



Child abuse dimensions with self body-image and sexual satisfaction

Nadereh Saadati¹, Hassan Heydari¹

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Original Article

1. Department of Psychology Clinical and Counseling, Faculty of Literature and Human Sciences, Islamic Azad University of Khomein, Khomein, Iran

Correspondence to: Hassan Heydari, Department of Psychology Clinical and Counseling, Faculty of Literature and Human Sciences, Islamic Azad University of Khomein, Khomein, Iran

Email: heidarihassan@yahoo.com

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Abstract

Childhood abuse has direct effect on body image So that the body image affects the some aspects of psychological which has a direct relationship with sexual satisfaction also has effect on sexual satisfaction indirectly The purpose of this research was to study childhood dimensions with self-body image and sexual satisfaction. This research is conducted as correlation-descriptive study. A sample of 200 married people were selected in entertainment places and shopping centers by convenience method and the data were gathered by child abuse self-report scale, multidimensional body and self-relation questionnaire and Larson sexual satisfaction questionnaire. Multiple regression and correlation matrix were used to analyze data. The highest abuse was reported for negligence and the lowest about sexual abuse. According to the research findings there was significant negative relationship between abuse and sexual satisfaction and also appearance investment, physical health investment illness investment, body satisfaction and weight self-categorize. Emotional abuse subscale and negligence can predict sexual satisfaction, physical capability evaluation, body satisfaction, illness investment and self-categorize. The results showed that each dimension abuse can lead to incomplete body image and sexual dissatisfaction in adulthood.

Keywords: Abuse, Body Image, Sexual Satisfaction

Introduction

Family is basic social and crucial unit in which consolidation and ensuring the health of the individual and survival of society in the association formed. Not only in terms of physical, biological, but also the emotional and personality is influenced by family, because the family is where one can fill his character is ready to accept social roles [1]. No society can claim to be healthy unless you have healthy families. Marriage and family relationship is an introduction to various factors such as marital satisfaction to family health impact,

on the other hand many factors such as sexual satisfaction, marital satisfaction or dissatisfaction plays an important role. Since sexual deprivation could cause insecurity in couples and eventually, separation, sexual satisfaction plays an important role in matrimonial satisfaction [2]. Studies indicate that marriage could cause health and alacrity in couples while incompatibility and dissatisfaction with marriage not only have adverse effect on mental functions - social couple, but also have adverse effect on the

growth and development of children in the family [3]. One of the most important affecting factors on matrimonial dissatisfaction is sexual dissatisfaction. Healthy sexual relationships could be factor for achieving happiness in matrimonial relationships while lack of complete sexual dissatisfaction could lead to imbalance in psychological aspects of couple's life. What is important is that sexual disorders and sexual dissatisfaction factors should be identified and resolved [4]. Researched conducted in this area show that the incidence of heart attacks decreased significantly in men who experience sexual satisfaction in their marital life and sexual satisfaction in women decreased the incidence of migraine headaches and the symptoms of premenstrual syndrome [5]. Sexual dissatisfaction regardless of its reason leads to many adverse consequences. As studies indicate positive correlation between close relationship between social problems such as crime, rape, experience abuse, mental illness, divorce and sexual dissatisfaction. Moreover, many couples with sexual dissatisfaction do not enjoy life [6]. Experience of abuse and body image are those factors which affect sexual satisfaction. Body image refers to each individual's past physical experiences and is multi-dimensional structure of self-cognition and self-perspective especially regarding owns appearance [7]. According to Cash, Maikkula and Yamamiya, women who have low body satisfaction show experience fear of intimacy in sexual relations [8].

