





Original Article

The effects of childhood abuse on women's body image and sexual **function**

Hashem Firuzi¹; Fatemeh Amiri²; Nadereh Saadati^{3*}, Mehdi Rostami⁴

- ¹ MA. student of clinical psychology, University of Shiraz, Shiraz, Iran
- ² MA. in family counseling, Ferdowsi University of Mashhad, Mashhad, Iran
- ³ Instructor of Payam-e-Noor University of Gaz, PhD student of counseling, Khorasgan Islamic Azad University, Isfahan, Iran
- ⁴ PhD. student of counseling, Islamic Azad University, The Science and Research Unit, Tehran, Iran

Abstract

Introduction: In addition to its short-term devastating consequence, child abuse can also lead to long-term consequences. This study aims to investigate the effects of childhood abuse on the body image and sexual function of married women in Isfahan.

Materials and Methods: This is a cross-sectional study, conducted via convenient sampling method in Isfahan in 2014, on 150 married women, Child Abuse Self-Report Scale (CASRS), Body Image Concern Inventory (BICI), and Female Sexual Function Index (FSFI) were used to collect the data. The collected data were analyzed through descriptive statistics, correlation coefficients and stepwise regression by SPSS 21.

Results: Sexual function has significant negative relationships with the total score of sexual abuse (P < 0.01) and subscales of neglect, physical abuse, and sexual abuse (P<0.01). Body image has significant negative relationships with the total score of sexual abuse (P<0.01) and the subscales of emotional abuse (P<0.01), neglect (P<0.01) and sexual abuse (P<0.05). It also has a significant positive relationship with sexual function (P<0.01). Neglect (β =-0.22, P<0.003), physical abuse (β =0.26, P<0.01), and emotional abuse (β =-0.24, P<0.01) have a significant predictive ability for body image. Also, neglect (β =-0.42, P<0.01), sexual abuse (β =-0.18, P<0.02), and emotional abuse (β =0.19, P<0.03) have a significant predictive ability for sexual function.

Conclusion: Childhood abuse is associated with sexual dysfunction in married women. Also, this experience will lead to negative mental self-mage and decreased sexual function as well.

Keywords: Abuse, Body image, Women, Sexual function

Please cite this paper as:

Firuzi H, Amiri F, Saadati N, Rostami M. The effects of childhood abuse on women's body image and sexual function. Journal of Fundamentals of Mental Health 2016 Nov-Dec; 18(6): 313-20.

Introduction

Child abuse is an ominous phenomenon that can be seen at all the social and economic levels and in all of the human societies it will hurt the child, family and community. Child abuse creates a stressful situation for the children. Child physical and sexual abuse and neglect are the cases in which the physical and emotional needs of the child are neglected, and each type of these child abuses will hurt the children (1).

The children who are physically abused by their caregivers will be affected due to suffering from psychological stress and lacking effective support from others, and the way of dealing with stressful

*Corresponding Author Faculty of Education and Psychology, Islamic Azad University of Khorasgan, Isfahan, Iran nadiasa46@yahoo.com

Received: Mar. 25, 2015 Accepted: Aug. 09, 2016

situations will lead them to use non-adaptive coping strategies (substance or drug abuse -venting their anger on others and continuous use of defensive mechanisms); these people will be involved with more tension and pressure (2). Researches have shown that child abuse in addition to the short-term destructive consequences that leaves on children, it will lead to their suffering from a sense of insecurity. anxiety, lack of concentration, fear, depression, neglect and post-traumatic stress disorder behaviors (PTSD); it will also cause long-term consequences. Researches also have shown that if a person in his/her childhood has suffered from one or more types of child abuse, he/she will experience mental disorders especially personality disorder. Mostly the people who are serial killers or abusers have suffered from psychological trauma and child abuse in their childhood (1). In addition, the researchers have

considered a difference between the initial effects and long term effects of sexual abuse. The initial or short-term effects are the complications that become evident in the first two years of child abuse. Sometimes the long-term effects will appear without becoming evident in the short-term effects. General psychological trauma, fear, depression, isolation and suicide, hostility and aggression, decreased selfesteem, the feelings of guilt and shame, running away from home and other "outflow" behaviors, cognitive disability, developmental delay and reduction of educational function, inappropriate sexual behavior, increased risk of further sexual abuse, sexual dysfunction and psychiatric problems are some of the effects of these types of traumas and sometimes they will last for so long. In a survey it has been found that one-third of sexually abused children will suffer from depression and anxiety within nine months and this rate has been remained almost stable for two years. In another group of teenagers who have been sexually abused by their relatives, one third of them have attempted suicide (3).

