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Romantic Attachment, Sex Motives and Sexual Difficulties in Emerging Adults: The Role of Childhood Interpersonal Victimization

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ABSTRACT

A growing body of research has revealed that many emerging adults (i.e., aged 18 to 25) experience sexual difficulties. Past studies have emphasized the need to examine sexual difficulties by accounting for sex motives (i.e., reasons for engaging in sex) and by using a trauma-focused or attachment-based framework. This study examined the role of sex motives in the associations among attachment insecurities (anxiety, avoidance) and sexual difficulties in emerging adults, and assessed whether these links varied on the basis of low or high exposure to childhood interpersonal victimization (CIV) (i.e., 0–3 different types of CIV or 4 or more types of CIV). A sample of 437 French-Canadian emerging adults completed validated questionnaires online. Path analyses revealed that participants with higher attachment anxiety were more likely to endorse the partner approval sex motive, which was related to more sexual difficulties. Participants with higher attachment avoidance were less likely to endorse the pleasure sex motive, which was associated with more sexual difficulties. Results indicated a significant effect of CIV showing that some indirect effects were significant only in participants who reported high CIV exposure. Results suggest that addressing sex motives using an attachment- and trauma-focused framework might help understand, prevent and treat sexual difficulties among emerging adults.

Emerging adulthood is a developmental stage occurring between the ages of 18 and 25 that refers to having moved beyond the teenage years without having fully assumed the responsibilities and roles that are normative in adulthood (i.e., financial responsibilities and decision-making related to partnership, work or parenthood; Arnett, 2014). In occidental societies, emerging adults are allowed to explore many potential life directions and experiences before taking more enduring decisions and commitments and a big part of their self-exploration is sexuality. Although close to 70% of American 18-year-olds report being sexually active, by the end of emerging adulthood at age 25, 93% of them have become sexually active (Boyer, 2018). Indeed, the decrease in parental control paired with low expectations to find a permanent life partner in emerging adults allow greater sexual and romantic exploration (Arnett, 2014). As a result, many will explore various sexual interests, behaviors, attitudes, and orientations which is believed to contribute to an integration of the sexual self at the conclusion of this developmental stage (Lefkowitz & Gillen, 2006). However, difficulties with sexual function or pleasure are common among young adults, with up to 76% of them reporting issues related to erectile function, pain, low desire, and the inability to reach orgasm (e.g., Akre et al., 2015; McCabe et al., 2016; Mitchell et al., 2016; O'Sullivan et al., 2016; O'Sullivan & Majerovich, 2008). Some sexual difficulties, such as sexual pain and erectile issues, have also been found to

be two to three times more prevalent in women and men aged between 18–25 years compared to older adults (Laumann et al., 1999; Mialon et al., 2012). It has been suggested that some of these difficulties can be considered as developmentally normative and due to sexual inexperience or the process of learning to identify and communicate one's sexual needs in partnered sexual activities (O'Sullivan et al., 2021). Nonetheless, the ways in which sexuality is experienced during emerging adulthood will likely pave the way for the experience of sex throughout adulthood (Connolly et al., 2021). In addition, considering that sexual difficulties are associated with higher psychological distress and are known to erode relational bonds (Finn et al., 2018; Glowacka et al., 2018), the identification of their risk factors early in adulthood might contribute to the prevention of their later occurrence and associated repercussions (O'Sullivan et al., 2016). The current study relied on the attachment theory framework and the trauma literature to identify some of the interpersonal and sexual risk factors associated with sexual difficulties in emerging adults.

Romantic Attachment and Sexual Difficulties

Bowlby's (1969/1982) attachment theory suggests that every child's experience of security and affection with their primary caregivers forms internal working models that guide their expectations and understanding of relationships throughout

life. Consistent responsiveness and sensitivity from a caregiver are thought to foster attachment security, whereas negligent, inconsistent, or insensitive caregiving is believed to promote the development of attachment insecurity. In turn, this sense of security or insecurity in one's earliest relational experiences will influence the subsequent feelings of being worthy of affection, the level of comfort with intimacy, and the ability to trust and commit to significant others.

As such, the majority of those who experienced positive relational exchanges with caregivers while growing up will develop a stronger sense of self-worth, and the belief that their partner may be trustworthy, leading them to feel comfortable with intimacy and relying on others for support. Those who did not experience consistent security and comfort are rather believed to develop attachment insecurity, which has been suggested to take two main forms in adulthood: attachment-related anxiety and avoidance (Hazan & Shaver, 1987). Attachment anxiety describes those who hold deep-seated doubts about their self-worth leading them to become dependent on others' approval, which generates an intense and excessive fear of abandonment or rejection. To deal with this distress, many people with high attachment anxiety will use compulsive and intrusive reassurance-seeking behaviors, including excessive demands for attention and care and the use of clinging or controlling behaviors to minimize distance from the partner (Mikulincer & Shaver, 2016). Attachment avoidance describes those who experience discomfort with emotional closeness and interdependence because they hold the conviction that others are not trustworthy. To cope with the fear that others will let them down, while preserving a sense of self-worth, many avoidantly-attached individuals restrict their expression of affection and compulsively seek self-reliance and emotional distance from others. In a romantic relationship, they will tend to inhibit their expression of vulnerable emotions and avoid conversations or situations in which the partner expresses a desire for closeness or intimacy (Mikulincer & Shaver, 2016).

Hazan and Shaver (1987) were the first to suggest that attachment insecurities could play a role in individuals' sexual experiences, a notion that has since been empirically validated many times (e.g., Birnbaum et al., 2014; Brassard et al., 2015). From an attachment perspective, sex has been viewed as a behavioral route through which one can fulfill certain attachment needs, such as connecting with others (Birnbaum, 2010). However, in the same way relational bonds can be affected by attachment insecurities, one's fear of abandonment or discomfort with intimacy might also hinder one's sexuality (Hazan & Shaver, 1987). Studies have revealed that those with higher attachment anxiety or avoidance tend to experience more sexual concerns, inhibitions, and negative emotions, which may lead to issues related to sexual functioning (Mikulincer & Shaver, 2016). Empirical evidence has indeed revealed significant associations between both forms of attachment insecurities and sexual functioning difficulties (Brassard et al., 2015; Rajkumar, 2015): Attachment anxiety has been associated with more issues with arousal, pain, and orgasm responsivity (Birnbaum, 2007; Ozcan et al., 2015), whereas attachment avoidance has

been associated with lower sexual desire (Favez & Tissot, 2017), more sexual pain and difficulties with orgasm (Cohen & Belsky, 2008; Ozcan et al., 2015).

Unfortunately, these past studies mostly relied on samples of adult women, which precludes us from drawing conclusions regarding the associations between attachment insecurities and sexual difficulties in emerging adults. Yet, since emerging adulthood is a crucial period for the exploration of romantic relationships (Arnett, 2014) that is likely to be shaped by past relational experiences (Connolly et al., 2021), the role of romantic attachment on sexuality might be especially salient during this developmental period. It is also during late adolescence and emerging adulthood that the romantic partner becomes the primary figure with whom attachment needs can be met, which can either reinforce or alleviate attachment insecurities that arise from childhood (Hazan & Shaver, 1987). The mechanisms through which romantic attachment can explain sexual difficulties in emerging adults do, however, remain unknown. As suggested by Cooper et al. (2006), young adults' predispositions, such as attachment insecurities, are thought to elicit different motivations for sex, which in turn, could lead to different sexual experiences and outcomes. In other words, sex motives could explain the associations among attachment insecurities and sexual difficulties, yet this has not been empirically tested.