Other studies revealed that women with low body-image satisfaction are concerned about their appearances during interacting with their sexual partner [9]. Werlinger et al. in study showed significant increase in sexual desire among American women who reduce their weight and created positive body image which this can be associated with high self-esteem on all aspects of life and also affects sexual performance [10]. Researches have shown that physical concern or negative sexual pleasure would be reduced by increasing preoccupation of the body about sexual relationship with self-awareness [11]. Claudat. Warren and Durette

conducted research on 1174 girl students that found negative body image has close correlation with low self-esteem, inability to establish intercourse and decreased sexual expressiveness. It means that women who have high body dissatisfaction tend to avoid sex but due to low self-esteem can not avoid this issue [12]. Experiences and injuries from abuse in childhood are another factor that can affect the body image of individuals and their sexual satisfaction as well as. Child abuse is one of the most epidemic and complicated psychosocial issues of the modern society. Physical signs of child abuse may be trouble in nurture, body malformation, physical disability, malnutrition leading to issues in mental strength, bone fracture etc. which eventually result in misbehavior in childhood and different body image as observed in adults [13]. Psychological effects may also be in the fields of mental disorders - a figure widely studied. Physical or sexual abuse, along with the development of many psychiatric disorders, including anxiety anonymous person, aggressive, paranoid, post-trauma stress disorder, depression, low self-esteem, substance abuse and increased risk of suicidal behavior in consequence of the individual's injury [14]. Most studies have shown that children suffered abuse in their childhood due to incorrect schemas, misinterpreted his physical condition, suppression of ideas, evolutionism nervous in the face of reduced fear and resignation in people and cause challenges their various social functions, which are forced to deal with it [15]. On the other hand researches into the relationship between abuse and sexual satisfaction have studied. Lemieux & Byers in a study of sexual satisfaction in women with a history of child abuse and child abuse history were women concluded that healthy women with positive stereotypes of sexual consent is more clearly reflected the emotional reactions or assessment of their sexual symptoms.. Observed schemes are as cognitive representations of sexual individual's means that their sexual self-concept agrees more

with their more positive schemes. They tend to have wider relationships, reach higher levels of passionate love and sexual stimulation, as well as having more open perspectives while having self-awareness in sexual conditions. In the other side, having negative schemes made by experiences, women with history of child abuse tend to be conservative, oppressive and not trustworthy, When it comes to moral judgment and control, they show low self-esteem and negative cognitive-emotional evaluations [6].

In another meta-analysis study, Woertman reviewed 57 articles regarding body image and sexual satisfaction and concluded that cognition and body evaluations not only interfere with reactions and sexual experiences during sexual activities but also has relationship with sexual behavior and risky sexual behavior. The overall conclusion is that issues of body image can affect all areas of sexual function. It seems that knowledge and awareness are key factors in understanding the

complex relationship between body image and sexuality [16]. Since the issues of sex and sexual dissatisfaction in relationships are part of cultural taboos, speaking in this regard are facing some problems. However, in the present study, the authors tries to answer the question: Is there relationship between child abuse, body image and sexual satisfaction?

Method

This research is correlational study. A random sample of 200 participants (100 male, 100 female) among married couples was selected by asking individuals in entertainment and shopping centers of Isfahan, Iran. After complete understanding of the subject, participants willfully agreed to fill the questionnaires about child abuse, body image and sexual satisfaction. Multiple regression and correlation matrix were used to analyze data by SPSS-19. The demographic information is presented in Table 1.

Table 1 Demographic characteristics of the study samples (N= 200)

Group	Levels	Frequency	Percentage
Gender	Man	100	50%
	Female	100	50%
	Total	200	100%
Education	Diploma	22	11%
	Bachelor	165	82%
	Master	13	7%
	Total	200	100%
Age	25-30	39	19%
	31-45	143	79%
	46-50	18	9%
	Total	200	100%

Child Abuse Self-Report Scale (CASRS): This questionnaire was designed by Mohammad Khani et al. [17] and has 38 items and measured and evaluated range of child abuse behavior, from sexual abuse to emotional abuse and negative atmosphere of the home, physical abuse and neglect. 8 items (26-33) were about child physical abuse, 5 items (34-38) were about sexual abuse, 14 items (1-14) were about emotional abuse and 11 items (15-25) were about inattention and negligence. All

questions were was scored based on 4-point Likert scale ("never", "sometimes", "often" and "usually") which present lack of abuse to complete abuse, with the minimum score of 38 to maximum of 100. Due to the fact that the class tests 4 measures (physical abuse, sexual, emotional and neglect), the 4 to 4 subscale scores are determined. Mohamadkhani obtain Cronbach's alpha coefficient 0.92 for this scale. This coefficient shows that the scale has high internal consistency coefficient.

