western Asia. Resources and support systems for victims of adverse childhood experiences (ACEs) are limited, and several barriers exist that hinder the reporting of such experiences (9).Pournaghash-Tehrani (10) reported alarming prevalence rates of various forms of violence, including psychological violence (68.8%), emotional abuse (31.2%), neglect (25.7%), witnessing physical violence within the family (22%), and sexual abuse (14%) among individuals in Iran.

Despite the critical importance of understanding sexual victimization and dysfunction in relation to adverse childhood experiences (ACEs), there is a notable lack of research in Iran specifically addressing these issues. Most studies have primarily focused on factors such as economic pressures or socio-economic status in the context of the progression of intimate partner violence (IPV), which often begins with psychological abuse and escalates to more severe forms of abuse before addressing sexual victimization (11). Based on the latent class analysis, individuals in the high adverse childhood experience group in Iran are strongly associated with experiencing severe forms of IPV (12). Moreover, there is a positive relationship between experiencing economic and sexual IPV victimization and avoidant attachment, which is linked to negative parenting styles. In contrast, secure attachment is associated with authoritative parenting styles in Iranian population (13). For instance, Nikparvar (11) reported that the prevalence of sexual victimization among Iranian females is 60%. Additionally, factors such as illiteracy, unemployment, and low income are associated with a higher likelihood of experiencing sexual abuse (14). Furthermore, a history of IPV victimization has been linked to various mental health issues, including post-traumatic stress disorder (PTSD), depression, obsessive-compulsive disorder, and substance abuse among Iranian women (15–17).

The complex trauma model explores the impact of repetitive, severe, and frequent abuse on an individual's overall well-being in various domains. In this context, we hypothesized that exposure to adverse childhood experiences (ACEs) is associated with a range of both positive and negative sexual outcomes, which may either alleviate or exacerbate challenges related to sexual functioning. To this end, we identified several variables that are aligned with and normalized within Iranian culture.

Sexual Shame: Shame is a profound emotion stemming from an individual's negative assessment of their current or past sexual experiences, thoughts, and behaviors (18). This emotion can significantly impact sexual functioning in survivors of childhood sexual abuse (CSA), leading to an increased likelihood of sexual avoidance and challenges with sexual identity (19). To date, there is a lack of research examining the relationship between sexual shame in adulthood, a history of adverse childhood experiences (ACEs), and sexual victimization.

Sexual Esteem: Sexual self-esteem refers to the belief in one's capability to engage in sexual practices with successful outcomes (20). Survivors of adverse childhood experiences (ACEs) who possess lower sexual self-esteem are at greater risk of engaging in risky sexual behaviors (8). Research in Iran has indicated that sexual esteem is positively correlated with sexual desire, arousal, lubrication, and orgasm, while being associated with reduced sexual dysfunction (18). The current study aims to explore the relationship between ACEs, sexual esteem, and sexual intimate partner violence (IPV) victimization.

Sexual Anxiety: Bigras (5) found that childhood trauma is associated with higher levels of sexual anxiety, which, in turn, indirectly contributes to reduced sexual satisfaction (22). In Iran, studies have shown that sexual anxiety is linked to increased reports of sexual pain, difficulties with sexual arousal, and challenges with orgasm among women (21). The present study explores the relationship between ACEs, sexual anxiety, and sexual victimization.

Sexual Communication: A Research demonstrated that individuals with higher exposure to ACEs reported lower levels of sexual communication frequency and perceived poorer sexual communication from their partners(23). In the context of Iran, sexual communication has been associated with positive sexual health outcomes (Rohani, 2012). The present study examines the relationship between ACEs, sexual communication, and sexual victimization.

Sexual mindfulness: Mindfulness during sexual relationships can be more challenging to practice than in other contexts (24). Moreover, Kimmes (25) suggest that focusing on the specific context in which mindfulness is measured can improve predictive accuracy, such as relationship mindfulness better predicting relational well-being compared to trait mindfulness (25–27). Consequently, the present study aims to explore the relationship between ACEs and sexual health factors in adulthood by examining the role of sexual mindfulness—defined as

attention and non-judgment during sexual relationships (27). Sexual mindfulness, as a state-specific form of mindfulness, is linked to sexual satisfaction (27) and positive sexual attitudes and body image in adolescents (28).