Sex Motives

Sex motives refer to the reasons why one engages in sexual activities and describe the goals that are met by those activities (Cooper et al., 1998). According to Cooper et al. (1998), sex motives can be conceptualized along two continuums. The first continuum describes whether a sexual activity is motivated by the pursuit of a positive outcome, such as intimacy or pleasure (i.e., approach motives), or the avoidance of negative outcomes, such as conflicts or rejection (i.e., avoidance motives). The second continuum distinguishes whether a sexual activity is motivated by the need to manage internal emotional experiences, such as pleasure or feelings of inadequacy or stress (i.e., self-focused), or manage attachment and communal needs, such as the need for connection, belonging or approval from others (i.e., other-focused). Cooper et al. (1998) combined these two continuums to generate six distinct sex motives. The pleasure sex motive (approach self-focused motive) describes the motivation to have sex for the physical pleasure or emotional well-being it brings. The intimacy sex motive (approach other-focused motive) refers to having sex to feel close to a partner or to express love. The self-affirmation sex motive (avoidance self-focused motive) describes the motivation to have sex to minimize feelings of inadequacy and low self-esteem, and the coping sex motive (avoidance self-focused motive) refers to having sex to minimize negative feelings such as sadness, stress, or loneliness. The peer approval sex motive (avoidance other-focused motive) describes having sex to avoid others' disapproval and judgment and the partner approval sex motive (avoidance other-focused motive) refers to having sex to avoid rejection or conflicts with the romantic partner.

Attachment Insecurities and Sex Motives

According to attachment theory, sexuality consists of a way through which individuals can fulfill their needs for proximity, reassurance, or acceptance (Cooper et al., 2006). As such, it is likely that attachment insecurities manifest in the reasons why individuals have sex.

Because of their strong concerns about rejection and their need for others' approval, individuals high in attachment anxiety often rely heavily on sex for reassurance (Birnbau, 2010). Past research has found that they are more likely to engage in sex to enhance intimacy, alleviate feelings of insecurity (similarly to Cooper et al.'s self-affirmation sex motive), and to avoid rejection or upsetting others (similarly to Cooper et al.'s peer and partner approval sex motives; Favez & Tissot, 2017). Studies conducted with samples of adolescents or university students (who are not necessarily emerging adults) have shown that those with higher attachment anxiety tend to engage in sex to increase intimacy with a partner (Impett et al., 2008; Jardin et al., 2017; Snapp et al., 2014) or to avoid disapproval, or rejection from a partner (similarly to Cooper et al.'s partner approval sex motive; Impett et al., 2008; Tracy et al., 2003). Attachment anxiety in this population would also be associated with a tendency to engage in sex to feel accepted by others (i.e., peer approval sex motive; Jardin et al., 2017; Snapp et al., 2014). Adults high in attachment anxiety have also been found to be more likely to report having sex to minimize feelings of inadequacy and poor self-esteem (i.e., self-affirmation) or to escape and reduce negative emotions (i.e., coping; Gewirtz-Meydan, 2017; Jardin et al., 2017; Schachner & Shaver, 2004), which are avoidance self-focused sex motives.

Avoidantly-attached college students (Jardin et al., 2017; Schachner & Shaver, 2004; Snapp et al., 2014) and young adults (Cooper et al., 2006) are more likely to endorse the affirmation and coping sex motives, which are avoidance self-focused sex motives. Indeed, most individuals high in attachment avoidance tend to find it very uncomfortable, even threatening, to connect with others during sex, which impels them to disconnect sexuality from intimacy (Birnbau, 2010). Rather, they tend to engage in sex in an emotionally distant manner to alleviate their own negative emotions (i.e., coping and self-affirmation; avoidance self-focused motive) or their partner's need for connection (i.e., partner approval; avoidance other-focused motive; Cooper et al., 2006; Favez & Tissot, 2017). Avoidantly-attached adults and adolescents are also less likely to engage in sex for intimacy (approach other-focused motive), and more likely to have sex to avoid upsetting their partner or to avoid rejection by peers (avoidance other-focused motives; Jardin et al., 2017; Snapp et al., 2014; Tracy et al., 2003).

Sex Motives and Sexual Difficulties

The approach-avoidance motivational theory applied to sexuality (Gable & Impett, 2012; Impett et al., 2005) suggests that engaging in sexuality for approach motives, compared to avoidance motives, is related to greater relationship and sexual satisfaction. This is partly explained by the fact that engaging in sex for approach motives is generally associated with feelings of love, passion and excitement, whereas engaging in sex for

avoidance motives tends to be associated with feelings of shame, fear, and anger (Impett et al., 2005). Many studies have since explored how sex motives relates to the sexual functioning of adults reporting specific sexual issues, such as sexual interest/arousal disorder (Bockaj et al., 2019) or provoked vestibulodynia (Dubé et al., 2017). These studies point to a general conclusion that when adults report they have sex to pursue positive outcomes (i.e., approach motives), they also tend to report higher sexual desire, arousal, and satisfaction, as well as lower sexual pain when compared to those who report engaging in sex to avert negative consequences (i.e., avoidance motives). In a sample of adult heterosexual couples, Gewirtz-Meydan (2017) found that men who reported endorsing the self-affirmation sex motive (avoidance self-focused motive) reported more issues related to orgasm, whereas women who reported endorsing the pleasure sex motive (approach self-focused motive) reported having less issues with their ability to reach orgasm. In another study, using a sample of students (aged 17–58), Gravel et al. (2016) found that men and women who engage in sex for pleasure (approach self-focused motive) tend to report fewer difficulties with sexual desire, arousal, erection/lubrication, orgasm, and pain. Conversely, they found that students who reported the same sexual issues were more likely to report engaging in sex to prove to themselves they are sexually competent or attractive (similarly to Cooper et al.'s self-affirmation sex motive; avoidance self-focused motive), or to avoid upsetting or disappointing their partner (similarly to Cooper et al.'s partner approval motive; avoidance other-focused motive).

Unfortunately, none of the previously mentioned studies have examined the distinct experience of emerging adults, which precludes us from drawing conclusions for this population. A study from Uecker et al. (2015) revealed that some of the sex motives that were the most endorsed by emerging adults attending college were to increase intimacy (approach other-focused motive), for sexual gratification (similarly to Cooper et al.'s pleasure sex motive; approach self-focused motive) or to improve one's popularity (similarly to Cooper et al.'s peer approval sex motive; avoidance other-focused motive). Although some of these motives are also commonly endorsed by older adults (e.g., intimacy and pleasure motives), some have been found to be more relevant for emerging adults, such as the peer approval sex motive (Gewirtz-Meydan & Ayalon, 2019; Meston & Buss, 2007). Although this has not been previously studied, it is also possible that since emerging adults often report having less sexual experience (Lefkowitz & Gillen, 2006), they could be more likely to endorse the self-affirmation sex motive (avoidance self-focused motive) by engaging in sex to feel more confident and minimize feelings of sexual inadequacy. As such, it is possible that the associations between sex motives and sexual difficulties differ for emerging adults. To increase knowledge on the sexuality of this population and develop targeted prevention and intervention strategies to increase their sexual well-being, it is paramount to better understand how the reasons why they engage in sex shape their experience of sexual difficulties. In agreement with recent research (e.g., Bigras et al., 2017b; Dion et al., 2019), this examination must be

conducted by considering the experience of childhood victimization, which is known to impede adult sexuality.