Wekerle et al., in their research on different types of abuse have shown that when the people who have the history of childhood abuse become adults, due to the mental schemas that they have, they will show a large percentage of abnormalities in sexual function along with personality disorder in their own body image (4). In relation with sexual function, the World Health Organization has reported that the various aspects of sexual behavior such as the psychological-mental, physical and social aspects are positively involved with each other and they affect this relationship (5). Sexual dissatisfaction that may be created for any reason has very negative consequences. So, the researchers have found a close relationship between the social problems such as childhood abuse, crime, rape, mental illness, divorce and sexual dissatisfaction (6).

In addition, in distortion and asymmetry, the incomplete body is the constant reminder of the connection between body and imagination, sexual identity and sexual history and also it is always the reminder of the possibility of recurrence (7). It has become clear that sexual identity (sexual esteem, sexual events and sexual satisfaction) and body image are important in psychological well-being and life satisfaction for everyone (8). Body image refers to the human experience of its own body and the multidimensional construct of perceptions and attitudes of the people towards their body especially their appearance (9).

Some studies have been conducted on the

relationship between body image and sexual satisfaction in abroad. Cash and Hrabosky have reported that the women who have low satisfaction with their body have shown the experience of fear of intimacy in sexual relationships (10). Other studies have shown that the women who have low body satisfaction have shown concerns about their appearance in interacting with their sexual partners (11). Werlinger et al. have reported a significant increase in sexual desire among the American women who have reduced their weight and have created a positive body image; this can be associated with high self-esteem that affects all the aspects of life and sexual function (12). Bemben and Massey have shown a strong relationship between the body image and sexual and social function in men who are aged between 30 and 50 years old, because at this stage of life, men will experience some changes in their personal relationships, their careers, and also in their mental problems (13). In a research, some interventions have been performed in order to appreciate the body shape; the results have shown that these interventions have resulted in the increase of sexual arousal and satisfaction with sexual function (14). Littleton et al. have studied the effect of body image on risky sexual behaviors in 1547 women; the results have shown that the poor body image is the predictor of high-risk sexual behavior (15). On the other hand, the studies have shown that physical concern or negative body image will reduce the sexual desire through increasing preoccupation about the body in sexual relationship by increasing the sexual awareness (16). Cash et al. in a study that has been conducted on 384 female students have concluded that negative body image is highly related with low self-esteem, inability to have a sexual relationship, and decreased sexual expressiveness. Women who have high body dissatisfaction tend to avoid sexual intercourse, but due to their low selfesteem, they cannot avoid this relationship (17). Also, Warren has shown that dissatisfaction with self-image negatively affects sexual satisfaction (18). Also, Saadati and Heidari have shown that there is a significant relationship between childhood abuse experience and sexual satisfaction (19). According to the conducted national survey in Iran in 2005, 31.5% of the women have sexual dysfunction (20). According to the proposed discussion, the aim of this study is to investigate the effects of child abuse on the body image and sexual function among married women in Isfahan.

Materials and Methods

This research has been conducted in the form of a

cross-sectional study. The study population has included the married women in Isfahan in 2014. The sample of this study has been selected from the women who are living in Isfahan by using the purposive covariance sampling method; according to the type of this research a sample of 150 married women has been selected. Therefore, by attending in shopping centers, entertainment venues and cultural centers, the researchers have performed the primary interviews with women and after finding the study criteria such as being at least graduated from the high school, living in Isfahan and being married at least for three years, they have been selected and become familiar with the research objectives; also the confidentiality of results has been assured. Then the necessary explanations to complete questionnaire have been provided the questionnaires have been given to the participants, no time limitation has been applied to complete the questionnaires.