The Current Study

In this study, we aim to investigate the association between adverse childhood experiences (ACEs) and sexual victimization experiences over the past year among Iranian women. We explore how ACEs may be linked to sexual shame, sexual anxiety, sexual esteem, and sexual communication. Specifically, we hypothesize that participants with higher ACEs will exhibit more negative sexual outcomes (such as sexual shame and sexual anxiety) and fewer positive sexual outcomes (such as sexual esteem and sexual communication). Additionally, we propose that sexual mindfulness may moderate the negative sexual outcomes among ACE survivors, potentially mitigating their impact.

Method

Participants

In line with the complex trauma framework and the objectives of the present study, participants were recruited from the Torange Institute in Iran between May and August 2021. All participants were survivors of intimate partner violence (IPV). The Torange Institute is a well-established private organization focused on reducing IPV rates and educating victims about the risk factors for re-victimization. Its services include the assessment of victims' concerns, group or individual therapy, and trauma-informed care designed to mitigate the outcomes of victimization and reduce the likelihood of re-victimization. The institute's multidisciplinary team—comprising psychologists, lawyers, and social workers—offers workshops on domestic violence, substance abuse, trauma, and mental health. Additionally, the Torange Institute aims to empower victims by providing skills training and employment opportunities, helping them achieve independence from their abusers.

Data for the current study were gathered using the Torange Institute's electronic information system. In the initial phase, a questionnaire was submitted to the Torange team for approval. Once approved, the team privately distributed the online survey to its members. Fewer than 170 members completed the survey during the first round. However, to meet the study's objective and the necessary sample size based on Torange's participants, a minimum of 294 responses was required. In the second round, 318 completed questionnaires were received. After the initial data analysis, 17 responses were excluded, resulting in a final sample of 301 women. The participants had a mean age of 35.7 years (SD = 9.28) and a mean marriage duration of 11.36 years (SD = 8.23).

In line with the complex trauma theory, we opted to use Adverse Childhood Experiences (ACEs) instead of focusing solely on a history of sexual abuse. The ACEs questionnaire offers a more comprehensive and holistic assessment of childhood trauma. To assess sexual health factors, we reviewed relevant literature and selected both negative and positive sexual factors that are culturally normalized and particularly relevant within the Iranian population.

Measures

Adverse childhood experience scale

A scale developed by Felliti (29) was used to measure early exposure to adversity. The adverse childhood experience scale focuses on psychological, physical, and sexual abuse, a lack of caring and neglect in the family, living with someone with a mental illness or substance abuse, and incarceration. (e.g., Did a parent or other adults in the household often push, grab, slap, or throw something at you? Or even hit you so hard that you had marks or were injured). Those who have experienced diversity should mark yes, and those without should mark no. The Cronbach alpha for the present study was 0.74.

Sexual shame scale

Sexual shame was measured by Kyle (18) inventory of sexual shame scale. Participants are asked 18 questions about their experience of shame in sexual relationships (e.g., I feel like I am never quite good enough when it comes to sexuality.) The method of scoring is a Likert scale from 1 (strongly disagree) to 6 (strongly agree). When a score is higher, there is a more intense sense of shame during sexual experiences. Cronbach's alpha was .0.74 in the present study.

Sexual esteem and sexual anxiety scale

Sexual esteem and anxiety were assessed by Rostoski (30). This questionnaire has 16 questions, 8 of them measured the sexual esteem rate (e.g., I am pleased with how I handle my sexual tendencies and behaviors.), and 8 of them evaluated the anxiety degree of an individual in sexual experiences (e.g., I feel anxious when I think about the sexual aspects of my life). Scale scores are likely to range from 1 (not at all like me) to 5 (completely like me). Sexual esteem had a Cronbach alpha of 0.91, while sexual anxiety had a Cronbach alpha of 0.94.

Sexual communication scale

The test determines the quality, perception, and frequency of communication between intimate partners in the area of sexual relations (31). The questionnaire is composed of 13 questions graded on a 6-point Likert scale (1 = strongly agree, 6 = strongly disagree). An example of the question is, "some sexual matters are too upsetting to discuss with my sexual partner." A higher score represents the partner's ability to understand, respond, and warmly discuss sexual matters. In the present study, the Cronbach alpha was 0.76.

Sexual mindfulness scale

To measure the level of awareness and non-judgmental attitude during sexual relationships, the sexual mindfulness scale was applied (27). This questionnaire included seven items and was graded using the Likert scale (1 = never or rarely true to 5 = very often or always true). It contains two subscales; a

sample item of the awareness subscale is "I pay attention to sexual sensations." A sample item of the non-judgment subscale is: "During sex, I sometimes get distracted by evaluating myself or my partner. The present study's Cronbach alpha was awareness subscale .83, non-judgment .76.

