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Objectification Theory and Sexual Health among Women

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OBJECTIFICATION THEORY AND SEXUAL HEALTH AMONG WOMEN

A Dissertation Presented

by

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ABSTRACT

OBJECTIFICATION THEORY AND SEXUAL HEALTH AMONG WOMEN

June 2012

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This study used objectification theory as a framework through which to explore the effect of interpersonal objectification, self-objectification, and indicators of self-objectification (body shame, general surveillance, and surveillance during sexual activity) on women's sexual health, including sexual subjectivity (sexual body esteem, sexual self-reflection, and entitlement and efficacy in attaining pleasure), sexual functioning, and risky sexual behaviors. It was hypothesized that interpersonal objectification and self-objectification adversely affect sexual health and that body shame, general surveillance, and surveillance during sexual activity would mediate these relations. Sexual subjectivity was also hypothesized to mediate the relations between interpersonal and self-objectification and risky sexual behaviors and sexual functioning. Lastly, relationship length and satisfaction were hypothesized to moderate some of these relations. Internet survey data was collected from diverse women ages 18 to 34 (N = 1271). As

hypothesized, interpersonal objectification and self-objectification were found to adversely affect women's sexual health through their effect on body shame, surveillance, and in the case of sexual functioning and risky sexual behaviors, elements of sexual subjectivity. The constellation of variables that predicted each of the sexual health variables varied. Contrary to hypotheses, general surveillance and interpersonal objectification were found to positively affect elements of sexual subjectivity. Overall, relationship length and satisfaction did not moderate the relations in the model. Results were explored within the context of objectification theory, current societal discourses about young women's sexuality and sexual empowerment, and hook-up culture.

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CHAPTER 1

INTRODUCTION

Women's sexuality is an important component of women's mental health, as well as an essential part of the human experience. Numerous researchers have pointed out the importance of better understanding women's sexuality. In the former Surgeon General's report, Satcher (2001) posits that sexuality must be better understood because it is an important part of personality, it helps to foster intimate relationships with others, and it contributes to physical and mental health and well-being. Like the Surgeon General, various psychologists have pointed to the importance of sexuality as a part of identity and well-being, and have noted that learning to express one's sexuality is a key developmental task (e.g. Blythe & Rosenthal, 2000; Brooks-Gunn & Paikoff, 1993; Haffner, 1998; Tolman, Striepe, & Harmon, 2003).

Despite recognition of its importance, research on women's sexuality is limited in a number of ways. First, research about sexuality has largely used a problem-oriented approach. In particular, much of research about women's sexuality, especially research about the sexuality of adolescents and women of color, has focused on risky sexual behaviors, thus treating women's sexuality as a social problem rather than a positive

dimension of human experience (Savin-Williams & Diamond, 2004; Welsh, Rostosky, & Kawaguchi, 2000). As a result, positive sexual outcomes are often overlooked and positive sexual health is implicitly understood as a lack of negative risk factors (Horne, 2005). From one perspective, a problem-oriented approach to sexuality is valuable. Sexual health is in fact dependent on the absence of negative consequences. However, by neglecting positive elements of sexual health this approach to sexuality research may ironically contribute to an understanding of sexuality that fails to protect against negative outcomes (Daniluk, 1993; Savin-Williams & Diamond, 2004).

Second, research on women's sexuality has also been limited by its focus on behavioral indicators of sexuality (Satcher, 2001). In particular, research has focused on sexual intercourse, or coitus (Welsh et al., 2000), and has neglected a variety of behaviors, feelings, attitudes, emotions, and cognitions that constitute sexuality (Brooks-Gunn & Furstenberg, 1989). Furthermore, a focus on coitus as an indicator of sexuality is heterosexist, as it fails to consider non-heterosexual sexual acts.

Last, with the exception of research completed by qualitative and feminist researchers, much of the research on sexuality is decontextualized. This research looks at individual-level variables such as biology and hormones to understand sexuality. Although useful, this approach to sexuality is problematic because sexuality, including the biology of sexuality, takes place within and is affected by contexts. It is strongly influenced by sociocultural forces, such as the distribution of power and resources in society, and expectations and social meanings associated with sexuality (Travis, Meginnis, & Bardardi, 2000). For example, Udry (1988) found that a variety of

psychosocial variables, such as family and friend characteristics, socioeconomic status, attachment to conventional institutions, involvement in conventional activities, and sexual-permissiveness, moderated the effect of biological forces on sexual behaviors. Therefore, it is more accurate to understand sexuality as both an attribute of a person and an attribute of the transactions between people. Appropriately, feminist psychologists have adopted a social constructionist view in order to understand women's sexuality using methods that have ranged from media studies (e.g. Aubrey, 2007) to discourse analyses (e.g. Tolman, 2002).

This study is designed in part to address past limitations of sexuality research. In it, I posit that sexual objectification (in the form of interpersonal objectification) affects women's sexual health. In an attempt to examine both negative and positive facets of women's sexuality, I use sexual subjectivity, sexual functioning, and risky sexual behaviors as indicators of sexual health. For the purposes of this study, sexual subjectivity refers to being a subject, rather than an object in one's sexuality. This involves embodying and feeling good about one's body and sexuality, entitlement and self-efficacy in attaining sexual desire and pleasure, and sexual self-reflection (Horne, 2005). The measure of sexual functioning chosen for use in this study includes women's desire, sexual arousal, lubrication, orgasm, satisfaction, and pain (Rosen et al., 2000). Risky sexual behaviors, as measured in this study, refer to behaviors that put a woman at risk for unplanned pregnancy or STD transmission. These measures of sexual functioning and subjectivity were also included in the study in order to decrease the heterosexist bias and to broaden the focus from only behavioral indicators of sexuality. However, it is

important to note that some measures included in this study do continue to maintain these biases, as they are focused on sexual intercourse. Last, in this study I attempt to explore women's reported experiences of their perceived context. The primary contextual factor examined in the current study is interpersonal sexual objectification, although other factors are also considered, such as relationship length and satisfaction.

More specifically, in this study, I argue that interpersonal objectification and self-objectification are associated with women's sexual health, including sexual subjectivity, sexual functioning, and risky sexual behaviors. Furthermore, I attempt to make the case that the interpersonal objectification and self-objectification of women is associated with sexual health via the mechanisms of body surveillance and body shame. In addition, I propose that sexual subjectivity is not only an outcome of interpersonal objectification, but that it also mediates the relations between interpersonal objectification, self-objectification, surveillance, and shame, and sexual functioning and risky sexual behaviors. However, it must be acknowledged that many of these variables are likely to interact with one another.

In sum, this study aims to demonstrate the following five sets of relations (see Figure 1 for hypothesis 1-4):

1. The relations between interpersonal objectification and body surveillance and body shame are mediated by self-objectification.
2. The relations between interpersonal and self-objectification and sexual subjectivity (sexual body esteem, entitlement to and self-efficacy in attaining

pleasure, and sexual self-reflection) are mediated by body surveillance and body shame.