The Role of Childhood Interpersonal Victimization

Childhood interpersonal victimization (CIV) – which includes psychological, physical, and sexual abuse, neglect and witnessing parental violence – defines experiences during which a child's or a teenager's security, development, or integrity has been harmed or endangered in the context of a relationship with a caregiver or someone in a position of trust or authority (World Health Organization, 2021). Recent research using clinical and populational samples has emphasized that many adults report having experienced multiple forms of CIV (e.g., the co-occurrence of physical and sexual abuse). Studies conducted within the general population have revealed that one to two-thirds of adults report having experienced some form of CIV (Bigras et al., 2017a; Burczycka & Conroy, 2018) and that adults report an average of three different forms of CIV (Dugal et al., 2021). In samples comprised of adults consulting for sexual difficulties, these numbers increase. As observed by Dugal et al. (2018), 94% of adults consulting for sexual difficulties reported having experienced at least one form of CIV and 54% reported the experience of four or more different types of CIV within one typical year during childhood (Finkelhor et al., 2007). In their clinical samples comprised of, respectively, 162 and 278 adults consulting for sexual difficulties, Dugal et al. (2018) as well as Lafrenaye-Dugas et al. (2018) found that the average number of different forms of CIV experienced by participants was four. This number has been suggested (Finkelhor et al., 2007; Hellström, 2019; Le et al., 2016) as a proxy indicating high CIV exposure (4 or more different types of CIV).

To this effect, an increasing number of studies have argued that adult sexuality must be examined by accounting for previous experiences of CIV because of their known deleterious impact on sexual well-being and functioning (e.g., Kolacz et al., 2020; O'Loughlin et al., 2020). Indeed, experiences of harm or disinterest that are exerted by someone a child trusts are known to impair their ability to feel safe with others, which inevitably shapes the ways in which a survivor approaches sexuality with other people (for a review, see Dugal et al., 2016). Furthermore, because emerging adulthood is a critical period in life during which the development and consolidation of the sexual self is paramount, sexual functioning is likely to be influenced by past victimization experiences (Connolly et al., 2021). For instance, emerging adults with a history of CIV have been shown to report more sexual difficulties (Seehuus et al., 2015) and higher attachment insecurity (Dion et al., 2019; Godbout, Daspe et al., 2017) compared to non-victimized emerging adults. In a sample of women aged 18 to 25, Layh et al. (2020) also found that those who had a history of sexual abuse, compared to those who did not, were more likely to report the coping and self-affirmation sex motives (avoidance self-focused motives) as well as the partner and peer approval sex motives (avoidance other-focused motives). Wekerle et al. (2017) found similar results in a sample of teenagers aged 14 to

17: those with a history of child sexual abuse reported endorsing the coping, partner and peer approval sex motives.

Unfortunately, many studies that have examined the sexual repercussions of CIV have solely focused on child sexual abuse and very few have documented the ways in which the co-occurrence of different forms of CIV, beyond child sexual abuse, shapes emerging adults' sexuality (for exceptions, see Dion et al., 2019; Godbout, Daspe et al., 2017). Yet, most survivors of child sexual abuse also report other forms of CIV, and an additive effect of CIV on psychological and sexual wellbeing has been observed: as the number of different forms of CIV increases, the more repercussions are deleterious and complex (Hodges et al., 2013). According to Briere's *self-trauma model* (Briere, 2002), the long-term effects of accumulated CIV can go beyond post-traumatic stress symptoms and affect a survivor's sense of identity, affect regulation capacities and relatedness skills. Previous research has even put forward the idea of a dose-response association between the number of different forms of CIV experienced and poorer health, psychological, relational, and sexual functioning later in life (e.g., Bigras et al., 2017b; Cloitre et al., 2009; Reuben et al., 2016). As such, by only considering exposure to one or a few CIV experiences, we might as much underestimate the full burden of cumulative victimization exposure as we may overestimate the adverse consequences associated with each form of victimization (Turner et al., 2006). Consequently, an increasing number of studies have emphasized the importance of examining the exposure to multiple forms of CIV in relation to sexuality, as opposed to only one form of CIV, such as child sexual abuse (Bigras et al., 2017b; Seehuus et al., 2015). However, to our knowledge, no study has examined whether the strength of associations between the determinants of sexual functioning and sexual issues vary according to the extent of past victimization. Considering that previous research has found that levels of attachment insecurities, the endorsement of sex motives and the prevalence of sexual difficulties can differ in emerging adults with experiences of CIV, we can expect that the associations among these variables might also vary. It would thus be relevant to examine whether the determinants of sexual functioning in emerging adults vary according to their childhood victimization history. Trauma researchers (Cloitre et al., 2009; Finkelhor et al., 2007) have suggested that considering the number of different types of CIV is a robust predictor of their negative psychosocial outcomes. To measure this cumulative exposure to trauma, Finkelhor et al. (2007) suggested that the cutoff point of four different forms of CIV would be a robust indicator of more severe exposure to CIV, a recommendation that has since been supported by many researchers (e.g., Brassard et al., 2020; Haahr-Pedersen et al., 2020; Hellström, 2019; Hughes et al., 2017; Lafrenaye-Dugas et al., 2018; Le et al., 2016).

The Current Study

This study aimed to examine the role of sex motives in the associations among attachment insecurities (anxiety,

avoidance) and sexual difficulties in emerging adults. We assessed whether these links varied for participants with a history of low or high CIV exposure. Based on previous literature, it was expected that direct associations would be found between attachment insecurities (anxiety, avoidance) and a higher endorsement of the partner and peer approval motives (avoidance other-focused motives), and a lower endorsement of the pleasure motive (approach self-focused motive) (H1). It was also expected that these motives would be linked to more sexual difficulties (H2). Regarding indirect effects, it was expected that attachment anxiety would be associated with a greater endorsement of the intimacy (approach other-focused motive), coping and self-affirmation motives (avoidance self-focused motives). In turn, it was expected that the intimacy sex motive would be associated with lower sexual difficulties, and that the coping and self-affirmation motives would be related to higher sexual difficulties (H3). We also expected attachment avoidance to be related to a lower endorsement of the intimacy sex motive and a higher endorsement of the self-affirmation, coping, partner and peer approval motives (avoidance motives), which will in turn be related to more sexual difficulties (H4). Regarding exposure to CIV, we expected that links between attachment insecurities, avoidance sex motives (i.e., self-affirmation, coping, partner and peer pressure; avoidance motives) and sexual difficulties would be stronger for emerging adults who report high CIV exposure, the exposure to four or more different types of CIV (H5).