Sexual IPV victimization scale

To assess sexual violence victimization, conflict tactics (2) were used to evaluate the frequency and harshness of intimate partner violence victimization experiences last year (Straus et al., 1996). It includes five subscales; sexual victimization subscales were chosen based on the aims of the present study (e.g., My partner used threats to make me have oral or anal sex), according to the Likert scale from 0 (never) to 6 (more than 20 times), seven represents although an individual experienced sexual violence, it did not happen in the last year. In the present study, the Cronbach alpha was 0.84.

Analysis

To investigate the association between adverse childhood experiences (ACEs) and sexual IPV victimization, with sexual shame, sexual esteem, sexual anxiety, and sexual communication as mediators, and sexual mindfulness as a moderator, we utilized MPLUS version 8.2. Before conducting the analysis in Mplus, mediator and moderator variables were standardized using SPSS. The assumptions for moderation, including interaction effects, were checked. The moderator variable (sexual mindfulness) was measured on a continuous scale. The data met the assumption of multivariate normality, and there was no indication of multicollinearity or outliers. Missing data were handled using maximum likelihood estimation.

Result

The mean, standard deviation, and confidence interval of participants are depicted in Table.1. The participants of the current study reported having a diploma (43%), Bachelor's (40%), Master's (12%), and Ph.D. (5%) education level. As for job status, participants reported being a wife (48%), student (10%), employee (16%), self-employed (18%), and retired (8%). Additionally, 36% of participants stated that they did not have a child, 24% had one child, 26% had two children, 10% had three children, and 4% had four or more children. Of this population, although 97.3 lived with their husband, 2.7% were divorced.

Table 1. Mean and Standard deviation

Variables	Mean	Standard deviation	95% CI for M Difference	
Age	35.79	9.28	34.14	37.6
Duration of Marriage	11.36	8.23	10.01	13.04
Adverse childhood experience	1.66	1.90	1.43	1.84
Sexual shame	54.57	13.71	53.37	56.12
Sexual esteem	26.35	8.68	25.37	27.34
Sexual anxiety	15.98	9.06	14.95	17.01
Sexual communication	40.69	7.05	39.89	41.49
Sexual victimization	4.56	7.69	5.74	9.30

Table 2. Frequency of ACEs

Variables	Percentage	n
Type of Abuse		
Psychology abuse	30.9%	93
Physical abuse	30.9%	93
Sexual abuse	15.9%	48
Non-supportive	24.9%	75
Neglect	4%	13
Separation	6.6%	20
Witnessed	5.74	9.30
12.6%	38	
Family member with Alcohol misuse	8.0 %	24
Mental Disorder	13.0%	39
Prison experience	12.0%	36
Sexual outcomes		
Sexual shame	45.51%	136
Sexual esteem	63.78%	191
Sexual anxiety	22.13%	66
Sexual communication	49.50%	148
Sexual victimization	52.29%	157

Table 3. Zero-order correlation matrix

Variables	1	2	3	4	5	6	7
Adverse childhood experience	1						
Sexual shame	.16**	1					
Sexual esteem	-.11*	-.53**	1				
Sexual anxiety	.13*	.68**	-.66**	1			
Sexual communication	-.08	-.44**	.49**	-.46**	1		
Sexual mindfulness	-.12*	-.47**	.39**	-.43**	.39**	1	
Sexual							
Victimization	.21**	.35**	-.28**	.23**	-.29**	-.33**	1

The structural equation model indicated that adverse childhood experiences are positively and significantly connected to sexual shame (β = .77, p = .00) and sexual anxiety (β = .86, p = .00). ACEs was negatively and significantly associated with sexual esteem (β = -.75, p = .00) and sexual communication (β = -.56, p = .00). sexual shame (β = .30, p = .00) sexual anxiety (β = .31, p = .00) was significantly linked to sexual victimization. Sexual communication (β = -.16, p = .01) was negatively and significantly connected to sexual victimization. However, sexual esteem (β = -.12, p = .11) was not significantly linked to sexual victimization. ACEs can predict 31% of the variance of sexual IPV victimization.