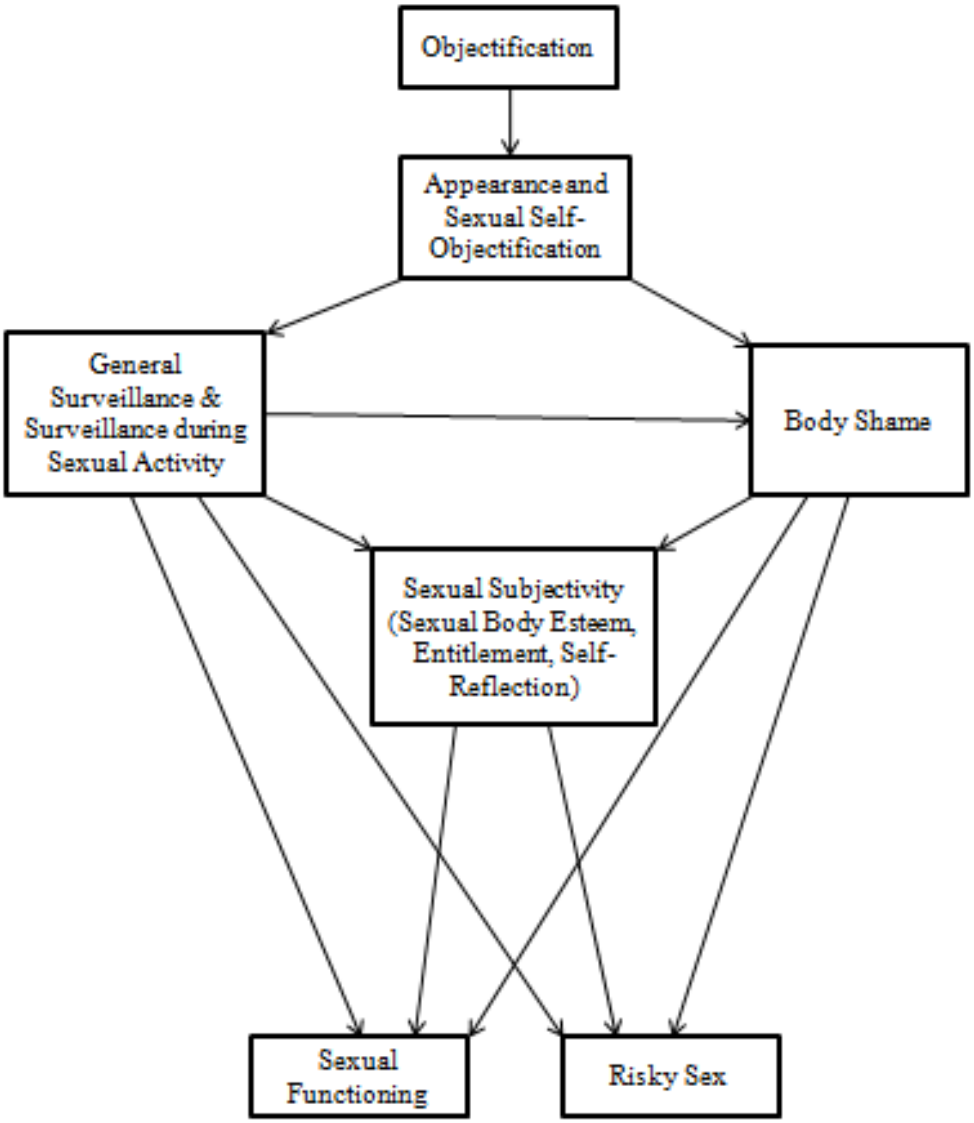
3. The relations between interpersonal and self-objectification and sexual functioning are mediated by body surveillance, body shame, and sexual subjectivity.
4. The relations between interpersonal and self-objectification and risky sexual behaviors are mediated by body surveillance, body shame, and sexual subjectivity.
5. Relationship satisfaction and length moderates the relations between
    a. Sexual functioning and body surveillance, body shame, and sexual subjectivity, and
    b. Risky sexual behaviors and body surveillance, body shame, and sexual subjectivity.

    The relations between the variables outlined above are expected to be weaker among women who are in more stable and satisfying relationships.

In the following sections I first examine objectification theory, focusing on the connections between interpersonal objectification, self-objectification, body shame, and body surveillance. In the following section, sexual health models are examined, with special attention paid to sexual subjectivity. Then, in the following three sections, the connections between interpersonal and self-objectification and sexual subjectivity, sexual functioning, and risky sexual behaviors are considered. The potential moderating effect of relationship length and satisfaction is considered last.

Figure 1

SEM of Objectification Theory Predicting Sexual Health (Sexual Subjectivity, Sexual Functioning, and Risky Sexual Behaviors)



CHAPTER 2

BACKGROUND AND SIGNIFICANCE

Objectification Theory

Objectification theory (Fredrickson & Roberts, 1997) provides a framework to understand how the manner in which women's bodies are treated in our society has an effect on how women understand and experience their own bodies. In much of American society, the female body is socially constructed as an object to be looked at, evaluated, and used. In this manner, sexual objectification reduces women to their bodies, body parts, or body functions that exist for the use and pleasure of others. Furthermore, objectification implies that a woman's body can represent her as a whole (Fredrickson & Roberts, 1997). Objectification is routinely experienced by women in their daily lives, through interpersonal and social encounters, gender socialization (Swim, Hyers, Cohen, & Ferguson, 2001), and exposure to media that objectifies women (Aubrey, 2006, 2007). Interpersonal objectification is one type of sexual objectification that women experience and is the type of sexual objectification assessed in this study. It refers to instances in which women experience sexually objectifying gazes or unwanted sexual advances when interacting with others.

Like experiences of sexism (Landrine, Klonoff, Gibbs, Manning, & Lund, 1995; Moradi & Subich, 2003), experiences of sexual objectification have been linked to psychological distress among women. For example, there is an extensive body of literature linking poor self-esteem, poor body image, and disordered eating with specific forms of sexual objectification, ranging from pressures to be thin to sexual abuse and harassment (Befort, Nicpon, Kurpius, Huser, Hull-Blanks, & Sollenberger, 2001; Lindberg, Grabe, & Hyde, 2007; Moradi & Huang, 2008; Rice & Russell, 1995; Tylka & Hill, 2004). Other forms of sexual objectification such as anticipating men's gaze (Calogero, 2004), overhearing objectifying comments (Gapinski, Brownell, & LaFrance, 2003), and being exposed to sexually objectifying media (Aubrey, 2007) have also been linked to negative psychological outcomes.