Research instruments

- Child Abuse Self-Report Scale (CASRS): This questionnaire has been prepared by Mohamadkhani et al. (21). It has 38 items: it evaluates the area of child abuse behavior including sexual abuse, emotional abuse and negative home environment, physical abuse and neglecting the child. 8 questions of this scale have been considered for child physical abuse (questions 26 to 33), 5 questions for sexual abuse (questions 34 to 38) 14 questions for emotional abuse (questions 1 to 14) and 11 questions for neglect and ignorance (questions 15 to 25) have been considered. Each of the questions of the above scale are rated based on the Likert scale and in a form of 4 options that include the word of never that indicates no abuse, and the words of sometimes, often, and always that indicate the constant existence of abuse. Due to the fact that this test measures 4 (physical, sexual and emotional abuse and neglect) levels, therefore the scores of the 4 subscales also will be determined. Mohamadkhani has obtained the Cronbach's alpha of 0.92 for the scale of child abuse report. This coefficient shows that this scale has a high internal consistency coefficient. This coefficient for the subscales of emotional abuse, neglect, physical abuse and sexual abuse has been obtained from 0.79 to 0.89, and also all the calculated coefficients have been significant at the level of 0.0001. The Cronbach's alpha coefficient in this study has been obtained 0.80, and for the subscales of sexual, physical, emotional and mental abuse and neglect, it has been respectively obtained 0.78, 0.81, 0.72 and .074. Also the items of

15 to 25 that are related to the subscales of neglect and ignorance are scored inversely (1 and 21)

- Body Image Concern Inventory (BICI): This questionnaire has been designed in 2005 by Littleton et al. (15). This test contains 19 questions and each question has five choices that are scored from 1 (never) to 5 (always). In Iran, Basaknezhad and Ghaffari have reported the validity of 95% for this test based on the internal consistency and by using the Cronbach's alpha method (22).
- Female Sexual Function Index (FSFI): This scale with 19 questions evaluates the female sexual function in the areas of desire, psychological arousal, humidity, orgasm, satisfaction and pain. This scale has been made by Rosen et al. (23). The validity of this questionnaire has been examined by Mohammedi et al. in Iran (20). The index reliability for each of these six areas and the whole scale by using Cronbach's alpha coefficient has been obtained 0.85. The general reliability coefficient of the test by using the two split-half and test-retest methods has been respectively obtained 0.78 and 0.75(24).

The data have been analyzed by using SPSS 23 software. In order to determine the relationship between child abuse and body image and sexual function in women who are seeking divorce, the matrix correlation coefficient has been used. The significance tests have been used to determine the relative contribution of each predictor variables (sexual, physical and psychological abuse and neglect), and in explaining the criterion variables (body image and sexual function) the stepwise regression has been used.

Results

There have been 150 participants with the age mean and standard deviation of 3.98 ± 30.29 . The minimum age of participants was 22 years old and the maximum age was 44 years old. Among these population, 21 participants were graduated from high school, 33 participants had associate's degree, 72 participants had B.A, and 23 participants had M.A. Also 44 women were housewives, 28 women were self-employed, and 78 women have been working in state institutions. The descriptive index and the correlation matrix components of the scores of the subscales of abuse, body image and sexual function in married women are separately presented in Table 1. Also in the tables 2 and 3 the stepwise regression results to predict body image, and in tables 4 and 5 the stepwise regression results to predict sexual function have been reported.

Table 1. Matrix of correlations between subscales of abuse and body image in married women

Variable	1	2	3	4	5	6	7
1. Total abuse	1						
Sexual abuse	0.86^{**}	1					
3. Physical abuse	0.85^{**}	0.61^{**}	1				
4. Emotional abuse	0.74^{**}	0.60^{**}	0.50^{**}	1			
5. Neglect	0.68^{**}	0.48^{**}	0.59^{**}	0.59^{**}	1		
6. Sexual function	-0.44**	-0.09	-0.39**	-0.22**	-0.30**	1	
7. Body image	-0.25**	-0.24**	-0.22**	0.03	-0.15*	0.23^{**}	1
Mean	62.66	22.40	24.15	10.26	5.69	82.75	29.40
Std. deviation	16.02	7.89	8.06	2.93	1.24	18.64	8.82