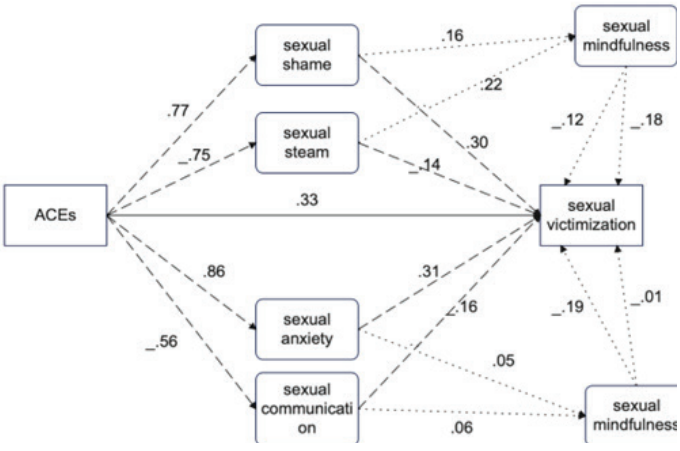

Figure 1: Path diagram

Table 4. Path analysis: Direct and indirect effect

sexual shame Ind sexual victimization	.03	.16	.00
sexual shame x sexual mindfulness	-.13(.05)	-.18	.00
Sexual esteem	.30(2.25)	-.14	.05
Sexual esteem	.08	.22	.00
Sexual esteem x sexual mindfulness	-.05(-1.56)	-.12	.11
Sexual anxiety	.18(.06)	.31	.00
Indirect-Sexual anxiety	.00	.05	.99
Sexual anxiety x sexual mindfulness	-.30(-5.45)	-.19	.00
Sexual communication	-.48(-8.03)	-.16	.01
Indirect-sexual communication	.01	.06	.60
Sexual communication x sexual mindfulness	.63(08)	-.01	.87
ACEs			
Sexual shame	.11(2.50)	.77	.00
Sexual esteem	-.19(-.56)	-.75	.00
Sexual anxiety	13(.52)	.86	.00
Sexual communication	-.10 (.49)	-.56	.00
R-square			
Sexual shame	.29(.03)		.01
Sexual esteem	.81		.44
Sexual anxiety	.37(.01)		.00
Sexual communication	.24		.08

Figure 1. Multiple mediators and moderators' model of hypothesized associations between ACEs, sexual shame, sexual anxiety, sexual esteem, and communication, and sexual IPV victimization. The solid line indicates direct interaction. Dashed lines indicate mediation interactions and dotted lines represent moderation interactions.

Mediation Analysis

The structural equation model showed that sexual shame (β = .16, p = .00) sexual esteem (β = -.22, p = .00) indirectly and significantly linked with adverse childhood experiences and sexual IPV victimization. However, sexual anxiety (β = .05, p = .99) and sexual communication (β = .06, p = .60) cannot indirectly and significantly moderate the association between ACEs and sexual IPV victimization.

Moderation analysis

Sexual mindfulness moderated the association between sexual shame (β = -.18, p = .00), sexual anxiety (β = -.19, p = .00) with sexual IPV victimization in ACEs survivors. Sexual mindfulness cannot significantly moderate the association between sexual esteem (β = -.12, p = .11), sexual communication (β = .01, p = .87) with sexual IPV victimization.

Discussion

Childhood abuse and sexual victimization represent significant public health concerns, with both immediate and long-term consequences that can be costly and far-reaching for victims, their families, and the wider community (32). Research on adverse childhood experiences (ACEs) and sexual victimization is limited in Iran, largely due to the reluctance of Iranian women to disclose histories of childhood sexual abuse and sexual victimization. Cultural barriers surrounding discussions of sexuality in Middle Eastern countries further compound this issue (33).

Complex trauma refers to children's exposure to multiple, often interpersonal, traumas and the long-term, wide-ranging effects of that exposure. In line with this theory, the present study's results demonstrate that adverse childhood experiences (ACEs) in Iranian women are directly linked to sexual victimization. Supporting this, research by Rehan (34) and Faure-Walker & Hunt (35) highlights that the co-occurrence of multiple types of childhood abuse is associated with higher rates of sexual victimization and sexual dysfunction.

The findings of the present study indicate that adverse childhood experiences (ACEs) are associated with increased levels of sexual shame, which in turn correlates with higher rates of sexual intimate partner violence (IPV) victimization. According to Herman (36), ACEs often involve exerting power and control over the victim's body, treating them as a sexual object. Consequently, the adverse experiences endured in childhood can persist into adulthood, negatively impacting survivors' perceptions of their sexual experiences and their feelings regarding sexual relationships. Furthermore, shame experienced by ACE survivors is linked to delays in disclosing instances of sexual abuse and a heightened risk of sexual IPV victimization in adulthood (37,38).