Method

Participants

The sample consisted of 437 emerging adults aged between 18 and 25 years ($M = 22.84$, $SD = 1.94$). A total of 331 participants identified as women (75.7%), 83 identified as men (19.0%), 11 identified as non-binary (2.5%), 4 identified as queer (0.9%), 4 identified as genderfluid (0.9%), 1 identified as neutrois (0.2%), 1 identified as agender (0.2%), and 1 identified as a trans man (0.2%). The majority of participants were born in Canada (91.3%), where the study took place. At the time of the study, 37.3% of participants reported dating, 43.7% reported cohabiting with a partner, 3.4% indicated they were married, and 8.7% reported being in a polyamorous relationship or a non-exclusive dating relationship. Participants reported their sexual orientation as being either heterosexual (60.0%), homosexual (6.9%), bisexual (10.8%), pansexual (10.7%), queer (3.7%), asexual (0.9%), or other (0.9%). The average number of school years completed was 15.5 ($SD = 2.7$), meaning most of the participants held a university degree. Participants indicated that they either worked full-time (36.2%) or part-time (3.9%), studied full-time (52.6%) or part-time (1.2%), were on maternity leave (2.5%), or were unemployed (2.5%).

Procedure

Invitations to participate in a study on emerging adults' sexuality were publicized through social media, e-mail distribution lists from research associations and universities, and posters pinned in universities, colleges and professional studies

schools, as well as various public spaces (e.g., coffee shops, restaurants). LGBTQ organizations were also solicited to ensure a better representation of sex and gender diversity. Eligible participants were aged 18 to 25 years, understood French, and had at least one sexual or romantic partner in the last six months. Participants also had to be sexually active at the time of the study, so they were asked whether they had already had sexual relations. All the participants reported they were sexually active. Voluntary participation implied the anonymous completion of online questionnaires on the Qualtrics platform. Participants could refrain from answering any questions or quit at any time. Since some of the studied variables can be considered delicate, a list of support services was given at the end of the survey. The research ethics committee of the researchers' institution approved the project.

Measures

A short socio-demographic questionnaire gathered information regarding participants' age, gender identity, birth country, relationship status, sexual orientation, education, and occupation. Participants also completed self-report questionnaires assessing each study variable, which were selected based on their psychometric qualities and their availability in French.

Romantic Attachment

The short French version of the Experiences in Close Relationships scale (ECR-12; Lafontaine et al., 2016) was used to measure attachment insecurities. Each item is rated on a 7-point Likert-type scale ranging from 1 (strongly disagree) to 7 (strongly agree). Scores are averaged into two subscales indicating the level of attachment anxiety and avoidance, with higher scores indicating greater attachment insecurity. The ECR-12 was validated using five samples and has good psychometric properties, including a test-retest stability of .53 to .82 over a 1-year period (Lafontaine et al., 2016). In our sample, both subscales showed adequate internal consistency (anxiety, $\alpha = .87$; avoidance, $\alpha = .78$), which is comparable to the original (Brennan et al., 1998) and abridged scale (Lafontaine et al., 2016).

Sex Motives

The Sex Motives Scale (SMS; Cooper et al., 1998), translated in French by Brassard and Vallée-Destremes (2018), was used to assess sex motives. The SMS includes 29 items rated on a 5-point Likert-type scale ranging from 1 (not often/never) to 5 (often/always) that indicate the frequency at which participants engage in sex for each of the presented reasons. Scores are averaged to create six subscales (intimacy, pleasure, self-affirmation, coping, partner approval, and peer approval), with higher scores indicating a more frequent use of the motive. The criterion validity of the SMS is supported by correlations with measures that are related to sex motives (Cooper et al., 1998). In our sample, each subscale showed adequate internal consistency coefficients (intimacy: $\alpha = .89$, pleasure: $\alpha = .86$, self-affirmation: $\alpha = .92$, coping: $\alpha = .90$, partner approval: $\alpha = .92$, peer approval: $\alpha = .93$), which parallel the original scales' (Cooper et al., 1998).

Sexual Difficulties

The Arizona Sexual Experiences Scale (ASEX; McGahuey et al., 2000), translated in French by Brassard and Bourassa (2012), was used to measure the experience of six sexual difficulties related to sex drive, arousal, vaginal lubrication/erection, the ability to reach orgasm, and the level of satisfaction from orgasm. An item assessing pain during sex was also included. The six items are rated on a five-point Likert-type scale ranging from 1 (very satisfying/very easy) to 6 (very dissatisfying/unable), with higher scores indicating more difficulties. Although in our study, we used the six items separately to assess sexual difficulties, the ASEX's global score demonstrated high internal consistency ($\alpha = .91$) and stability over a two-week period ($r = .80-.89$; McGahuey et al., 2000).

Childhood Interpersonal Victimization

Participants' experience of CIV was measured by the French version of the *Childhood Cumulative Trauma Questionnaire* (CCTQ; Godbout, Bigras et al., 2017). This measure includes 17 items assessing the experience of 7 forms of interpersonal victimization sustained before the age of 18. These CIV are: physical abuse by a parental figure (e.g., slapped me in the face); psychological abuse by a parental figure (e.g., ridiculed me); sexual abuse (e.g., experienced unwanted sexual contacts, or sexual contacts with a person in authority or five years older); physical neglect by a parental figure (e.g., did not give me food); psychological neglect by a parental figure (e.g., ignored me); and witnessing physical (e.g., threw objects at each other) or psychological abuse (e.g., put each other down) between parental figures. Items are rated on a seven-point Likert-type scale ranging from 0 (never) to 7 (almost every day), indicating the annual frequency of each form of CIV experienced. To create the score of severity of CIV exposure, the absence (0) or presence (1) of each type of trauma was summed. Following recommendations from Finkelhor et al. (2007), who defined high CIV exposure as the experience of 4 or more different types of CIV within the same year, this score was further dichotomized (0 = 0 to 3 different CIV indicating low CIV exposure, 1 = 4 or more different CIV indicating high CIV exposure). Considering the exposure to up to three different forms of CIV is normative in the general population (Bigras et al., 2017a; Dugal et al., 2021) and since previous research has not found consistent differences in the long-term repercussions of CIV when comparing survivors of one form of victimization to non-survivors (e.g., Brassard et al., 2020), we included participants with no victimization history with those who had one to three different forms of CIV, as was previously done by Lafrenaye-Dugas et al. (2018). In our sample, the internal consistency coefficient of the measure was similar ($\alpha = .88$) to the original version's (Godbout, Bigras et al., 2017).

Analytic Strategy

Descriptive analyses and bivariate correlations were conducted using SPSS 26. Path analyses were conducted to

test the hypothesized models, using the *Mplus software*, version 8 (Muthén & Muthén, 1998–2012), which is robust to nonnormality and accounts for missing data through the use of maximum likelihood estimation with robust standard errors (MLR). The following fit indices were used to verify whether the theorized model adequately represented the data: a nonstatistically significant chi-square value, a root mean square error of approximation (RMSEA; Browne & Cudeck, 1993) value under .06, a comparative fit index (CFI; Bentler, 1990) value of .95 or higher and a standardized root mean square residual (SRMR) value below .08 (Hu & Bentler, 1999; Tabachnick & Fidell, 2018). To rule out alternative models, five additional models were tested to examine all the potential orders in which the variables could be placed (e.g., sexual difficulties related to attachment insecurities, which in turn was associated with sex motives). Akaike and Bayesian information criterion (AIC and BIC) revealed that the most adjusted and parsimonious model was the one tested in the current study (see supplementary file). Following Hayes's (2009) recommendation, a one-step bootstrapping approach was used to estimate the direct and indirect associations between the study variables. This bias-corrected method is based on the distribution of the product of coefficients and generates confidence intervals for the true value of coefficients for indirect effects. The indirect effects of sex motives in the links between attachment insecurities and sexual difficulties were computed using 95% bootstrap confidence intervals on 10,000 bootstrapped random samples (MacKinnon & Fairchild, 2009). When zero is not in the confidence interval, the indirect effect is considered significant. To examine the CIV moderation hypothesis, a multiple-group invariance analysis was conducted. Monte Carlo simulations were run on both models (i.e., participants with low CIV exposure vs those with high CIV exposure) with 1,000 random samples to assess the statistical power of the direct and indirect effects. When compared to an optimal power of 80%, the power estimates that were found for the significant effects in participants with low CIV exposure ($n = 276$) varied from 26% to 98% (indirect effects) and from 52% to 60% (direct effects). The power estimates that were found for the significant indirect effects in participants with high CIV exposure ($n = 161$) varied from 29% to 84%. No significant direct effects were found in the high CIV exposure model, but power estimates varied from 2% to 26%.