According to objectification theory (Fredrickson & Roberts, 1997), self-objectification is a primary consequence of sexual objectification. Self-objectification is the internalization of sexual objectification, which occurs through gradual socialization. In other words, through self-objectification, women treat themselves as objects to be looked at, evaluated, and used. Self-objectification involves several components. First, it includes the internalization of a viewer's perspective as a primary view of one's physical self. This internalization involves viewing the self in terms of externally perceivable attributes, rather than what the body can do or how it feels (Fredrickson & Roberts, 1997). In this way, self-objectification overlaps to some extent with measures of public self-awareness or self-consciousness. Second, self-objectification involves understanding and treating one's body as existing primarily for the use and pleasure of others.

Self-objectification is, in many cases, adaptive. Practices of self-objectification frequently bring interpersonal (e.g., popularity; marriage and dating opportunities) and economic rewards (e.g., job and school advantages) (Fredrickson & Roberts, 1997). Furthermore, the outcomes of self-objectification practices, beauty and sexual attractiveness, can provide women a conduit to power they might not otherwise have access to in our patriarchal society (Calogero, Tantleff-Dunn, & Thompson, 2011; Smolak & Murnen, 2011).

In line with objectification theory, instances of sexual objectification have been found to increase self-objectification among women in experimental and quasi-experimental studies. For example, researchers have found that measures of interpersonal objectification (Kozee, Tylka, Augustus-Horvath, & Denchik, 2007; Moradi, Dirks, & Matteson, 2005) and sexualized gaze and harassment (Hill & Fischer, 2008) were related to self-objectification among women. Furthermore, specific instances of sexual objectification, such as sexual harassment (Larkin, Rice, & Russell, 1999), and exposure to sexually objectifying beauty magazines and television programs (Aubrey, 2006, 2007) are related to increased self-objectification as well. However, the strength of these findings has varied widely. Moreover, although this is not examined in the current study, there is heterogeneity in the extent to which individual women are exposed to and internalize sexual objectification. For example, researchers suggest that experiences of sexism such as sexual objectification may be experienced differently by women of color (Moradi & Subich, 2003).

In the current study, I use the interpersonal sexual objectification measure developed by Kozee and colleagues (2007) to further verify the relation between sexual objectification and self- objectification. In general, interpersonal objectification is infrequently included in models of objectification theory. This measure of interpersonal sexual objectification has been assessed only with body surveillance and internalization of the thin ideal in the literature, not measures of self-objectification. Therefore, this study contributes to this body of research by assessing the relation between this measure of interpersonal sexual objectification and self-objectification. This measure of interpersonal sexual objectification includes items about body evaluation and unwanted sexual advances. Therefore, consistent with objectification theory, it considers both women's bodies and their sexuality. The assessment of the relation between interpersonal sexual objectification and self-objectification is a key part of the current project because it allows me to test the idea that the ways in which women perceived they are being treated in society affect the ways in which women feel and behave with regard to their sexuality.

Self-objectification.

Self-objectification is difficult to operationalize due to its complexity and the multiple ways and contexts in which it takes place. Although laudable in their efforts, measures of self-objectification have not fully captured this complexity. For example, some researchers examining self-objectification have focused on the thin ideal form of objectification (e.g., Impett, Schooler, & Tolman, 2006; Tylka & Hill, 2004). While the thin ideal is an important part of self-objectification, it is only a piece of self-

objectification, especially for certain groups of women such as African American women, as is explored later in this review. By reducing self-objectification to thin ideal objectification, other types of self-objectification, such as objectification based on other appearance facets (e.g., having a lighter colored skin, smaller nose, or larger breasts) and the awareness that one is being viewed sexually, even in non-sexual contexts, are ignored.

One of the most commonly used measures of self-objectification, the Self-Objectification Questionnaire (Noll & Fredrickson, 1998), does not overemphasize thin ideal objectification and is used in the current study. In this measure, individuals are asked to rank-order an equal number of appearance-based body attributes (e.g., weight, measurements) and competence-based attributes (e.g., health, physical fitness level). The composite self-objectification measure is calculated as the difference between those ranks. Therefore, this measure assesses the extent to which women view their body as appearance- versus competence-based. While an improvement over measures that focus excessively on the thin ideal, this measure, along with other measures of self-objectification, does not consider the effects of valuing oneself and one's body predominantly as a sexual object for use and consumption by others, an important claim of objectification theory (Fredrickson & Roberts, 1997).

In contrast to measures of self-objectification, measures of sexual objectification have included a sexual component that captures this objectification theory claim. For example, measures of interpersonal sexual objectification include items assessing the frequency of sexual remarks about respondents' bodies and unwanted sexual touching

(Kozee et al., 2007; Moradi et al., 2005). In addition, in her research on objectifying media, Aubrey (2007) distinguishes between "thin ideal media" and "sexually objectifying media." In contrast to thin-ideal media, sexually objectifying media focuses on how the body and appearance are essential components of sexual desirability. Unfortunately, the inclusion of these items in measures of sexual objectification has not been translated to measures of self-objectification. Moreover, issues of sexuality are often altogether ignored in discussions and research about self-objectification. Therefore, an additional measure of self-objectification, modeled after the Self-Objectification Questionnaire (Noll & Fredrickson, 1998), was designed for and included in the current study in order to potentially complement the Self-Objectification Questionnaire. In this measure, participants are asked to rank-order characteristics of one's sexuality, half of which consist of the woman's appearance or her partner's pleasure, and the remaining half addressing the woman's own desire or pleasure. This measure was designed in hopes of capturing additional elements of self-objectification and has been pilot tested in the current study.

Indicators of self-objectification.

An extensive body of literature has focused on the indicators of self-objectification, including decreased flow and awareness of internal body states, appearance anxiety, low self-esteem, body surveillance, body dissatisfaction, and body shame (e.g., Fredrickson et al., 1998; Noll & Fredrickson, 1998; Tiggemann & Slater, 2001; Tylka & Hill, 2004). By examining the indicators of self-objectification, psychologists can better understand the ways in which self-objectification translates into

mental health problems and other risks among women. The current study focuses on body surveillance and body shame as mediators of self-objectification and sexual health. I first review the literature connecting these indicators with self-objectification. I then go on to explain the connection between self-objectification, these indicators, and women's sexual health.

Body surveillance (Moradi et al., 2005; Tiggemann & Slater, 2001) and, to a lesser extent, body self-consciousness during intimacy (Steer & Tiggemann, 2008) are well-demonstrated indicators of sexual objectification, both in quasi-experimental and experimental studies. Body surveillance includes the habitual and constant monitoring of the outward appearance of one's body (McKinley & Hyde, 1996). Similarly, body self-consciousness during intimacy is the awareness of how one's body may appear to others in sexual contexts (Wiederman, 2000). These constructs are related, but are not the same; while body self-consciousness during intimacy is specific to the sexual context, body surveillance occurs in a variety of contexts. However, they are both used as representations of surveillance in the current study because both represent the behavioral consequences of the internalization of the viewer's perspective of oneself and the anticipation of being evaluated by others. In the current study, both general surveillance and surveillance during sexual activity are measured. For simplicity sake and in order to be consistent with objectification theory, unless a specific study is being described, both general surveillance and surveillance during sexual activity are referred to as surveillance throughout the introduction.