The present study finds that adverse childhood experiences (ACEs) are linked to increased levels of sexual anxiety, which is associated with a higher incidence of sexual intimate partner violence (IPV) victimization. Research by Bigras (5,22) indicates that childhood trauma is connected to elevated sexual anxiety (39). In contrast, Lemieux and Byers (8) found no significant association between a history of sexual abuse and sexual anxiety. To account for the discrepancies between these studies, it is important to note that the present study, along with Bigras (5,22), assessed a broader range of adverse experiences when investigating sexual anxiety. In contrast, (8) focused solely on sexual abuse history, which may explain their lack of findings regarding a relationship between sexual anxiety and abuse history. Therefore, the present study suggests the need to examine various forms of trauma experienced by ACE survivors in addition to their history of sexual abuse to develop a more comprehensive understanding of ACEs.

The findings of the present study indicate that adverse childhood experiences (ACEs) are significantly associated with lower sexual esteem; however, this decline in sexual esteem was not directly linked to an increase in sexual intimate partner violence (IPV) victimization. Shen (40) suggested that as the rate of ACEs increases, self-esteem declines. Maltreated children often perceive themselves as unworthy and powerless, negatively affecting their future relationships (41,42). Papadakaki (43) also found that exposure to childhood abuse is related to lower self-esteem in adulthood, which in turn is associated with higher rates of sexual IPV victimization among women. The absence of a direct link between sexual esteem and sexual IPV victimization in this study may be attributed to cultural differences within the Iranian sample, including variations in educational backgrounds, religious taboos, and familial boundaries for Iranian girls and women. Additionally, self-esteem tends to be lower in Iranian women, particularly in sexual contexts, which could contribute to reduced self-esteem in this area compared to others (33). We recommend that Iranian scholars explore various factors to further investigate the discrepancies between sexual esteem and sexual IPV victimization across different populations of Iranian women.

The results of the current study indicate that adverse childhood experiences (ACEs) are significantly associated with poorer sexual communication, which in turn is indirectly linked to sexual intimate partner violence (IPV) victimization. As anticipated, an increase in ACEs was associated with the use of less effective communication patterns in intimate relationships. This finding aligns with the work of Baller and Lewis (44), who demonstrated that a history of ACEs is correlated with poor communication quality and is connected to higher rates of sexual victimization and other forms of IPV. From an intergenerational perspective, parents who have experienced ACEs are more likely to develop ineffective communication skills with their children (45). In the Iranian context, effective sexual communication is recognized as a protective factor against sexual victimization (46).

Sexual mindfulness as a moderation

The current study suggests that sexual mindfulness may moderate the relationship between negative and positive sexual factors and sexual intimate partner violence (IPV) victimization among individuals with a history of maltreatment. As hypothesized, individuals with a history of childhood maltreatment may benefit from sexual mindfulness by fostering a more positive self-evaluation and making intentional choices regarding their sexual behaviors. The findings indicate that the association between sexual shame and sexual IPV victimization can be moderated by sexual mindfulness. Leavitt (27) also reported a negative correlation between sexual mindfulness and both sexual shame and sexual anxiety. Furthermore, individuals with hypersexual or compulsive sexual disorders demonstrate a negative association between shame and trait mindfulness (47,48). Additionally, research has shown that women experiencing sex-related shame can alleviate their negative thoughts about sex through mindfulness exercises (49,50).

The present study found that sexual mindfulness moderates the relationship between sexual anxiety and sexual intimate partner violence (IPV) victimization among survivors of adverse childhood experiences (ACEs). Various studies have demonstrated that mindfulness can effectively reduce sexual anxiety across a wide range of individuals (51). Additionally, sexual dysfunction is often associated with anxiety (21,51).

Limitation

Several limitations should be considered in the present study. First, the selective sample may restrict the generalizability of the findings, as participants were women enrolled at the Torange Institute, a private organization focused on assisting victims of intimate partner violence (IPV) in Iran. Additionally, participants were required to have internet access to complete the questionnaires, which may not represent the broader population. Future studies should aim to gather data from samples that more closely resemble the general community. In Middle Eastern countries, women are often reluctant to disclose their IPV experiences, and it is especially important for Iranian women to keep issues with their husbands hidden from others (Farahani, 2020). Moreover, the current study relies on self-report data, which may introduce validity concerns. Lastly, as the data is cross-sectional, we are unable to establish causal relationships between the variables.