Results

Preliminary Analyses

Descriptive statistics for romantic attachment, sex motives, sexual difficulties, and experiences of CIV according to the severity of CIV exposure are presented in Table 1. The results indicate that participants with high CIV exposure reported significantly more attachment anxiety and attachment avoidance than participants with low CIV exposure. They were also significantly more likely to use avoidance self-focused sex motives, such as coping and self-

Table 1. Descriptive Statistics for Romantic Attachment, Sex Motives, Sexual Difficulties and Childhood Interpersonal Victimization.

	Low CIV exposure (n = 276)		High CIV exposure (n = 161)		
	M	SD	M	SD	t-test
Romantic Attachment					
Attachment Anxiety	3.80	1.46	4.73	1.48	6.38***
Attachment Avoidance	1.92	0.86	2.22	1.08	3.25**
Sex Motives					
Intimacy Sex Motive	3.38	1.03	3.34	1.18	0.36
Pleasure Sex Motive	3.28	0.98	3.34	1.06	0.60
Self-Affirmation Sex Motive	1.57	0.82	1.93	0.99	4.08***
Coping Sex Motive	1.30	0.56	1.56	0.79	4.04***
Partner Approval Sex Motive	1.50	0.79	1.62	0.83	1.46
Peer Approval Sex Motive	1.12	0.48	1.16	0.49	0.80
Sexual Difficulties					
Sex drive	2.89	1.03	2.65	1.10	2.35*
Arousal	2.64	0.98	2.42	1.00	2.20*
Erection/Lubrication	2.41	1.04	2.28	1.01	1.27
Pain	2.58	1.21	2.66	1.04	0.78
Ability to reach orgasm	2.77	1.29	2.88	1.31	0.81
Satisfaction with orgasm	2.24	1.15	2.25	1.19	0.02
	Low CIV exposure (n = 276)		High CIV exposure (n = 161)		χ^2
	%(n)		%(n)		
Childhood Interpersonal Victimization					
Physical Abuse	13.8% (38)		75.2% (121)		165.55***
Psychological Abuse	28.3% (78)		93.8% (151)		175.05***
Sexual Abuse	17.4% (48)		62.7% (101)		93.03***
Physical Neglect	4.7% (13)		42.2% (68)		94.83***
Psychological Neglect	57.7% (158)		98.1% (158)		84.92***
Witnessing Physical Abuse	1.5% (4)		32.9% (53)		88.78***
Witnessing Psychological Abuse	39.7% (110)		89.4% (144)		104.43***

Note. CIV = Childhood Interpersonal Victimization.

* $p < .05$. ** $p < .01$. *** $p < .001$.

Table 2. Bivariate Correlations Between Romantic Attachment, Sex Motives, Sexual Difficulties and Childhood Cumulative Trauma among Participants with Low ($n = 276$) and High ($n = 161$) CIV Exposure.

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. Attachment Anxiety	–	.06	.11	–.07	.31	.19	.22	.03	–.02	.08	.06	.11	.03	.09	.13
2. Attachment Avoidance	.23	–	–.08	–.23	.08	.13	.23	.14	.09	.19	.20	–.04	.15	.20	.09
3. Intimacy Sex Motive	.08	–.11	–	.28	.20	.14	–.05	.07	–.16	–.27	–.27	–.10	–.18	–.18	.06
4. Pleasure Sex Motive	–.07	–.02	.26	–	.05	.28	–.21	–.12	–.48	–.50	–.41	–.12	–.26	–.38	.08
5. Self-Affirmation Sex Motive	.38	.31	.16	.15	–	.53	.30	.25	–.08	–.02	.02	.11	.02	–.01	.16
6. Coping Sex Motive	.27	.16	.10	.24	.63	–	.13	.12	–.19	–.15	–.11	.11	–.04	–.02	.26
7. Partner Approval Sex Motive	.38	.19	.08	–.20	.42	.19	–	.45	.42	.36	.36	–.02	.18	.24	–.03
8. Peer Approval Sex Motive	.21	.17	.08	–.04	.34	.26	.59	–	.19	.15	.22	–.07	–.05	.05	–.09
9. Sex drive	–.01	–.06	–.05	–.35	–.05	–.12	.30	.17	–	.62	.35	.15	.23	.38	–.18
10. Arousal	–.02	–.11	–.04	–.41	–.06	–.15	.20	.05	.72	–	.52	.26	.26	.33	–.06
11. Erection/Lubrication	–.04	–.05	.00	–.17	.07	.14	.13	.11	.35	.45	–	.22	.26	.29	.02
12. Pain	.21	.04	–.02	–.20	.11	.07	.37	.20	.34	.35	.41	–	.22	.20	.04
13. Ability to reach orgasm	.10	–.08	.05	–.25	.11	.03	.20	.10	.36	.44	.31	.39	–	.65	–.07
14. Satisfaction with orgasm	.19	.16	.08	–.23	.13	.06	.15	.14	.27	.18	.18	.30	.50	–	–.03
15. Childhood Interpersonal Victimization	.20	.16	–.11	–.09	.16	.12	.10	–.02	–.01	–.05	–.01	.07	–.08	–.03	–

Note. Significant correlations are in bold ($p < .05$). Correlations for participants with low CIV exposure are presented below the diagonal; correlations for participants with high CIV exposure are presented above the diagonal.

affirmation, when compared to participants with low CIV exposure. Regarding sexual difficulties, participants with low CIV exposure were more likely to report issues with sex drive and arousal, when compared to participants with high CIV exposure. With regards to CIV, prevalence rates for every form of victimization were higher in participants with high CIV exposure. On average, participants reported having experienced 2.90 different forms of CIV ($SD = 1.93$). Table 2 shows bivariate correlations between the study variables. Results show that, in participants with

low CIV exposure, both attachment anxiety and avoidance were positively related to the self-affirmation, coping, peer and partner approval sex motives (avoidance motives). Both attachment insecurities were positively related to issues with satisfaction with orgasm, and attachment anxiety was positively related to issues with pain. In participants with high CIV exposure, results of bivariate correlations reveal that attachment anxiety was positively related to the self-affirmation, coping and partner approval sex motives (avoidance motives). Attachment avoidance

was negatively related to the pleasure sex motive (approach motive) and positively related to the partner approval sex motive (avoidance motive), and to issues with arousal, erection/lubrication and satisfaction with orgasm.