^{**}P>0.01, *P>0.05

As can be seen in Table 1, there is a significant negative relationship between the total score of sexual function and the total score of abuse (P<0.01, r=-0.44); it also has a significant negative relationship with the neglect subscale (P<0.01, r=-0.39), the physical abuse subscale (P<0.01, r=-0.22), and the sexual abuse subscale (P<0.01, r=-0.30). Body image has a negative relationship with the total score of abuse (P<0.01, r=-0.25); it also has a significant negative relationship with the emotional abuse subscale (P<0.01, r=-0.24), neglect subscale (P<0.01, r=-0.22), and physical abuse subscale (P<0.01, r=-0.15). Also, there has been a significant positive relationship between body image and sexual function (P<0.01, r=0.23).

Table 2. Analysis of variance of the stepwise regression to predict body image based on the abuse subscales

saoscares							
Model	Sum of	df	Mean	F	Sig.		
	squares		Square				
Regression	1682.58	3	560.86	7.81	.000		
Residual	10476.75	146	71.57				
Total	12159.33	149					

As can be seen in Table 2, the variance analysis confirms the reliability of stepwise regression in predicting body image (*P*<0.000 and F=7.81).

Table 3. Standard and non-standard regression coefficients to predict body image based on the abuse subscales

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	В	Std. Error	Beta		
Neglect	26	.10	22	-2.45	.01
Physical abuse	.88	.29	.26	3.00	.003
Emotional abuse	28	.11	24	-2.51	.01

As can be seen in Table 3, in the stepwise regression analysis in the final step, the three variables of neglect, physical abuse and emotional abuse have been entered into the regression model to predict body image. Respectively, neglect with the standardized beta coefficient of -0.22, physical

abuse with the standardized beta coefficient of 0.26, and emotional abuse with the standardized beta coefficient of -0.24 had a significant predictive ability for body image in the studied women (P<0.01). These beta coefficients mean that for every single change in the variables of neglect, physical abuse and emotional abuse, separately -0.22 unit of change for neglect, 0.26 unit of change for physical abuse, and -0.24 unit of change for emotional abuse will take place in body image.

Table 4. Analysis of variance of the stepwise regression to predict sexual function based on the

	abusi	o subsc	aics		
Model	Sum of	Df	Mean	F	Sig.
	squares		Square		
Regression	11501.08	3	3833.69	12.38	.000
Residual	45207.91	146	309.64		
Total	56708.99	149			

As can be seen in Table 4, the variance analysis confirms the reliability of stepwise regression in predicting sexual function (P<0.000 and F=12.38).

Table 5. Standard and non-standard regression coefficients to predict sexual function based on the abuse subscales (n-150)

abuse subscares (n –150)							
Model	Unsta	ndardized	Standardized	t	Sig.		
	Coefficients		Coefficients				
	В	Std. Error	Beta				
Neglect	-1.03	.22	42	-4.52	.000		
Sexual abuse	-3.12	1.36	18	-2.29	.02		
Emotional abuse	.49	.22	.19	2.18	.03		

As can be seen in Table 5, in the stepwise regression analysis in the final step, the three variables of neglect, physical abuse and emotional abuse have entered into the regression model to predict body image. Respectively, neglect with the standardized beta coefficient of -0.42, physical abuse with the standardized beta coefficient of -0.18, and emotional abuse with the standardized beta coefficient of 0.19 had a significant predictive ability for sexual function in the studied women (P<0.01). These beta coefficients mean that for

every single change in the variables of neglect, physical abuse and emotional abuse, separately -0.42 unit of change for neglect, -0.18 unit of change for physical abuse, and 0.19 unit of change for emotional abuse will take place in the sexual function of women.

Discussion

In the present study, the effects of child abuse, body image and sexual function in married women of Isfahan has been examined. The study results have shown that the total score of sexual function and the total score of abuse have a significant negative relationship with the subscales of neglect, physical and sexual abuse. Also body image has a negative relationship with the total score of abuse, and also it has a significant negative relationship with the subscales of emotional abuse, neglect and sexual abuse. Also there has been a significant positive relationship between body image and sexual function.