Conclusion and Implication

The present study is the first to examine sexual vulnerabilities among Iranian females through the lens of adverse childhood experiences (ACEs). Grounded in complex trauma theory, we assessed sexual intimate partner violence (IPV) victimization not solely by considering a history of sexual abuse, but by adopting a comprehensive view of childhood trauma. Our findings indicate that ACEs are associated with increased negative aspects of sexuality, such as sexual shame and sexual anxiety, as well as limitations in positive aspects, including sexual esteem and sexual communication. These negative sexual factors and communication deficits are linked to higher rates of sexual IPV victimization.

Future research and clinical interventions should address both the negative and positive sexual characteristics of ACE survivors and explore how each influences the likelihood of engaging in risky sexual and impulsive behaviors. The insights from this study can inform Iranian welfare organizations and private institutes in revising and developing programs aimed at reducing the prevalence of ACEs and IPV within the Iranian population.

This study demonstrated that sexual mindfulness is a distinct construct that can be reliably measured in survivors of adverse childhood experiences (ACEs). Mindful individuals may cultivate more positive attitudes toward themselves, their skills, and their sexual experiences, leading to more intentional behaviors. It is recommended that ACE survivors experiencing sexual difficulties be introduced to sexual mindfulness within clinical settings. By fostering sexual mindfulness, ACE survivors may reduce avoidance behaviors, potentially resulting in lower rates of sexual intimate partner violence (IPV) victimization.

The funding

The authors of this study received no financial support for research or publication.

Conflicts of the interest

The authors have no conflicts of interest to declare.

References

1. Diamond-Welch B, Kosloski AE. Adverse childhood experiences and propensity to participate in the commercialized sex market. Child Abuse Negl. 2020 Jun;104:104468.
2. Hughes K, Bellis MA, Hardcastle KA, Sethi D, Butchart A, Mikton C, et al. The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. Lancet Public Health. 2017 Aug;2(8):e356–66.
3. Naramore R, Bright MA, Epps N, Hardt NS. Youth Arrested for Trading Sex Have the Highest Rates of Childhood Adversity: A Statewide Study of Juvenile Offenders. Sex Abuse. 2017 Jun;29(4):396–410.
4. Widom CS, Massey C. A Prospective Examination of Whether Childhood Sexual Abuse Predicts Subsequent Sexual Offending. JAMA Pediatr. 2015 Jan 5;169(1):e143357.
5. Bigras N, Daspe MÈ, Godbout N, Briere J, Sabourin S. Cumulative Childhood Trauma and Adult Sexual Satisfaction: Mediation by Affect Dysregulation and Sexual Anxiety in Men and Women. J Sex Marital Ther. 2017 May 19;43(4):377 96.
6. Briere J, Kaltman S, Green BL. Accumulated childhood trauma and symptom complexity. J Trauma Stress. 2008 Apr;21(2):223–6.
7. Paul HA. Ford, J. D., & Courtois, C. A. (Eds.). (2013). *Treating Complex Stress Disorders in Children and Adolescents: Scientific Foundations and Therapeutic Models.*: New York, NY: Guilford Press, xvi + 368 pp., $45.00 (hardcover). Child Fam Behav Ther. 2014 Apr;36(2):140–50.
8. Lemieux SR, Byers ES. The Sexual Well-Being of Women Who Have Experienced Child Sexual Abuse. Psychol Women Q. 2008 Jun;32(2):126–44.
9. Borimnejad L, Khoshnavay Fomani F. Child Abuse Reporting Barriers: Iranian Nurses' Experiences. Iran Red Crescent Med J [Internet]. 2015 Aug 30 [cited 2024 Dec 14];17(8). Available from: https://archive.ircmj.com/article/17/8/ircmj-17-8-59548.pdf
10. Pournaghash-Tehrani SS, Zamanian H, Amini-Tehrani M. The Impact of Relational Adverse Childhood Experiences on Suicide Outcomes During Early and Young Adulthood. J Interpers Violence. 2021 Sep;36(17–18):8627–51.
11. Nikparvar F, Stith S, Spencer C, Panaghi L. The Relationship Between Sexual Aggression Victimization and Perpetration and Other Types of IPV Among Iranian Married Individuals. J Interpers Violence. 2021 Jul;36(13–14):6050–72.
12. Khorasani E, Spencer C. A Latent Class Analysis of the Relationship Between Adverse Childhood Experiences and Intimate Partner Violence Victimization in Northeast Iran. Advers Resil Sci [Internet]. 2024 Nov 19 [cited 2024 Dec 14]; Available from: https://link.springer.com/10.1007/s42844-024-00158-9
13. SadeghMohammadi F, Spencer CM. The relationship between intimate partner violence and parenting styles with mediated attachment styles in Iranian women. Discov Glob Soc. 2024 Oct 18;2(1):75.
14. Moghaddam Hosseini V, Asadi ZS, Akaberi A, Hashemian M. Intimate Partner Violence in the Eastern Part of Iran: A Path Analysis of Risk Factors. Issues Ment Health Nurs. 2013 Aug;34(8):619–25.