Main Analyses

The hypothesized model was first tested by including all participants (low and high CIV exposure). To prevent model saturation and allow us to measure fit indices, all non-significant covariances between sex motives were removed from the analysis (i.e., intimacy and partner approval, pleasure and peer approval, coping and peer approval, coping and partner approval). Results from the path analysis showed that the model was well adjusted to the data: $\chi^2(4) = 7.20$, $p = .126$; RMSEA = .043, 90% CI [.000, .092]; CFI = .997; SRMR = .018.

To test whether the proposed model differed according to CIV exposure, an invariance analysis was conducted. The path model was first tested by allowing all paths and covariances to be estimated freely across all participants. This model was then compared to a more restrictive model in which all paths and covariances were constrained to be equal across participants with low and high CIV exposure. Results of a chi-square difference test revealed a significant difference between the freely estimated model and the constrained model ($\Delta\chi^2(91) = 136.50$, $p = .001$), indicating that the proposed model was different for participants with low and high CIV exposure (H5). Alternative conceptualizations of high CIV exposure were also tested (i.e., excluding sexual abuse, excluding participants who reported no CIV, and using a cutoff score of three different forms of CIV instead of four) and are presented as supplementary material.

Model for Participants Who Reported Low CIV Exposure

The hypothesized model was first examined in the subgroup of participants with low CIV exposure. To prevent model saturation and allow the measurement of fit indices, all non-significant covariances between sex motives were removed from the analysis (i.e., intimacy and partner approval, intimacy and peer approval, coping and partner approval, coping and peer approval).

approval, coping and peer approval, coping and partner approval). Results from this path analysis revealed that the model was well-adjusted to the data from participants with low CIV exposure: $\chi^2(6) = 9.34$, $p = .156$; RMSEA = .045, 90% CI [.000, .098]; CFI = .996; SRMR = .028. The standardized estimates and R^2 are presented in Figure 1 (H1 and H2).

Results of bootstrapping analyses revealed the presence of five significant indirect effects between attachment insecurities and sexual difficulties in participants with low CIV exposure (H3 and H4). Attachment anxiety was related to higher use of the partner approval motive (avoidance other-focused motive), which in turn, was associated with greater perceived difficulty with sex drive ($B = .074$, 95% CI [.035, .129]), arousal ($B = .046$, 95% CI [.011, .095]) and pain ($B = .099$, 95% CI [.042, .183]). The more participants reported attachment anxiety, the more likely they were to report using the coping sex motive (avoidance self-focused motive), which was related to greater perceived difficulty with lubrication/erection ($B = .039$, 95% CI [.008, .090]). Participants with low CIV exposure and higher attachment avoidance also reported a diminished use of the intimacy sex motive (approach other-focused motive), which was associated with lower perceived difficulty with satisfaction with orgasm ($B = -.025$, 95% CI [-.076, -.002]).

Model for Participants Who Reported High CIV Exposure

We then tested the hypothesized model in the subgroup of participants with high CIV exposure. Again, to prevent model saturation and allow the measurement of fit indices, all non-significant covariances between sex motives were removed (i.e., intimacy and partner approval, pleasure and self-affirmation, coping and partner approval). Results from this path analysis revealed that the model was well-adjusted to the data from participants with high CIV exposure: $\chi^2(3) = 3.07$, $p = .386$; RMSEA = .009, 90% CI [.000, .133]; CFI = 1.000; SRMR = .017. The standardized estimates and R^2 are presented in Figure 2 (H1 and H2).

Results of bootstrapping analyses revealed the presence of 14 significant indirect effects between romantic attachment and sexual difficulties in participants with high CIV exposure (H3 and H4). Specifically, participants with high CIV exposure who reported higher attachment anxiety were more likely to

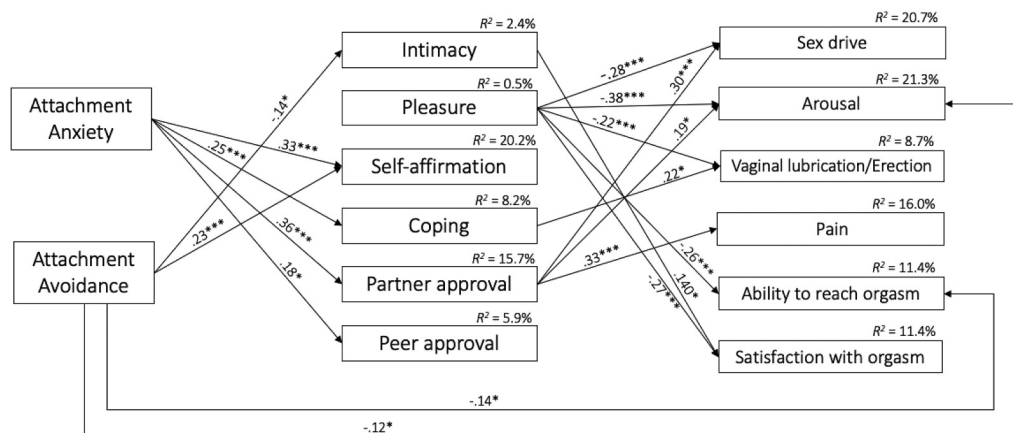


Figure 1. Associations Between Attachment Insecurities, Sex Motives, and Sexual Difficulties in Emerging Adults with Low CIV Exposure. Note. Coefficients are standardized estimates. Non-significant paths and covariances are not shown for simplicity of the presentation. * $p < .05$. ** $p < .01$. *** $p < .001$.

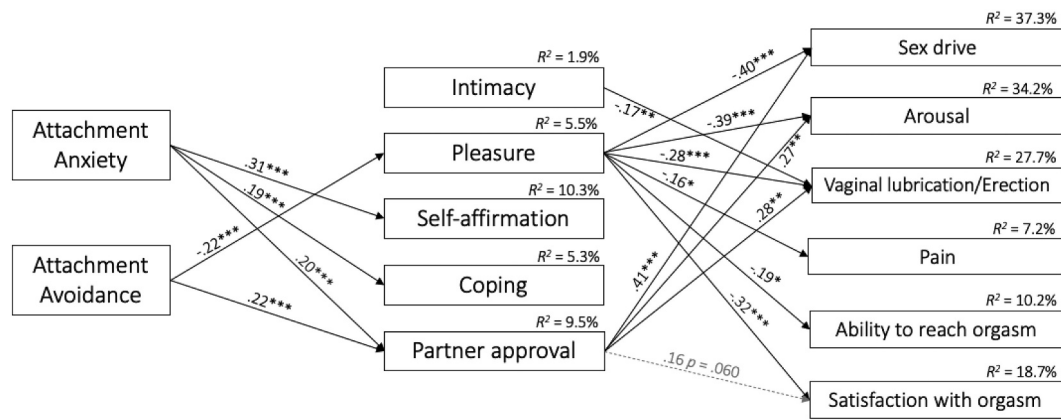


Figure 2. Associations Between Attachment Insecurities, Sex Motives, and Sexual Difficulties in Emerging Adults with High CIV Exposure. *Note.* Coefficients are standardized estimates. Non-significant paths and covariances, as well as the variable – peer approval sex motive – that showed no significant associations with other variables, are not shown for simplicity of the presentation. $^{*}p < .05$. $^{**}p < .01$. $^{***}p < .001$.