The results of this study are consistent with the results of the research of Bayers and Lemieux; they have found that the women who had experienced abuse in childhood have complained from their sexual function and low self-esteem in sexual relationship in adulthood (25). Also, cash and Hrabosky have reported that there is a relationship between negative body image and sexual function; this means that the people who were satisfied with their body have enjoyed more from their sexual function (10). In another study Werlinger et al. have shown a significant increase in sexual satisfaction in a sample of US people that have lost their weight (12). The results of this study have also been confirmed in other studies. Also, Saadati and Heidari have concluded that the couples who are more satisfied with their body image have a better function in sexual activity and their sexual satisfaction is high. They also in their research have shown that there is a significant relationship between the abuse experience and body image in adulthood that it is consistent with the current research (19). Balali Dehkordi and Ruholamini in another study have shown that there is a significant negative relationship between body image and sexual function that it is consistent with the results of this study (26). Masters and Johnson have concluded that negative body image reduces sexual pleasure (16). Nezlek, in a study conducted on the students, found that the students who have negative body image and have considered themselves uninteresting and have less enjoyment from their sexual activity are mostly trying to avoid sexual

interaction (27).

Yamamiya et al. have conducted a study on 384 female students and they have concluded that the people who have a poor body image also have a low level of self-esteem and they do not have the ability to have a sexual relationship and they have a low sexual expressiveness. The people who have a negative body image will avoid sexual relationships (28). Also, Lemieux et al. in their research have concluded that children with traumatic sexual experience are most likely to have self-awareness of the emergence of sexual abuse experience, and their attitudes, feelings and behavior towards sexual function have been altered; its effect is evident on the function of sexual satisfaction in adulthood. also have negative feelings towards themselves. They have a bad feeling, and also the feelings of shame and guilt due to the inappropriateness of their experiences. It seems that these stigmas that are the result of their weakness will lead to the creation of their negative body image and low self-esteem which may affect their thoughts and feelings and also in their marital relationships they will have low sexual function (25). Several studies such as the researches of Woertman and Brink (29), Schick et al. (30), Kenaufo et al. (31), and have shown that the levels of abuse in different periods of life are correlated with body image dissatisfaction, and there is a strong relationship between low self-esteem and body dissatisfaction. These results are consistent with the results of this study. Therefore, when the childhood trauma occurs, the focused attention on oneself that is based on worthlessness, shame and inefficiency will be increased. This high selfobservance will lead to the self-preoccupation about the body (32). Researches have shown that focusing on oneself that is manifested in high selfobservance can be an uncertain process that exists in all of the psychological traumas (33). Recent studies in explaining sexual satisfaction and body image have shown that increasing the self-awareness can trigger many of the sexual dissatisfactions and sexual frigidities. So this process leads to the intensification of mental self-preoccupation and focused attention on oneself and it has negative consequences such as depression, psychological disorders, and low self-esteem (34). There is a belief among psychologists which says that when people are faced with physical defects or poor body image, their awareness towards that defect will be significantly increased (31). So, all of the psychosocial and social aspects of their life will be eclipsed by this situation. In other words, the person will show a high sensitivity to that defect and all of its surrounding factors. This issue leads to the increase of self-awareness that can cause problems (19). In this situation, due to the child abuse experience, the person is constantly engaged with mental occupation about his\her body and his\her mental rumination keeps him\her in constant selfawareness of his\her body. Therefore, the person will have more mental occupation about his\her abilities, capabilities and generally his\her body image. This self-awareness leads to the decrease of sexual function and emergence of sexual problems and prevents the sexual arousal and having orgasm. In addition, the experience of abuse will indirectly and through the self-awareness lead to the low sexual arousal and orgasm problems and would reduce sexual pleasure. On the one hand, selfawareness causes anxiety and destroys the person's calmness during the sexual intercourse, and on the other hand it reduces the psychological or emotional arousal of the person during the sexual intercourse. Also, sexual abuse experience directly affects the body image. It seems that body image by affecting some of the psychological aspects that have a direct relationship with sexual satisfaction will indirectly affect the sexual satisfaction (26). Some aspects such as self-esteem, self-concept, depression and anxiety are closely related to body image and their relationship has been confirmed in various studies, and they may affect sexual satisfaction. Moreover, the other explanations that can be used for the effect of negative body image on sexual satisfaction are the socio-cultural theory and the social comparison theory. When the value in a society is based on the physical attractiveness, as others care about physical attractiveness, the person will be also affected by the culture of his/her community and will see the value in having a physically attractive body. The basic logic of the socio-cultural theory of body image is that people are exposed to the prevalence of expectations and socio-cultural ideals and what is considered as attractiveness (33). On the other hand, some media such as TV and pornographic films