The coefficient for the subscales of emotional abuse, neglect, physical abuse and sexual harassment from 0.79 to 0.89. As well as all calculated values in the $p < 0.001$ was significant. Cronbach's alpha coefficient was calculated as 0.80 for the present study and for scales of sexual, physical, emotional and inattention were 0.78, 0.81, 0.72 and 0.74 respectively. Also, items 15 to 25, which related to neglect and inattention subscale of the children are inverse scoring [13,17].

Multidimensional Body-Self Relation Questionnaire (MBSRQ): Multidimensional body-self relation questionnaire is 69-item questionnaire which evaluates personal perspectives regarding different aspects of body image. Body image is understood as perspectives of individuals about their own body and physical appearance [2]. These perspectives consist of emotional, cognitive and behavioral factors. In addition to its physical appearance is not only physical, but include physical competence or the ability and integrity of biological or health / disease. The questionnaire was developed to measure the levels of satisfaction and dissatisfaction with body image [18]. All questions were scored based on 5-point Likert scale from "completely agree" to "completely disagree". Validity of subtests based on Cronbach's alpha was between 77-91 % for men and 77-90 % for women. Reliability of the test was reported 90-94% for men and 73-89 % for women after retest within a month [19]. Validity and reliability of this test were calculated by Bagheri Pour in Iran and according to Cronbach's alpha, minimum number of 0.54 and maximum number of 0.85 were gained as credibility of 10 subtests [20]. Subscales were as below: of appearance evaluation (0.59), investment in appearance (0.73), physical ability evaluation (0.54), investment in physical ability (0.65), physical health evaluation (0.58), investment in physical health (0.74), investment in ailment (0.63), body-part satisfaction (0.85), overweight preoccupation (0.67) and self-classification of weight (0.66). "Convergent Validity" was used to determine the validity of the test.

Larson Sexual Satisfaction Questionnaire (LSSQ): This questionnaire consisted of 25 questions and was designed by Larson et al. with five-choice questions that score as a 5-point Likert scale of 1 to 5 "Never" obtains 1 and "Always" obtains 5 points in questions 1-2-3-10-12-13-16-17-19-21-22 and "Always" obtains 1 and "Never" obtains 5 points in questions 4-5-6-7-8-9-11-14-15-18-20-24-25. Score between 25-50 represents sexual dissatisfaction, 75-51 represents minimal sexual satisfaction, 76-100 indicates mediocre sexual satisfaction and 101-125 indicates high sexual satisfaction [21]. Validity and credibility of this test was calculated by Shams Mofarrahe, amounts of 0.90 for validity and 0.86 for credibility were reported [22].

Statistical Analysis: All the calculations were done by SPSS-19. In order to determine childhood abuse relation with body image in married people, the correlation coefficient matrix and significant testing were used to determine the relative contribution of each predictor variables (sexual, physical, mental abuse and Neglect) and multiple regression were used in explaining criterion variables (body image subscales and Sexual Satisfaction).

Results

Derivative index factors of scores about abuse and body image among married people is presented in Table 2. In Table 3, however, correlation matrix for abuse subscales and body image subscales and total score for sexual satisfaction is presented, as Table 4 will show multiple regression results.

Derivative index of subscales of abuse, sexual satisfaction and body image among married people is presented in Table 2. For instance, mean and standard deviation (SD) of emotional subscale are 22.28 and 8.03 respectively. As is presented, inattention with mean of 23.80 and standard deviation of 8.23 has the first place for abuse, and sexual abuse with the mean of 5.52 and standard deviation of 1.11 holds the last place among married people.

Table 2 Descriptive indicators of subscales of abuse with body image and sexual satisfaction (n=200)

Examined Variables	Lowest	Highest	Mean	SD
Emotional Abuse	12	45	22.28	8.03
Neglect	11	44	23.80	8.23
Physical Abuse	8	27	9.93	2.91
Sexual Abuse	5	10	5.52	1.11
Appearance Assessment	9	36	23.40	6.11
Appearance Investment	14	64	39.31	10.70
Physical Capability Assessment	4	15	10.20	2.54
Physical Capability Investment	17	65	43.79	10.41
Physical Health Assessment	9	30	20.85	5.16
Physical Health Investment	15	40	28.53	6.85
Condition's investment	8	32	18.03	4.61
Body Satisfaction	0	51	29.69	9.01
Mind Occupancy of Over Weight	4	31	11.98	4.13
Self-categorized Weight	2	10	6.77	1.87
Sexual Satisfaction	27	119	85.52	18.71