15. Azizian R, Saroukhani B, Mahmodi M, Farzianpour F. Violence against Women: A Study of Underlying Factors in Tehran Forensic Center 2001. Glob J Health Sci. 2016 Apr 29;8(12):68.
16. Pournaghash-Tehrani S. Domestic violence in Iran: A literature review. Aggress Violent Behav. 2011 Jan;16(1):1–5.
17. Bakhtiari (a),, Omidmanesh (N). . Assessment of the consequences of domestic violence on women referring to Babol's medical examiner's office. J Babol's Med Examiner, 19, 28e32. Babol's Med Exam. 19:28 e 32.
18. Kyle, S. IDENTIFICATION AND TREATMANT OF SEXUAL SHAME: DEVELOPMENT OF A MEASUREMENT TOOL AND GROUP THERAPY PROTOCOL. In 2013.
19. Dorahy MJ, Clearwater K. Shame and Guilt in Men Exposed to Childhood Sexual Abuse: A Qualitative Investigation. J Child Sex Abuse. 2012 Mar;21(2):155–75.
20. Oattes, Melanie Kristel, Offman, Alia. Global self-esteem and sexual self-esteem as predictors of sexual communication in intimate relationships. Can J Hum Sex. 2007;16(3–4).
21. Ziaei T, Farahmand Rad H, Rezaei Aval M, Roshandel G. Relationship between Sexual Self-concept and Sexual Function in Women of Reproductive Age Referring to Health Centers in Gorgan, Iran. J Midwifery Reprod Health [Internet]. 2017 May [cited 2024 Dec 14];(Online First). Available from: https://doi.org/10.22038/jmrh.2017.8744
22. Bigras N, Godbout N, Briere J. Child Sexual Abuse, Sexual Anxiety, and Sexual Satisfaction: The Role of Self-Capacities. J Child Sex Abuse. 2015 Jul 4;24(5):464–83.
23. Dorri AA, Stone AL, Heffington BI, Njowo PJ, Rivera G, Schnarrs PW, et al. "We're Not Gonna Talk about This, It Didn't Happen. You're Confused": Adverse Communication in Family Responses to Mental Health, Childhood Sexual Assault, and LGBTQ Identities. Soc Ment Health. 2024 Mar;14(1):39–55.
24. Barnes S, Brown KW, Krusemark E, Campbell WK, Rogge RD. The role of mindfulness in romantic relationship satisfaction and responses to relationship stress. J Marital Fam Ther. 2007 Oct;33(4):482–500.
25. Kimmes JG, Jaurequi ME, May RW, Srivastava S, Fincham FD. Mindfulness in the Context of Romantic Relationships: Initial Development and Validation of the Relationship Mindfulness Measure. J Marital Fam Ther. 2018 Oct;44(4):575–89.
26. khorasani E, Farrokhi H, Shoja E, Moghaddam M, Kimiaei SA. Mindfulness in the context of a romantic relation- ship to predict relationship satisfaction. Int J Psychosoc Rehabil. 2021;25(1):401–13.
27. Leavitt CE, Lefkowitz ES, Waterman EA. The role of sexual mindfulness in sexual wellbeing, Relational wellbeing, and self-esteem. J Sex Marital Ther. 2019 Aug 18;45(6):497–509.
28. Smedley DK, Leavitt CE, Allsop DB, Nance M, James SL, Holmes EK. Mindfulness and Sexual Mindfulness as Moderators Between Conflict Resolution and Sexual and Relationship Satisfaction. J Sex Marital Ther. 2021 Nov 17;47(8):814–28.
29. Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, et al. Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. Am J Prev Med. 1998 May;14(4):245–58.
30. Rostosky SS, Dekhtyar O, Cupp PK, Anderman EM. Sexual Self-Concept and Sexual Self-Efficacy in Adolescents: A Possible Clue to Promoting Sexual Health? J Sex Res. 2008 Aug 22;45(3):277–86.
31. Fisher TD, editor. Handbook of sexuality-related measures. Third edition. New York: Routledge; 2011. 1 p.
32. Nesset MB, Bjørngaard JH, Whittington R, Palmstierna T. Does cognitive behavioural therapy or mindfulness-based therapy improve mental health and emotion regulation among men who perpetrate intimate partner violence? A randomised controlled trial. Int J Nurs Stud. 2021 Jan;113:103795.