have an important role in transferring messages and also in social expectations about the body, style, and type and duration of sexual intercourse. In today's society, especially our country that has a young population which is in the transition period, they are more exposed to such media and the using of graphic pornographic films. The socio-cultural theory believes that the pressure that the media and movies put on people to have an ideal physical shape will cause body image dissatisfaction. This dissatisfaction will naturally hurt the sexual satisfaction. According to the social comparison theory when people compare their body shape and their physical form and the type and duration of sexual intercourse with the people of these films, they will experience a type of depression, anxiety, low self-esteem and self-preoccupation about their body, so these factors will affect the person's sexual satisfaction (19). In this study, the self-reporting method has been used. This issue with the bias in the responses of the participants and the way of responding to the questionnaires may affect the results of the research. One of the limitations of this research is that the kind of marriage (traditional and non-traditional) and marital satisfaction have not been controlled. In the end, it is recommended to the researchers to consider the type of marriage and marital satisfaction in other cities and provinces and also use the qualitative interview method along with the questionnaires.

Conclusion

Childhood abuse is associated with sexual dysfunction in married women. Also, experience will lead to negative mental self-mage and decreased sexual function as well

Acknowledgement

This study was conducted without the financial support of any specific entity and it is not associated with the interests of the authors. All of the people who have participated in this study are appreciated.

References

- 1. Rostami M, Abdi M, Heydari H. [Relationships of child abuse, with forgiveness, compassion for their mental health and coping strategies of married individuals residing in Tehran]. MS. Dissertation. School of Psychology and Counseling, Islamic Azad University, Science and Research; 2013: 28-9. (Persian)
- 2. Khodayarifard M, Parand A. [Stress and coping with it]. 2nd ed. Tehran: Tehran University; 2011: 27. (Persian)
- 3. Kahtari. **[health** magazine, Aghigh Aftab]. **[cited** 2010]. http://www.tebyan.net/newindex.aspx?pid=146583. (Persian)
- 4. Wekerle C, Miller AL, Wolfe DA, Spindel C. Childhood maltreatment: Advances in psychotherapy: Evidence-based practice. Cambridge: Hogrefe and Huber; 2006: 68-9.