Table 3 Correlation matrix among subscales of abuse with body image and sexual satisfaction (n=200)

	1	2	3	4	5	6	7	8
1. Abuse Total Score	1							
2. Emotional Abuse	.88**	1						
3. Negligence	.87**	.61**	1					
4. Physical Abuse	.63**	.46**	.40**	1				
5. Sexual Abuse	.48**	.29**	.37**	.49**	1			
6. Appearance Assessment	-.13	-.10	-.13	-.09	.16*	1		
7. Appearance Investment	-.07	-.15*	-.06	-.08	-.09	.77**	1	
8. Physical Capability Assessment	-.23**	-.25**	-.19**	-.02	-.00	.57**	.55**	1
Mean	61.72	22.28	23.80	9.93	5.52	23.40	39.31	10.20
SD	16.51	8.03	8.23	2.91	1.11	6.11	10.77	2.54
	9	10	11	12	13	14	15	16
9. Physical Capability Investment	1							
10. Physical Health Assessment	.73**	1						
11. Physical Health Investment	.68**	.78**	1					
12. Disease Investment	.70**	.77**	.66**	1				
13. Body Satisfaction	.16*	.23**	.24**	.18**	1			
14. Overweight Preoccupation	.38**	.24**	.31**	.37**	-.07	1		
15. Weight Self-classification	-.16*	.27**	.20**	.22**	.36**	.16*	1	
16. Sexual Satisfaction	.13	.14*	.05	.18**	.41**	.21**	.22**	1
Mean	43.79	20.85	28.53	18.03	29.69	11.98	6.77	85.50
SD	10.41	5.16	6.85	4.61	9.01	4.13	1.84	18.70

*p< 0.05

**p< 0.01

Calculated correlation coefficient indicates negative correlation between: emotional abuse and investment in appearance ($p < 0.05$ and $r = -0.15$), physical ability evaluation ($p < 0.01$ and $r = -0.25$), body part satisfaction ($p < 0.01$ and $r = -0.19$), and a positive correlation with self-classification of weight ($p < 0.01$ and $r = 0.23$). Inattention has negative correlation with investment in ailment ($p < 0.05$ and $r = -0.21$), physical ability evaluation ($p < 0.01$ and $r = -0.19$), body part satisfaction ($p < 0.01$

and $r = -0.18$), sexual satisfaction ($p < 0.01$ and $r = -0.32$) and a positive correlation with self-classification of weight ($p < 0.01$ and $r = 0.26$). Physical abuse has a negative correlation with self-classification of weight ($p < 0.01$ and $r = -0.16$) and a positive correlation with sexual satisfaction ($p < 0.01$ and $r = 0.24$). Sexual abuse (harassment) has negative correlations with appearance evaluation ($p < 0.01$ and $r = -0.16$) and sexual satisfaction ($p < 0.01$ and $r = -0.27$).

Table 4 Regression coefficients' summary subscales for abuse with body image and sexual satisfaction ($n=200$)