Body surveillance occurs when, through self-objectification, women learn to treat themselves as objects to be gazed at and evaluated and become aware that external evaluation of their appearance is constantly a possibility (Kozee & Tylka, 2006). Surveillance is fairly normative, especially among young women. For example, Frederick, Forbes, Grigorian, and Jarcho (2007) found that as much as 43% of a diverse sample of women undergraduates (N = 1303) reported high levels of surveillance behaviors. Similarly, in a sample of college women, approximately a third of the women reported experiencing self-consciousness during sexual activity (Wiederman, 2000). Bartky (1990) theorizes body surveillance within Foucaultian theory. She explains how the anonymous and dispersed nature of feminine beauty standard imperatives cause individual women to see the discipline involved in these imperatives as self-chosen and self-imposed. She goes on to describe how these imperatives "imprison women in a heteronormative trap of constant self-surveillance".In other words, since the source of beauty standards is diffuse and, in some cases, invisible, women impose beauty standards on themselves through the internalization of beauty standards and self-surveillance.

Although I conceptualize surveillance as a consequence of self-objectification, it is likely that interpersonal sexual objectification contributes to surveillance beyond what is accounted for by self-objectification. This is in part because the measure of self-objectification does not fully capture the complexity of self-objectification, as discussed in the previous section. In fact, a number of researchers have used body surveillance as a measure of self-objectification (e.g., McKinley & Hyde, 1996; Muehlenkamp, Swanson, & Brausch, 2005; Sanchez & Kiefer, 2007).

Body shame is also proposed to mediate the relation between self-objectification and women's sexual health. Like surveillance, in numerous experimental and quasi-experimental studies (Calogero, 2004; Hebl, King, & Lin, 2004; Noll & Fredrickson, 1998; Steer & Tiggemann, 2008), researchers have found an association between body shame and self-objectification. For example, Fredrickson et al. (1998) experimentally induced state self-objectification in half of their sample by having them wear swimsuits. They found that those in the swimsuit condition reported higher levels of body shame than those in the control condition. Some theorists claim that shame represents the internalization of cultural body standards, in that women feel shameful about their bodies when they are unable to match cultural appearance ideals and that self-objectification exacerbates body shame by directing attention to and prioritizing the body's appearance (e.g., McKinley & Hyde, 1996). This shame is compounded when women believe that their ability to conform to this ideal is a personal choice, as some cultural messages posit (Wolf, 1991).

It is also important to consider the relations between shame and surveillance. Some researchers believe that surveillance is an essential part of self-objectification. These researchers have tested and validated models demonstrating that body surveillance generates body shame and, in some cases, partially or completely mediates the relation between self-objectification and body shame (Aubrey, 2007; Lindberg et al., 2007; Moradi et al., 2005; Steer & Tiggemann, 2008; Tiggemann & Slater, 2001). Therefore, as seen in Figure 1, I included an additional path between body surveillance and shame.

Critique of objectification theory.

Although objectification theory has been examined in a variety of studies, there is a lack of consideration of issues of diversity in research about objectification. Objectification theory was developed and validated though the use of predominantly white samples (Striegel-Moore & Smolak, 2000). Therefore, it is unclear whether objectification theory and the model proposed in this study accurately capture the experiences of women of color.

Fortunately, researchers have begun to conduct more research with diverse samples. For example, in an extension of the study completed by Frederick et al., 1998), Hebl et al. (2004) induced self-objectification among a sample of White, Asian American, Latina, and African American women (N = 224) by having them wear swimsuits. They found that, compared to women in the sweater condition, all women, regardless of racial background, were more likely to self-objectify in the swimsuit condition and subsequently performed worse on a math test. However, levels of body shame and self-objectification did differ among groups. No clear patterns emerged, with one exception; African American women tended to have less negative attitudes towards their bodies. Similarly, Bay-Cheng, Zucker, Stewart, and Pomerleau (2002) found that weight concern and embodied femininity (a measure of sociocultural attitudes towards appearance that shares attributes with traditionally used measures of self-objectification) were related among Latina and White women, but not African American women. Moreover, White and Latina women reported significantly higher levels of embodied femininity. In contrast to these studies, other researchers have found that racial and ethnic

groups are similar in levels of reported body shame, body surveillance, self-objectification, and sexual objectification (Harrison & Fredrickson, 2003; Kozee et al., 2007; Moradi, Dirks, & Matteson, 2005; Hill & Fischer, 2008; Sinclair, 2006).

Although inconclusive, in total these results suggest that objectification theory and the proposed model may be applicable to Latina and Asian American women born in the United States (Radecki Breitkopf, Littleton, & Berenson, 2007), and, to a lesser extent, African American women. While African American women do experience self-objectification, they may not experience their bodies negatively as a result of self-objectification. This conclusion is backed up by research demonstrating that African American women have higher body esteem than other groups of women (e.g. Altabe, 1998; Grabe & Hyde, 2006; Henriques & Calhoun, 1999). However, this research is limited because it treats African American women as a homogeneous group. There are likely class and other differences in these relations. Despite its importance, racial and class differences in objectification theory will not be examined in the current study and will instead be used as control variables. These differences will be examined in a future study using this study's data.

In sum, Aim 1 involves testing the foundation of objectification theory, that interpersonal sexual objectification, self-objectification, and body surveillance and shame are related. I hypothesize that: 1. The relations between interpersonal sexual objectification and body surveillance and body shame are mediated by self-objectification; and 2. Body surveillance mediates the relation between self-objectification and body shame. I add to this body of research by collecting data among a

diverse sample of women ages 18 to 34 in order to further examine and validate objectification theory. In addition, this study contributes to research about objectification theory by pilot testing a measure of sexual self-objectification.

Sexual Health

Much of the work on objectification theory has successfully established associations between self-objectification, body surveillance, and shame, and various psychological and behavioral problems, such as depression (Tiggemann & Kuring, 2004), low self-esteem (McKinley, 1998; Tolman, Impett, Tracy, & Michael, 2006), and disordered eating (e.g., Cash & Deagle, 1997). In the current study, I examine the relations between these variables and sexual health among sexually active women. The term sexual health was chosen to describe the outcome variables in part as an effort to break away from past psychological research that has implicitly defined women's sexual health as a lack of sexual risk factors. Moreover, due to a dearth of previous research, researchers have struggled to define what positive sexuality is for women (Savin-Williams & Diamond, 2004).