- 5. Langfeld T. Proter A. Sexuality and family planning: 1986.
- 6. Shlideh K. [Study of marital satisfaction and mental health of employed women and unemployed teachers]. Teacher Conference Abstracts and Community Leaders, Isfahan; 2010: 32-4. (Persian)
- 7. Manderson L, Stirling L. The absent breast: speaking of the mastectomy body. Femin Psychol 2007; 17(1): 75-92.
- 8. Taghipur L, Zare Bahram Abadi M, Taghiloo S, Heidari H. [Imagine the physical, sexual satisfaction, and quality of life in women with breast cancer]. Social studies of women 2011; 33: 41-62. (Persian)
- 9. Cash TF, Pruzinsky T. Body image: A handbook of theory, research, and clinical practice. New York: Guilford: 2002: 77-8.
- 10. Cash TF, Hrabosky JI. The effects of psycho-education and self monitoring in a cognitive-behavioral program for body-image improvement. Eat Disord 2004; 11: 255-70.
- 11. Ackard DM, Kearney-Cooke A, Peterson CB. Effect of body image and self-image on women's sexual behaviors. Int J Eat Disord 2000; 28: 422-9.
- 12. Werlinger K, King T, Clark M, Pera V, Wincze J. Perceived changes in sexual functioning and body image following weight loss in an obese female population: A pilot study. J Sex Marit Ther 1997; 23: 74-8.
- 13. Bemben MG, Massey BH, Bemben DA, Boileau RA, Misner JE. Age-related variability in body composition methods for assessment of percent fat and fat-free mass in men aged 20-74 years. Age Ageing 1998; 27: 147.
- 14. Stinsky S, Reece M, Dennis B, Sanders S, Bardzell S. An assessment of body appreciation and its relationship to sexual function in women. Body Image 2012; 9: 137-44.
- 15. Littleton H, Breitkopf R, Berenson A. Body image and risky sexual behavior: An investigation in a preethnic. Body Image 2005; 2: 193-8.
- 16. Masters WH, Johnson VE. Human sexual inadequacy. Boston: Little Brown; 1970.
- 17. Cash TF. Body-image assessments: Manuals and questionnaires. Available from: URL; http://www.bodyimages.com. 2004a.
- 18. Warren JD, The marital and sexual satisfaction of female psychotherapists. Ph.D. Dissertation, Wright Institute of Graduate School of Psychology, 2000: 231-4.
- 19. Saadati N, Heydari H. [Child abuse dimensions with self body-image and sexual satisfaction]. Journal of Research and Health Social Development and Health Promotion Research Center 2016; 6(4): 413-22. (Persian)
- 20. Mohammadi Kh, Heydari M, Faghihzadeh S. [Validity of the Persian version of the Female Sexual Function Index-FSFI as female sexual function index]. Journal of Payesh 2008; 7(3): 269-78. (Persian)
- 21. Mohamadkhani P, Mohammadi M. R, Nazari M.A, Salavati M, Razzaghi M.E. [Preparation, Validity and reliability of self-reporting scale of child abuse (CASRS) in Iranian students (Persian)]. International Journal of Islamic Republic of Iran. 2003; Volume 17 Issue 1; 17-31 (Persian)
- 22. Basaknejad S, Ghafari M. [The relationship between fear of physical deformity and psychological disorders in students]. Journal of behavioral sciences 2008; 1(2): 17-18. (Persian)
- 23. Rosen R, Brown C, Heiman J. The Female Sexual Function Index (FSFI): A multidimensional self report instrument for the assessment of female sexual function. J Sex Marit Ther 2000; 26: 191-208.
- 24. Aliakbari Dehkordi M. Relationship between women sexual function and marital adjustment. Journal of Behavioral Sciences 2010; 4(3): Fall 2010; Pages: 199-206. (Persian)
- 25. Lemieux Suzanne R, Byers E. Sandra. The Sexual Well-Being of Women Who Have Experienced Child Sexual Abuse. Psychology of Women Quarterly 2008; 32: 126. DOI: 10.1111/j.1471-6402.2008.00418.x
- 26. Balali Dehkordi N, Roholamini M. [The role of body image and obsessive beliefs in predicting sexual function in pregnant women]. Iranian journal of obstetrics and gynecology 19: 7-16. (Persian)
- 27. Nezlek JB. Body image and day-to-day social interaction. J Pers 1988; 67: 793-817.
- 28. Yamamiya Y, Cash TF, Thompson JK. Sexual experiences among college women: The differential effects of general versus contextual body images on sexuality. Sex Roles 2006; 55: 421-7.
- 29. Woertman LB. Body image and female sexual functioning and behavior: A review. J Sex Res 0(0): 1-28.
- 30. Schick VR, Calabrese SK, Rima BN, Zucker AN. Genital appearance dissatisfaction: Implications for women's genital image self consciousness, sexual esteem, sexual satisfaction, and sexual risk. Psychol Women Q 2010; 34(3): 394-404.

- 31. Knafo R, Haythornthwaite JA, Heinberg L, Wigley FM, Thombs BD. The association of body image dissatisfaction and pain with reduced sexual function in women with systemic sclerosis. Rheumatology 2011; 50: 1125-30.
- 32. Ingram RE. Self-focused attention in clinical disorders. Review and a conceptual model. Psychol Bull 1990; 107(2): 156-76.
- 33. Yunesi J. [How to go down in sorrow and joy?]. New journal of psychotherapy 2004; 33-34: 54-69. (Persian)
- 34. Tampson KJ, Heinberg LJ, Ltabe M, Tantleff Dunn S. Exacting beauty: Theory, assessment, and treatment of body image disturbance. Washington. DC: APA; 1999: 102-18.