endorse the partner approval motive (avoidance other-focused motive), which was, in turn, related to greater perceived difficulty with sex drive ($B = .062$, 95% CI [.020, .110]), arousal ($B = .037$, 95% CI [.011, .077]), vaginal lubrication/erection ($B = .038$, 95% CI [.012, .081]), and satisfaction with orgasm ($B = .026$, 95% CI [.002, .072]). A similar portrait was observed for participants with high CIV exposure and higher attachment avoidance, who were also more likely to endorse the partner approval motive (avoidance other-focused motive), which in turn, was associated with greater perceived difficulty with sex drive ($B = .093$, 95% CI [.015, .200]), arousal ($B = .056$, 95% CI [.007, .150]), vaginal lubrication/erection ($B = .058$, 95% CI [.007, .154]), and satisfaction with orgasm ($B = .040$, 95% CI [.001, .139]). Participants with high CIV exposure with higher attachment avoidance were also less likely to endorse the pleasure motive (approach self-focused motive), which in turn, was related to greater perceived difficulty with sex drive ($B = .091$, 95% CI [.028, .184]), arousal ($B = .080$, 95% CI [.024, .155]), vaginal lubrication/erection ($B = .058$, 95% CI [.015, .123]), the ability to reach orgasm ($B = .051$, 95% CI [.007, .137]), satisfaction with orgasm ($B = .077$, 95% CI [.021, .166]), and pain during sex ($B = .035$, 95% CI [.002, .100]).

Discussion

Results of the current study shed light on key interpersonal and sexual factors that are associated with sexual difficulties experienced by emerging adults. Specifically, the study suggests that attachment insecurities might play a role in the reasons for which emerging adults engage in sex, which in turn, can shape their experience of sex (H1 to H4). Our results also emphasize that the nature of the associations between attachment insecurities, sex motives, and sexual difficulties vary according to the experience of CIV among participants, which partially supports our hypothesis (H5). Although this is the first study, to our knowledge, that has examined the moderating role of low vs high CIV exposure in the associations between determinants of sexual function and the occurrence of sexual issues, our results support past research that has emphasized the importance of considering the exposure to CIV when studying

sexuality (e.g., Seehuus et al., 2015). Yet, contrary to our initial hypothesis (H5), according to which avoidance sex motives (i.e., self-affirmation, coping, partner and peer pressure) would be more strongly associated with attachment insecurities and sexual difficulties, we also found that some approach motives (i.e., pleasure motive) did explain the associations between attachment insecurities and sexual difficulties, but only in emerging adults with high CIV exposure.

Similarities Across All Participants

Results revealed low levels of sexual difficulties in all participants, as well as very few differences in the experience of sexual difficulties between participants with low or high CIV exposure, which contradicts previous studies. This could partly point to a lack of knowledge amongst emerging adults, especially those with a history of high CIV exposure, about what sexual experiences should or should not feel like. Interestingly, however, participants with low CIV exposure reported experiencing more issues with sex drive and arousal. Although counterintuitive, this result could be explained by the fact that those with a more severe history of CIV are more likely to dissociate in interpersonal contexts, to deal with the distressing feelings that may arise because of traumatic past interpersonal contexts (MacIntosh, 2019). They are also more likely to have experienced sexually abusive contexts in which their level of desire or arousal were completely disregarded. As such, it is possible that they do not identify and report these aspects of their sexuality, and in turn, whether they struggle with them or not.

In both groups (i.e., low and high CIV exposure), higher levels of attachment anxiety were associated with a higher endorsement of the self-affirmation, coping, and partner approval sex motives (avoidance sex motives), indicating that those with higher attachment anxiety are more likely to engage in sex to avoid or minimize feelings of sadness, stress, inadequacy or to avoid rejection or conflicts with the partner. This is in line with the attachment theory, past studies (i.e., Gewirtz-Meydan, 2017; Impett et al., 2008; Jardin et al., 2017; Tracy et al., 2003) and our hypotheses (H1 and H3), according to which those with high

abandonment concerns tend to rely on sex to decrease feelings of sadness, stress or solitude, to increase their self-esteem, or to gain reassurance that their partner will not reject or abandon them. Yet, contrary to past studies (e.g., Jardin et al., 2017) and to our third hypothesis, attachment anxiety was not associated with the intimacy sex motive. Indeed, participants with high levels of attachment anxiety were more likely to report the self-affirmation sex motive by using sex to decrease feelings of insecurity rather than engaging in sex to feel close to their partner (i.e., the intimacy sex motive). Higher attachment anxiety was also related to a higher report of the partner approval sex motive, which was in turn associated with greater perceived difficulty with sex drive and arousal in all participants, as well as with pain issues in participants with low CIV exposure and erection/lubrication and satisfaction with orgasm issues in participants with high CIV exposure. This is in line with our second hypothesis, and results from Gravel et al. (2016), who found that adults who report issues with sexual desire and arousal are more likely to report using the partner approval sex motive. It is thus possible that some emerging adults with high attachment anxiety are so focused on engaging in sex to please their partner and avoid negative outcomes, that they come to experience sex as an obligation or a duty, which may inhibit their own levels of desire and arousal. Although these observations were similar for participants with low and high CIV exposure, the percentage of explained variance they held for difficulties with sex drive and arousal were stronger in participants with high CIV exposure (H5). This could be explained by the fact that those with high CIV exposure have had more instances in which they had to turn their attention to others' needs, rather than to their own needs, to avoid further harm (Briere, 2002; Briere & Rickards, 2007). When this tendency is transferred in a sexual context, it might prevent emerging adults to center their attention on their own desires, internal experiences and needs, which is recognized as being detrimental for a person's sexual functioning (Bigras et al., 2020).

Another similarity that was observed across all participants was that a higher endorsement of the pleasure sex motive was associated with lower reports of most sexual difficulties. This supports our hypothesis (H2) and corroborates past studies that have shown that those who engage in sex to pursue positive outcomes and experiences (i.e., approach motives) tend to report having lower perceived difficulty with desire, arousal, erection/lubrication, pain, and orgasm (Bockaj et al., 2019; Dubé et al., 2017; Gewirtz-Meydan, 2017; Gravel et al., 2016; Muise et al., 2013). In line with our hypotheses (H3), results also revealed that higher attachment anxiety in all participants was related to higher endorsement of the self-affirmation and coping sex motives (H3). Yet, contrary to our hypotheses, these sex motives were not related to attachment avoidance (H4) or to sexual difficulties (H3). Our results also emphasized that the peer approval sex motive showed little associations with the other study variables, which also contradicted our hypotheses (H1 and H2). These results could simply be explained by the fact that when both attachment insecurities and all sex motives are considered within one integrative

model, despite the presence of significant correlations, only the variables that are more strongly associated remain significant. In this case, the roles of the pleasure, coping and partner approval sex motives would be more relevant while taking the other variables into account.