33. Farahani FK. Adolescents and Young People's Sexual and Reproductive Health in Iran: A Conceptual Review. J Sex Res. 2020 Jul 23;57(6):743–80.
34. Rehan W, Antfolk J, Johansson A, Santtila P. Do Single Experiences of Childhood Abuse Increase Psychopathology Symptoms in Adulthood? J Interpers Violence. 2019 Mar;34(5):1021–38.
35. Faure-Walker D, Hunt N. The Prevalence of Adverse Childhood Experiences Among Children and Adolescents Who Display Harmful Sexual Behaviour: A Review of the Existing Research. J Child Adolesc Trauma. 2022 Dec;15(4):1051–61.
36. Herman JL. Posttraumatic stress disorder as a shame disorder. In: Dearing RL, Tangney JP, editors. Shame in the therapy hour [Internet]. Washington: American Psychological Association; 2011 [cited 2024 Dec 14]. p. 261–75. Available from: https://content.apa.org/books/12326-011
37. Easton SD. Disclosure of Child Sexual Abuse Among Adult Male Survivors. Clin Soc Work J. 2013 Dec;41(4):344–55.
38. Kessler BL, Bieschke KJ. A retrospective analysis of shame, dissociation, and adult victimization in survivors of childhood sexual abuse. J Couns Psychol. 1999 Jul;46(3):335–41.
39. Simon VA, Feiring C. Sexual Anxiety and Eroticism Predict the Development of Sexual Problems in Youth With a History of Sexual Abuse. Child Maltreat. 2008 May;13(2):167–81.
40. Shen ACT. Self-Esteem of Young Adults Experiencing Interparental Violence and Child Physical Maltreatment: Parental and Peer Relationships as Mediators. J Interpers Violence. 2009 May;24(5):770–94.
41. Corrales T, Waterford M, Goodwin-Smith I, Wood L, Yourell T, Ho C. Childhood adversity, sense of belonging and psychosocial outcomes in emerging adulthood: A test of mediated pathways. Child Youth Serv Rev. 2016 Apr;63:110–9.
42. Wright MO, Crawford E, Del Castillo D. Childhood emotional maltreatment and later psychological distress among college students: The mediating role of maladaptive schemas. Child Abuse Negl. 2009 Jan;33(1):59–68.
43. Papadakaki M, Tzamalouka GS, Chatzifotiou S, Chliaoutakis J. Seeking for Risk Factors of Intimate Partner Violence (IPV) in a Greek National Sample: The Role of Self-Esteem. J Interpers Violence. 2009 May;24(5):732–50.
44. Baller SL, Lewis K. Adverse Childhood Experiences, Intimate Partner Violence, and Communication Quality in a College-Aged Sample. J Fam Issues. 2022 Sep;43(9):2420–37.
45. Belsky J, Conger R, Capaldi DM. The intergenerational transmission of parenting: Introduction to the special section. Dev Psychol. 2009;45(5):1201–4.
46. Yari A, Nouri R, Rashidian H, Nadrian H. Prevalence and determinants of sexual intimate partner violence against women in the city of marivan, iran. J Fam Reprod Health. 2013 Dec;7(4):157–63.
47. Brem MJ, Shorey RC, Anderson S, Stuart GL. Dispositional Mindfulness, Shame, and Compulsive Sexual Behaviors Among Men in Residential Treatment for Substance Use Disorders. Mindfulness. 2017 Dec;8(6):1552–8.

48. Reid RC, Temko J, Moghaddam JF, Fong TW. Shame, Rumination, and Self-Compassion in Men Assessed for Hypersexual Disorder. J Psychiatr Pract. 2014 Jul;20(4):260–8.
49. Morton H, Gorzalka BB. Cognitive Aspects of Sexual Functioning: Differences Between East Asian-Canadian and Euro-Canadian Women. Arch Sex Behav. 2013 Nov;42(8):1615–25.
50. Woo JST, Brotto LA, Gorzalka BB. The Role of Sex Guilt in the Relationship Between Culture and Women's Sexual Desire. Arch Sex Behav. 2011 Apr;40(2):385–94.
51. Kimmes JG, Mallory AB, Cameron C, Köse Ö. A treatment model for anxiety-related sexual dysfunctions using mindfulness meditation within a sex-positive framework. Sex Relatsh Ther. 2015 Apr 3;30(2):286–96.