One example of a model developed to move away from deficit models of adolescent sexuality is Brooks-Gunn & Paikoff's (1993) model of adolescent sexuality. They posited that sexual development is one of the key developmental tasks during adolescence. It involves learning how to feel positive about one's body, experiencing and learning to manage feelings of sexual arousal and desire, engaging in sexual behaviors, and, practicing safe sex if one engages in sexual intercourse. Brooks-Gunn & Paikoff's model serves as a strong foundation for a model of sexual health. It includes behavioral,

affective, and cognitive aspects of sexuality and successfully balances both the positive and negative consequences of sexuality.

A more recent model of sexual health was developed by Robinson, Bockting, Rosser, Miner, & Colman (2002). Their model, named the Sexual Health Model, was derived from a sexological approach to sexual education and was largely created to contribute to HIV prevention efforts. It provides a theoretical framework to guide men and women toward improved sexual well-being. This model consists of ten components proposed to make up healthy human sexuality: being able to talk about sex, understanding cultural influences on sexual identity, understanding and accepting one's sexual anatomy and functioning, sexual health care and safer sex, overcoming challenges to sexual health, a positive body image, masturbation and fantasy, having a positive sexuality, ability to negotiate and obtain intimacy and relationships, and integration between one's spirituality and sexuality. Thus, as does the current study, the Sexual Health Model includes sexual, relational, and emotional variables and acknowledges both the potential positive and negative outcomes connected to sexuality.

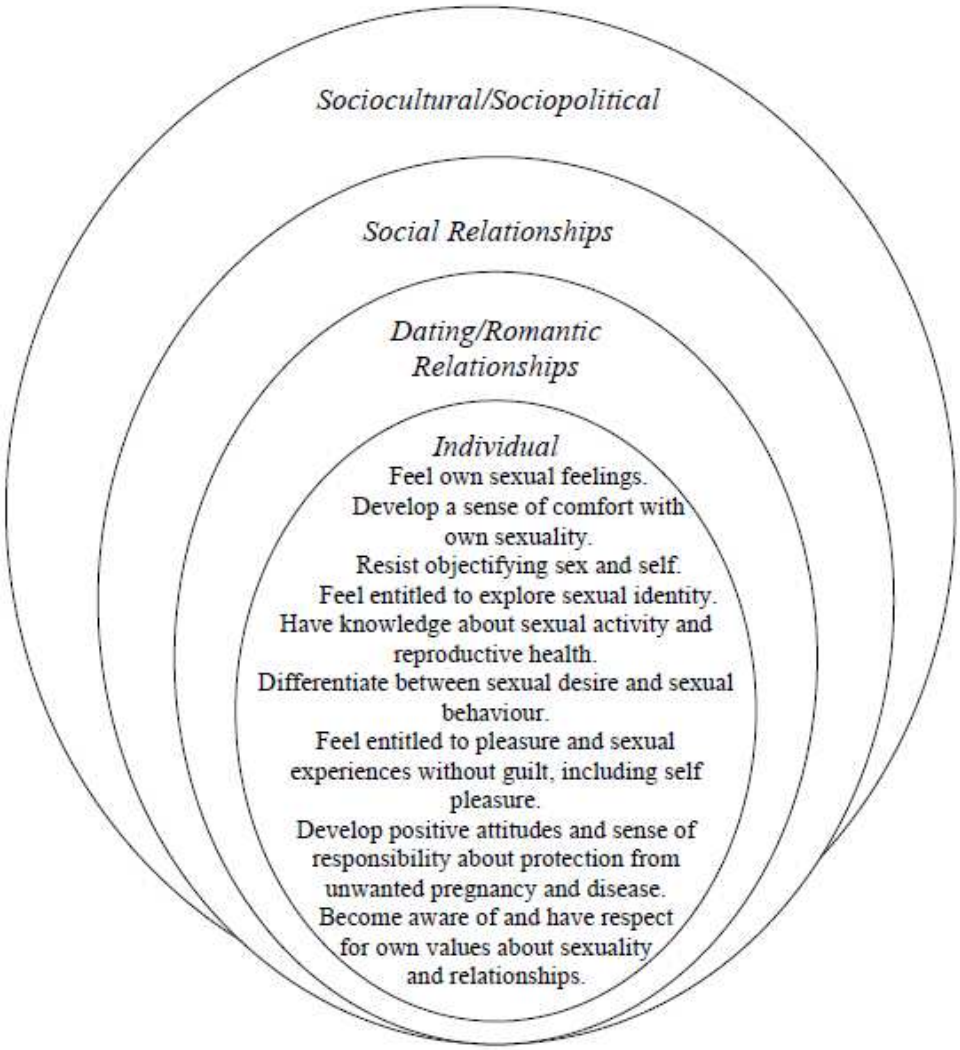
The current study utilizes Tolman, Striepe, and Harmon's (2003) model of female adolescent sexual health as a framework. This model draws from Bronfenbrenner's ecological developmental model (1979) and includes four domains: individual, dating/romantic relationship, social relationships, and sociocultural/sociopolitical (see Figure 2). The individual domain includes (but is not limited to) elements such as feeling one's own sexual feelings, being comfortable with one's sexuality, resisting objectifying sex and self-objectification, being able to differentiate between sexual desire and

behavior, feeling entitled to sexual pleasure and experiences (including masturbation) without guilt, having positive attitudes and a sense of responsibility about contraception, and being aware of and respecting one's values about sexuality and relationships.

As seen in Figure 2, the individual domain is nested within the other three domains. The domain of romantic and sexual relationships includes elements such as use of condoms and/or contraception, avoiding or leaving abusive partners, and having a critical perspective on romantic conventions. The domain of social relationships includes having social support and people to talk to in the process of achieving a positive sense of one's sexuality and healthy relationships. Last, the sociocultural/sociopolitical domain of sexuality includes elements such as the access to and freedom to use reproductive health care, education, information and materials that contribute to sexual health, and messages about women's sexuality, bodies, and relationships that contribute to sexual health. As is further discussed in the next section, Tolman and colleagues (e.g. Tolman, 1999a; Tolman & Porche, 2000; Tolman, Striepe, & Harmon, 2003) have used both quantitative and qualitative data to support this model.

Figure 2

Tolman, Striepe, and Harmon's (2003) Model of Female Adolescent Sexual Health.



This model is a useful framework for the purposes of the current research because it delineates the importance of social relationships and gender in the development of individual women's sexuality. Furthermore, by nesting the individual domain within the sociocultural domain, it integrates social messages and patriarchal systems, such as sexual objectification, that limit women's sexuality and that women must resist in order

to achieve healthier sexuality (Tolman, Striepe, & Harmon, 2003). In line with the element of healthy sexuality as elucidated in the individual domain of the model, I identify three key aspects of sexual health that I include in my model: sexual subjectivity, sexual functioning, and risky sexual behaviors.