Predictor Variable	dependent Variable	R	R ²	F	B	Beta	T	Sig
Emotional Abuse	Appearance Assessment	.18	.03	1.68	-.02	-.02	-.27	.78
Negligence					-.05	-.06	-.72	-.47
Physical Abuse					.02	.01	.11	.90
Sexual Abuse					.76	.13	-1.66	.09
Emotional Abuse	Appearance Investment	.11	.01	.60	-.001	-.001	-.009	.99
Negligence					-.03	-.02	-.27	.78
Physical Abuse					-.16	-.04	-.50	.61
Sexual Abuse					-.63	-.06	-.78	.43
Emotional Abuse	Physical Capability Assessment	.28	.08	4.44	-.08	-.25	-2.83	.005
Negligence					-.03	-.10	-1.15	.24
Physical Abuse					.08	.10	1.16	.24
Sexual Abuse					.15	.06	.82	.41
Emotional Abuse	Physical Capability Investment	.16	.02	1.33	.20	.15	1.66	.09
Negligence					-.21	-.17	-1.85	.06
Physical Abuse					-.25	-.07	-.79	.42
Sexual Abuse					-.07	-.008	-.10	.92
Emotional Abuse	Physical Health Assessment	.13	.01	.86	-.01	-.02	-.27	.78
Negligence					-.06	-.10	-1.08	.27
Physical Abuse					-.08	-.05	-.56	.57
Sexual Abuse					.18	.03	-.46	.64
Emotional Abuse	Physical Health Investment	.14	.02	1.11	-.05	-.06	-.70	.48
Negligence					-.06	-.07	-.77	.44
Physical Abuse					-.14	-.06	-.67	.49
Sexual Abuse					.20	.03	.39	.69
Emotional Abuse	Disease Investment	.22	.04	2.50	.02	.03	.42	.67
Negligence					-.12	-.22	-2.41	.01
Physical Abuse					-.12	-.07	-.90	.36
Sexual Abuse					.19	.04	.57	.56

Emotional Abuse										
Negligence	Body Satisfaction	.34	.11	6.41						
Physical Abuse										
Sexual Abuse										
Emotional Abuse										
Negligence	Overweight Preoccupation	.11	.01	.69						
Physical Abuse										
Sexual Abuse										
Emotional Abuse										
Negligence	Weight Self-Classification	.29	.08	4.59						
Physical Abuse										
Sexual Abuse										
Emotional Abuse										
Negligence	Sexual Satisfaction	.40	.16	9.36						
Physical Abuse										
Sexual Abuse										

Table 4 presents following predictions can be made among four subscales of abuse: emotional abuse with physical ability evaluation ($p=0.005$) and body parts satisfaction ($p=0.01$). Inattention with investment in ailment ($p=0.01$) and self-classification of weight ($p=0.01$). Physical abuse with body parts satisfaction ($p=0.000$). Also, as presented in Table 3, among 4 subscales of abuse, emotional abuse ($p<0.05$) and inattention ($p<0.01$) could predict sexual satisfaction coefficient and subscales of physical abuse ($p>0.05$) and sexual abuse ($p>0.05$) are not able to predict sexual satisfaction.

Discussion

The present study is dedicated to perform relationship between child abuse and body image and sexual satisfaction. The analysis of descriptive statistics and according to Table 1 the most abuse by the negligence was reported among married people with mean of 23.80 and the lowest abuse reported to sexual harassment with mean of 5.52. Correlation between abuse and body image was presented in Table 3. As emotional abuse has effect on investment in emotions, physical skills evaluation, body parts satisfaction and self-classification of weight. Inattention affects physical skills evaluation,

investment in physical health, investment in ailment, body parts satisfaction and self-classification of weight. However, physical abuse influences self-classification of weight only. In regards with sexual abuse, none of the 10 subscales was influential. As Table 3, inattention, physical and sexual abuse has negative influence on sexual satisfaction.

There was a relationship between sexual satisfaction and investment in emotions, physical skills evaluation, body parts satisfaction and self-classification of weight, appearance evaluation, and investment in physical health, investment in ailment and overweight preoccupation. Results in Table 4 suggest that emotional abuse could predict physical ability evaluation and body parts satisfaction, while inattention could predict investment in ailment and self-classification of weight and eventually, physical abuse can only predict body parts satisfaction. As Table 4 suggests, emotional abuse and inattention could also predict sexual satisfaction among married people. According to the results, it is clear that there is a significant relationship among married couples in the type and severity of injury in childhood abuse and sexual dissatisfaction with body image subscales.

The results are convenience with the results of Lemieux & Byers's study on women who had experienced sexual abuse in childhood. They concluded that women who had the traumatizing experience in the past, complain about sexual dissatisfaction and low self-esteem when adults [6]. The findings of this study are confirmed in other studies. For instance, Heidari Nasab concluded in his research that women who are more satisfied with their body image tend to perform better in sexual relationships and have better sexual satisfaction [23]. Cash and Hrabosky reported that there is relationship between negative body image and sexual satisfaction in this regard people with better body satisfaction have better pleasure through sexual relationships [24].