Differences Across Emerging Adults with Low or High CIV Exposure

Emerging Adults with Low CIV Exposure

Our results revealed that participants with low CIV exposure and higher attachment anxiety reported a higher endorsement of the coping sex motive (H3), which in turn was related to greater perceived difficulty with vaginal lubrication/erection. Interestingly, this result suggests that, in more anxious emerging adults, using sex to escape or avoid negative emotions (avoidance self-focused motive) is not related to a decreased ability to experience desire, arousal, and orgasm, but rather, to the body's response to this desire. As vaginal lubrication and erection can be considered as the physiological responses of sexual arousal, this result could echo the conceptualization of sexual arousal as a dynamic integration of cognitive, emotional, perceptual and physiological responses to internal or external sexual stimuli (Chivers, 2005). This interconnection of different processes could explain how the emotional distancing from sadness, stress and solitude that those with high attachment anxiety seek when engaging in sex can also manifest in other areas of their sexual arousal, namely, the physiological response to sexual stimuli. As such, efforts to avoid negative emotional experiences could also prevent them from attending to the pleasant thoughts, emotions and physical sensations that facilitate vaginal lubrication and erection. Emerging adults with low CIV exposure and higher attachment avoidance also reported lower perceived difficulty with arousal and the ability to reach orgasm, regardless of their sexual motives. Their lower endorsement of the intimacy sex motive was also associated with lower perceived difficulty with satisfaction with orgasm (H4). As such, avoidant individuals' tendency to minimize their needs for intimacy might not necessarily relate to their ability to respond to sexual arousal or to attain and derive satisfaction from orgasm. Although this result seems to contradict past studies presenting the intimacy sex motive as a protective factor against sexual difficulties (e.g., Jardin et al., 2017), it may reflect the ability that those with higher attachment avoidance have to dissociate the emotional aspects of sexuality from the physical experience of sex. Since they are generally uncomfortable with affection and emotional intimacy (Hazan et al., 1994; Mikulincer & Shaver, 2016), perhaps minimizing intimacy during sex is partly what allows them a secure, pleasurable and satisfactory experience.

Emerging Adults with High CIV Exposure

In participants with high CIV exposure only, higher attachment avoidance was associated with a higher endorsement of the partner approval sex motive, which in turn was related to greater perceived difficulty with sex drive, arousal, and vaginal lubrication/erection (H1, H2 and H4). A trauma-focused framework appears useful to understand this result. Emerging adults who report high CIV exposure have experienced, throughout their lives, repeated experiences in which caretakers or other

significant figures have abused and/or neglected them (Hodges et al., 2013). As such, they have grown in contexts in which those whom they were supposed to turn to for security and comfort were rather a source of pain and distress (Dugal et al., 2016). Survivors of high CIV exposure might thus develop a greater fear of intimacy and pay more attention to others' interpersonal needs at the expense of their own to prevent any further victimization (MacIntosh, 2019). Considering those with high attachment avoidance tend to avoid sex when they are in a significant relationship (Brassard et al., 2007), they could be more likely to perceive distress or anger in their partner in contexts surrounding sex (Davis et al., 2006). As such, it is possible that avoidant individuals engage in sex with their partner to protect the relationship from potential conflicts (i.e., partner approval sex motive), as it could trigger known feelings of fear and helplessness (MacIntosh, 2019). In turn, however, this tendency was associated with a diminished perception of experiencing sex drive, arousal, vaginal lubrication/erection, and satisfaction with orgasm. By engaging in sex to answer needs perceived in the partner, emerging adults with high CIV exposure and high attachment avoidance might inadvertently minimize their own sexual needs, which would be detrimental to their experience of desire and ability to engage in pleasurable and functional sex.

Limitations and Future Directions

The current study allowed us to deepen our understanding of sexual difficulties experienced by emerging adults by emphasizing the roles of attachment insecurities and motivations to engage in sex. However, certain limitations must be highlighted. First, although our recruitment strategy allowed us to include a representative percentage of participants who identified as LGBTQ+ (Chamberland et al., 2012), our sample was mostly comprised of highly educated Canadian women, which limits the generalization of results. Indeed, those who identify as being part of the LGBTQ+ community are likely to experience sexual difficulties in a different manner than cisgender emerging adults (e.g., what applies to heterosexual cisgender people might not apply to them, thus leading to more self-judgment; Schwartz et al., 2020) and they are more likely to have experienced CIV (Rojas et al., 2019). Replication with larger and more diverse samples would increase the generalization of our results to all emerging adults and could allow the examination of potential gender and relational status differences. Indeed, sex motives and the repercussions of CIV have been shown to manifest differently in adults who are single or in a committed relationship (Meston & Stanton, 2017; Vaillancourt-Morel et al., 2016). In emerging adults, sexual difficulties can also be experienced differently across relationships, or during the course of a single relationship (O'Sullivan et al., 2021). It would thus be interesting to examine the links between our study variables using a larger sample that includes participants from a variety of relational statuses (i.e., polyamorous, married, dating) as well as has greater sexual and gender diversity. Second, although alternative models were tested (see supplementary file), the cross-sectional nature of this study prevents us from deriving causal associations between the study variables. For instance, we could imagine that the experience of preexisting sexual issues could affect the

reasons for which emerging adults engage in sex (Bockaj et al., 2019). In future studies, longitudinal designs could help us ascertain the directionality of the links between this study's variables. Daily diary designs could also be an interesting avenue of research as it would allow us to see how the motives to engage in sex can shape the immediate experience of emerging adults' sexuality. It would also allow a precise examination of the daily variations in sexual functioning according to emerging adults' attachment insecurities. Third, data from this study were self-reported, meaning that biases associated with shared method variance, recall difficulties, lack of introspection, and social desirability may also have affected the results. Fourth, although the *Arizona Sexual Experiences Scale* is a validated and recognized measure that allows one to screen for issues related to sexual functioning, it only includes one item per sexual functioning issue. As such, the measure does not allow to assess the presence of sexual dysfunctions, as diagnoses can only be made through an evaluation by a professional. Fifth, the power estimates that were found for some of the direct and indirect effects, especially in participants with high CIV exposure, were relatively low, which could be due to the sample size. Future studies should thus aim to replicate the results using larger samples. Finally, even though the use of a cutoff score for CIV exposure has been previously used (e.g., Hellström, 2019; Lafrenaye-Dugas et al., 2018), and although our results held across various conceptualizations of high CIV exposure, it did not allow us to grasp the full extent and complexities related to cumulative trauma exposure and exposure to specific forms of CIV.

Implications for Practice

From a clinical standpoint, results emphasize the importance of considering the experience of attachment insecurities and CIV exposure when assessing and treating sexual issues in emerging adults. Results suggest that professionals should assess the number of different forms of CIV reported by emerging adults with sexual difficulties and remain mindful of the potential particularities that can be observed in those who have experienced 4 or more types of CIV experiences. Although experienced sex therapists might already consider the roles of attachment insecurities and CIV exposure when trying to understand their clients' sexual issues (Almås & Benestad, 2021), perhaps professionals who are less specialized in sexual difficulties could benefit from further training in these areas. Indeed, family doctors are often the ones toward which a person will first turn for sexual issues, but they may not all be well-trained and comfortable with the subject (Hobbs et al., 2019).

Results also pinpoint the relevance of exploring, in therapeutic settings, the reasons for which emerging adults engage in sex as a way to better understand the experience of sexual issues in this population. Indeed, although previous research has emphasized the study of sexual behaviors as determinants of sexual function (e.g., Jodouin et al., 2018), our study suggests that some internal and cognitive processes must also be considered. This could lead to the development of interventions aimed at helping emerging adults understand the ways in which their reasons for engaging in sex

can color their experience of sexuality. Results from this study could be used to influence sexual education and prevention initiatives aimed at emerging adults. Trauma-informed and attachment-based approaches to sexual education and prevention could be developed and help emerging adults gain a better understanding of the reasons for which they engage in sex, as well as the issues they might experience.

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