The barriers to the achievement of sexual health are too numerous and complex to comprehensively cover in the current review. Therefore, I only briefly review some of the main theories and research about these barriers. Foucault (1978) was one major theorist who examined sexuality in context. He used historical evidence to demonstrate that through discourse power relations can act upon the body, thereby controlling sexuality. Several feminist researchers have used Foucault's ideas to explain how patriarchical messages have an effect on women's sexuality (e.g. Holland, Ramazanoglu, Scott, & Thomson, 1994; Tolman & Diamond, 2001). Common sociocultural messages that serve to limit women's sexuality include a double standard for women and men, heterosexism, derogatory messages about women's sexuality and bodies, a suppressed discourse of female desire and pleasure (with the exception of commodified female desire and subjectification), idealized femininity and sexual attractiveness, discourses of female sexual victimization, romantic ideology, and ideas of femininity that contradict positive sexuality and sexual agency. As a result of these messages, many women feel pressured to find a balance between frigidity and promiscuity and have a negative sense of both their sexuality and their bodies (Brooks-Gunn & Paikoff, 1993; Fine & McClelland, 2006; Gill, 2003; Graber, Britto, & Brooks-Gunn, 1999; Lees, 1993; Martin, 1996; Moore & Rosenthal, 1993). These messages are promoted within schools (Fine, 1988;

Fine & McClelland, 2006), by parents and peers (Thomson & Holland, 1994), and by the popular media (Brooks-Gunn& Paikoff, 1993; Fine & McClelland, 2006; Thomson & Holland, 1994). However, these messages vary by race, culture, class, and sexual orientation (Fields, 2005; Tolman & Higgins, 1996).

Also critical to sexual health, gender inequities and power dynamics affect sexual interactions (Martin, 1996). Women who make less money, are in fear of or have experienced sexual and physical victimization, and are not adequately protected by laws are likely less able to realize sexual health. For example, Tolman & Szalacha (1999) found that adolescent girls who had experienced environmental or personal exposure to violence, either by living in an urban location or though personal experiences of sexual violence, experienced sexual desire with more vulnerability than girls who didn't experience violence. Ultimately, sexual health is difficult to achieve for all women because no positive models of women's sexuality are widely sanctioned (Morokoff, 2000). In fact, Lamb (2009) warns that some feminist's idealized models of sexual health are problematic for young girls because they are so difficult to achieve. Moreover, women of color, who have been historically sexualized and targeted for sexual risk behavior research, face unique barriers to sexual health (Tolman, Striepe, & O'Sullivan, 2003).

Sexual objectification is another significant barrier to sexual health. Objectification is a message to women about their sexuality and bodies. Therefore, objectification may affect women's sexual health in a range of ways. For example, Travis et al. (2000) posit that in our society, women's sexuality is inextricably tied to physical

appearance. Therefore, through the act of sexual objectification, women's appearance is used to assess, monitor, and socially sanction their sexuality. As a result of these processes of social control, women have less control over their sexuality. This process is especially harmful to women who are older, have a handicap, or do not match the ideal because they are not seen as attractive, and therefore are seen as less sexual (Travis et al., 2000).

Along these lines, other researchers claim that sexual objectification limits women's sexuality by reminding them that they are seen as sexual objects and of the possibility of sexual violence. For example, Daniluk (1993) conducted focus groups with ten mostly white, heterosexual women of diverse ages. She found that various types of sexual objectification, including sexual harassment, the ways in which men interacted with women, and media images, had a negative effect on women's sense of their sexuality. However, it is unlikely that there is a direct connection between specific experiences of sexual objectification and sexual health, at least as variables are operationalized in the current study. The effect of sexual objectification is probably cumulative, a result of many years and types of sexual objectification experiences. Therefore, new instances of interpersonal sexual objectification may have minimal and time-limited effects.

Similarly, the effect of self-objectification on sexual health is likely to be mediated by body shame and surveillance. Although qualitative studies suggest that women with lower levels of self-objectification have more positive views of their sexuality (e.g. Hirschman, Impett, & Schooler, 2006), this relation is probably indirect.

For example, Steer and Tiggemann (2008) found that the relations between self-objectification and decreased sexual functioning were mediated by body surveillance, body shame, and appearance anxiety. Similarly, Sanchez and Kiefer (2007) found that indicators of self-objectification, including body shame and self-consciousness, were related to problems with orgasm, pleasure, and arousal. In the following sections I will examine the relations between sexual health, self-objectification, body surveillance, and shame.

Sexual subjectivity.

The first element of sexual health I discuss is sexual subjectivity. Sexual subjectivity has been explored by various theorists. Martin (1996) defined sexual subjectivity as a combination of sexual agency (meaning the sense that one can feel and act) and the sexual pleasure and body experiences associated with sexual agency. She also suggested that it is a necessary component of agency and health in that it allows women to be assertive actors in their own life. She theorized that sexual subjectivity develops through emotional and cognitive reflection and through interactions with others. Moreover, it requires the modification of sociocultural influences. Thus, this definition of sexual subjectivity is almost the opposite of sexual objectification. It requires embodying one's body and sexuality. It also requires sexual self-reflection and resistance of patriarchal discourses, such as sexual objectification.

The definition of sexual subjectivity used in the current study was developed by Horne (2005) and was strongly influenced by work by Tolman, Striepe, and Harmon (2003), as well as Martin (1996). Like Martin and Tolman et al., Horne's definition of

sexual subjectivity includes embodying and feeling good about one's body and sexuality, entitlement and self-efficacy in attaining sexual desire and pleasure, and sexual self-reflection. Furthermore, like Martin and Tolman et al., Horne (2005) posited that sexual subjectivity is a process that develops and changes over time and is dependent on intra-individual factors (such as physical and cognitive factors) and interpersonal factors (such as interaction with ones romantic partners, family, and friends). Horne's definition and measure is multidimensional and is the only known quantitative measure of sexual subjectivity.

Horne's (2005) measure and definition of sexual subjectivity include three elements: entitlement to sexual desire and pleasure, sexual body esteem, and sexual self-reflection. Entitlement to sexual desire and pleasure refers to a woman's conceptions of entitlement to sexual desire and pleasure and perceived ability in achieving sexual satisfaction. Sexual body esteem is a woman's self-perception of physical attractiveness and sexual desirability. Last, sexual self-reflection refers to a woman's self-perception of the extent to which she reflects on the nature of her sexuality, sexual behavior, and sexual experiences. Due to the complexity of sexual subjectivity, these measures were designed to be used separately (Horne, 2005). Research about sexual subjectivity, including quantitative research using Horne's (2005) measure of sexual subjectivity, has almost exclusively taken place with adolescent and young adult women. This research, as will be further explored, indicates that a small percentage of adolescents and young women do negotiate and respond to their sexuality and sexual experiences in ways that reflect sexual

subjectivity (Buzwell & Rosenthal, 1996; Holland, Ramazonoglu, Sharpe, & Thomson, 2000; Horne & Zimmer-Gembeck, 2006; Martin, 1996; Thompson, 1995; Tolman, 1994).