Werlinger and colleagues have shown the meaningful increase of sexual satisfaction among American women who had reduced their weight. Masters and Johnson found that negative body image will reduce sexual pleasure [10]. also Nezelek conducted a study on students and found that those students who have negative body image and unattractive perceptions would enjoy their sexual activity less than others and try to prevent sexual interactions [25]. Yamamiya, Cash and Thompson conducted a research on 384 female students and found that a woman who have weak body image have also low self-esteem and are not able to make sexual intercourse and their sexual self-expressiveness is very low. It means those who have negative body image are avoiding sexual intercourses [26]. Quoted from Lemieux and Byers, Finckle Hour and Brown found that children who experienced traumatic sexual abuse are aware of their sexual abuse experience and their attitudes, feelings and behavior has been distorted against sexual satisfaction and its impact is evident in their adulthood. They also have negative feelings toward themselves. They have bad feelings, shame and guilt due to their inappropriate experience. It is thought that these stigmatization resulted from self-weakness leads to negative self-body image and low self-esteem which may affect their thoughts and feelings as well [6].

Several studies such as Woertman and Brink [16], Knafo et al [27], Schick et al revealed that abuse levels has association with body image dissatisfaction in different periods of life and there is strong relation between low self-esteem and body dissatisfaction [28]. At the time of childhood trauma, self-focus will increase based on worthlessness, shame and inadequacy. This high self-observation will cause preoccupation in connection with body [27]. Recent researches about explaining abuse and body image show that increasing self-awareness could be a cause for much dissatisfaction during the life span. So this leads to the intensification of mental self-employed and their attention was concentrated on the negative consequences such as depression, psychological disorders and low self-esteem [2]. Psychologists believe that when people with physical defects or poor body image face sharply increased their knowledge of the defect, so that all aspects of social and psychological life is overshadowed by the situation [15]. More generally, it's generally, it's very sensitive to defects and all surrounding factors indicated. This one's knowledge increases, which can lead to a problem. In this case, the person is constantly engaged in a deliberate abuse experienced in childhood through his body and he's rumination on continuous awareness to the body, and one of the capabilities, capabilities, and involvement body of it is more general and this consciousness decreased sexual satisfaction and sexual problems and prevents sexual arousal and orgasm is achieved. Experience in child abuse injuries caused high awareness experienced in other words abuse and damage indirectly by low sexual arousal and problems with orgasm and self-consciousness may reduce sexual pleasure. Self-awareness causes anxiety and disturbs one during intercourse and besides reduces the psychological or emotional arousal of the person at the time of intercourse [6]. It appears that body image affects the psychological aspects of sexual satisfaction has a direct relationship with the indirect method affects sexual satisfaction. Aspects

such as self-esteem, self-concept, depression and anxiety are closely related to body image and this correlation has been demonstrated in multiple studies, may affect sexual satisfaction [29].

Another explanation that can be said about negative effect of body image on sexual satisfaction is socio-cultural theory and the theory of social comparison. When the value on physical attractiveness is located in a society, as others care about physical attractiveness, affect the culture of our community will see the value in having a physically attractive. The socio-cultural theory's basic logic about body image is that people are at the exposure of acquiring socio-cultural expectations and ideals and what is considered as attractive. On the other hand media like satellites and pornographic movies, etc., are playing an important role in the transmission of messages and social expectations about the body, body physics, size, type and duration of intercourse and the size of reproductive organs [2].

Conclusion

Modern countries especially our country that is in transition period and has young population are more exposed to media and pornographic movies. Socio-cultural theory believes that pressure to keep in shape and physique ideal body image in the media and movies leads to dissatisfaction and discontent there is therefore detrimental to sexual satisfaction. These images in the media such as pornographic films are often manipulated and fully edited and unfortunately, many people are not aware of the editing techniques and may assume those film and images as real. According to the theory of social comparison when the individuals compared body type and physical form and the type and size of genitals for sexual relationship with people in these films lead to some kind of depression, anxiety, low self-esteem and self-employed on their own body and these factors negatively impact sexual satisfaction. This study is an M.A thesis project and is performed by no financial support of any organizations and no conflict of interest has been expressed by the authors.

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Data collection and analysis: NS

Manuscript preparation: NS, HH

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Conflict of Interest

"The author declares that they have no competing interests."

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