Nevertheless, unfortunately not all women are sexually subjective. Qualitative research has demonstrated that many adolescent girls and young women lack some elements of sexual subjectivity. For example, numerous authors have found that adolescent and adult women in their samples did not speak of desire or pleasure when describing their sexuality or sexual interactions (Holland et al., 1992; Holland et al., 2000; Lees, 1993; Thompson, 1990; Tolman, 1994, 2000). Likewise, in her interviews with adolescent girls, Tolman (1999) noticed that some girls in her sample related to their sexual desire with fear, and others resisted their feelings of sexual desire in order to stay psychologically, physically, and socially safe. This missing discourse of desire and pleasure demonstrates low levels of sexual entitlement. In addition, there is no dearth of studies finding an association between adolescent and adult women's body dissatisfaction and negative sexual outcomes (e.g. Ackard, Kearney-Cooke, & Peterson, 2000; Brennan & Shaver, 1995; Cash, Maikkula, & Yamamiya, 2004; Cash, Theriault, & Annis, 2004; Wiederman & Hurst, 1997, 1998). As described in the previous section about sexual health, sexual and self-objectification may be two of many barriers to the attainment of sexual subjectivity. This possibility is explored in the following section as I examine each element of sexual subjectivity in greater detail.

Entitlement to sexual desire and pleasure.

The first element of sexual subjectivity, entitlement to sexual desire and pleasure, includes three facets. The first two facets are entitlement to sexual desire and pleasure

with oneself and entitlement to sexual desire and pleasure with a partner. The third facet is self-efficacy in achieving sexual pleasure. It involves a women's sense of efficaciousness in asking a partner to attend to her sexual desire and pleasure. Entitlement to sexual desire and pleasure is distinct from sexual desire and pleasure. Therefore, while a woman may feel entitled to and efficacious in achieving sexual desire and pleasure, this is independent of the actual outcome.

Entitlement to desire and pleasure among women has infrequently been researched. This neglect may in part be a result of the cultural belief that while men have a strong biologically-driven sexuality, women are less sexually-driven and must react to and manage men's desire (Tolman, 1994; Welsh et al, 2000). The belief that women are more interested in relationships than in sex may also contribute to this neglect (Tolman, 1999b).

Despite neglect, evidence of entitlement to sexual desire and pleasure has been found within qualitative research informed by a feminist perspective. For example, in a diverse sample of 400 female adolescents, Thompson (1995) interviewed girls who spoke of experiencing sexual curiosity, desire, and pleasure. Similarly, in a sample of 31 diverse adolescent females living in urban and suburban communities, Tolman (2002) interviewed girls who experienced themselves as entitled to choose safe and pleasurable sex. Likewise, in another study, Tolman (1999) found that, despite cultural pressures to limit one's desire to relationships, many adolescent girls spoke of embodied sexual feelings. However, as stated earlier, studies have found that many women do not have a

sense of entitlement in regards to their sexuality (Holland et al., 1992; Holland et al., 2000; Lees, 1993; Thompson, 1990; Tolman, 1994, 1999, 2000).

Preliminary evidence from several studies has suggested a relation between self-objectification and decreased entitlement to sexual desire and pleasure. In her master's thesis, Allison (2009) found negative correlations between self-objectification and efficacy at receiving pleasure among sexually active women and entitlement to pleasure from self and partner among non-sexually active women. In a mixed methods study, Hirschman et al. (2006) interviewed six white and Latina twelfth-grade girls, three girls who scored low on self-objectification, and three girls that scored high. They found that those that scored low expressed more positive attitudes about sexuality, including sexual desire and pleasure, and engaged in more sexual experimentation. On the other hand, more self-objectified girls tended to express regret, guilt, and remorse rather than sexual desire or pleasure in describing their sexual experiences. While the sample is small and thus limited, this study potentially suggests that self-objectification debilitates women's ability to feel positive, entitled, and embodied in their sexuality. This may take place because self-objectification involves seeing the body for the use and pleasure of others and not for oneself.

Another way in which self-objectification may limit women's entitlement is by alienating women from their bodies and body sensations. In qualitative interviews with 32 mostly white girls from public and private school, Martin (1996) found that many girls talked about their bodies as though they were separate from themselves or separate characters in the story. As a result, she came to the conclusion that adolescent girls are

alienated from their bodies and sexual selves. She claimed that this alienation is harmful for girls because they are therefore unable to derive a sense of agency and subjectivity from their bodies and sexuality. Similarly, in qualitative interviews with two adolescent females, Tolman (2000) noticed that these girls talked about their bodies as objects, as though their bodies were separate from them. Furthermore, they spoke about their bodies as objects of desire, not subjects of desire. Tolman proposed that this objectified version of their bodies impeded their ability to feel entitled to and efficacious in achieving sexual desire and pleasure. Thus, as demonstrated by these studies, self-objectification may alienate women from their bodies and sexual feelings, thereby decreasing a sense of entitlement to sexual desire and pleasure.

Surveillance may be a mechanism through which self-objectification alienates women from their bodies and limits entitlement to sexual desire and pleasure. Researchers studying sexual dysfunction, such as Masters and Johnson (1970), claim that surveillance distracts women from their sexual experiences and from body sensations. As a result, surveillance may also reduce women's self-efficacy to achieve desire and pleasure. Studies examining surveillance within the context of objectification theory support this possibility. In one of the first experimental studies testing the effects of self-objectification, Fredrickson et al. (1998) found that self-objectification was related to poorer cognitive functioning. They theorized that body surveillance diminished cognitive resources. Various studies have replicated these results (e.g. Hebl et al., 2004; Quinn, Kallen, Twenge, & Fredrickson, 2006). Likewise, Dove and Wiederman (2000) found that general cognitive distraction was negatively associated with sexual esteem, sexual

satisfaction, and orgasm consistency. Thus, surveillance may act as a cognitive distraction from sexual experiences, thereby diminishing women's self-efficacy in achieving sexual desire or pleasure.

Research directly testing the relation between entitlement and surveillance is sparse and inconsistent. Two master's theses (Allison, 2009; Higgins, 2010) largely failed to find significant relations between surveillance and efficacy at receiving pleasure and entitlement to pleasure from self and a partner, although Allison (2009) did find a significant negative correlation between efficacy at achieving pleasure and surveillance among sexually active women (Allison, 2009). It is likely that small sample sizes or choice of statistical analyses limited the ability of these studies to detect significant differences. Other studies examining the effect of body surveillance in the sexual context support the existence of the relation between surveillance and entitlement and efficacy in attaining pleasure. For example, using a sample of mostly white undergraduate women (N = 317), Brooks (2009) found that the confidence to be assertive in getting sexual needs fulfilled was predicted by women's body self-consciousness during sex. Furthermore, in a study using a sample of mostly white undergraduate women (N = 116), Steer and Tiggemann (2008) found that body surveillance was indirectly related to decreased sexual functioning through its effect on appearance anxiety, body shame, and self-consciousness during sexual activity. In addition, they found that body self-consciousness during sexual activity was the strongest and most direct predictor of lower sexual functioning. Calogero and Thompson (2009a) found that surveillance was negatively related to sexual satisfaction. Similarly, Sanchez and Kiefer (2007) and Cash, Maikkula,

and Yamamiya (2004) found that indicators of self-consciousness during sex were negatively related to sexual desire and pleasure. Although not always consistent, these results suggest that surveillance is associated with negative sexual outcomes related to sexual desire and pleasure. Therefore, entitlement to sexual desire and pleasure is likely to be related to surveillance as well.

Like surveillance, shame may limit women's entitlement to sexual desire and pleasure by causing women to feel negatively about their bodies and sexuality. Negative feelings about one's body and sexuality may decrease a woman's sense of entitlement to positive outcomes. However, like surveillance, studies testing this relation are sparse. Preliminary evidence about the relation between shame and entitlement is mixed. On the one hand, a study by Brooks (2009) suggests that there is no significant relation between body shame and self-efficacy to be assertive in getting sexual needs fulfilled. Similarly, Higgins (2010) found no relation between body shame and entitlement to pleasure from self or partner or efficacy at achieving pleasure. On the other hand, other research has found preliminary evidence connecting sexual efficacy and entitlement to pleasure and shame (Allison, 2009). Furthermore, research demonstrating that body shame is indirectly related to poorer sexual functioning (Sanchez & Kiefer, 2007; Steer & Tiggemann, 2008) and sexual satisfaction (Calogero & Thompson, 2009a) suggests that body shame may be related to women's entitlement to desire and pleasure. The current study attempts to clarify this relation.

Sexual body esteem.

The second element of sexual subjectivity, sexual body esteem, refers to positive self-perceptions of sexual attractiveness and desirability. This construct has not been explored extensively in feminist research about sexual subjectivity. However, there are many studies that link various body image measures to measures of sexuality (e.g. Ackard et al., 2000; Cash, Maikkula, & Yamamiya, 2004; Hoyt & Kogan, 2002; Wiederman, 2002; Wiederman & Hurst, 1998; Wingood, DiClemente, Harrington, & Davies, 2002, 2002). For example, Buzwell and Rosenthal (1996) used cluster analysis with a sample of 470 Australian adolescents in order to identify distinct sexual styles, including a sexually competent group. They found that perceived sexual attractiveness was an important part of an individual's sexual style. Correspondingly, among a diverse sample of unmarried, heterosexual college women (N = 384), poorer body image during sex was found to be associated with lower self-confidence to refuse sex, more ambivalence in sexual decision-making, and lower sexual assertiveness during the last sexual encounter (Yamamiya, Cash, & Thompson, 2006). Hence, body esteem is an important component of sexual subjectivity.

Self-objectification, shame, and surveillance reduce women's sexual body esteem. When women evaluate their appearance through surveillance and feel that their appearance does not match that of the appearance ideal, they feel dissatisfied with their appearance to the extent they have internalized the ideal and to the extent that they self-objectify. These effects may be enhanced in sexual contexts. Moreover, sexual body esteem overlaps considerably with body shame. The main difference between to the two

constructs is that, unlike sexual body esteem, body shame is felt in relation to a woman's whole self, not just her appearance. Body shame may decrease levels of sexual body esteem by creating negative affect in relation to one's appearance.

The connection between self-objectification, surveillance, and shame and sexual body esteem has been established in various studies (Allison, 2009; Higgins, 2010; McKinley & Hyde, 1996; Myers & Crowther, 2007; Strelan & Hargreaves, 2005; Strelan, Mehaffey, & Tiggemann, 2003; Tiggemann & Lynch, 2001). For example, Harper and Tiggemann (2008) found that participants who viewed advertisements that included images of thin models reported greater state self-objectification and body dissatisfaction versus those that viewed control advertisements. Correspondingly, Muehlenkamp et al. (2005) used path analysis and found a relation between self-objectification and low body regard. The proposed study further examines the relations between self-objectification, body surveillance, and body shame and sexual body esteem.

Sexual self-reflection.

The importance of the last element of sexual subjectivity, sexual self-reflection, has been noted and explored by various feminist qualitative researchers. These researchers conjecture that sexual self-reflection enhances women's sexual decision making, moral reasoning, the anticipation of the consequences of behavior, and the determination of risk (Katchadourian, 1990; Tolman, Striepe, & O'Sullivan, 2003).

For example, in their interviews with 39 young British women, Holland et al. (1992) found that sexual self-reflection was necessary for women to gain control over their sexual experiences with men, as well as their responses in these experiences. They

found evidence of two types of sexual self-reflection: intellectual empowerment and experiential empowerment. Intellectual empowerment occurred when women critically reflected on their experiences and then made decisions about future sexual strategies. For instance, women who had experienced or submitted to sexual pressure would demonstrate intellectual empowerment when they reflected on these experiences and became determined not to experience this again. In contrast, experiential empowerment would occur when women actually changed their future behaviors as a result of their reflection, thereby shifting power relations in their sexual encounters. Holland and colleagues stressed the importance of integrating intellectual and experiential empowerment. They theorized that sexual self-reflection was necessary due to the lack of positive models of female sexuality and patriarchal messages about sexuality.

In addition to planning and managing future sexual interactions, sexual self-reflection also facilitates the development of the other two elements of sexual subjectivity: sexual entitlement to desire and pleasure and sexual body esteem. For example, Tolman (1994, 1999) found that sexual self-reflection allowed girls to have a critical perspective on sociocultural messages about women's sexuality and unequal gender relations, thus allowing them to feel entitled to sexual desire and pleasure. Furthermore, Tolman (1994) claimed that in order to feel entitled and speak about their desire and pleasure, women need to pay attention to and reflect on their sexual experiences and sexuality. Morokoff (2000) described a similar phenomenon in women's actualization of sexual assertiveness. She argued that in order to assert themselves sexually, women need to have an accurate and clear conception of their own sexuality. In

other words, in order to feel entitled to sexual desire and pleasure, women must have thought about their sexuality enough to have a firm grasp of what they want and do not want.

Sexual self-reflection may also affect sexual body esteem. In order to have high sexual body esteem, many women must have a critical perspective on their body image. They must be aware of the sociocultural expectations and values that are placed on appearance, and how appearance is tied to sexuality, and must be able to differentiate their own body expectations and values from those of culture and society (Horne, 2005). In other words, women must self-reflect about their sexuality in order to maintain positive sexual body esteem. For example, some preliminary evidence indicates that feminist values or identity may indirectly reduce the negative effect of surveillance and shame on negative eating attitudes and self-esteem (Hurt et al., 2007). However, the strength of feminist identity or beliefs as a protector against negative outcomes in studies is inconsistent (Cash, Ancis, & Strachan, 1997) and complex (Rubin, Nemeroff, & Russo, 2004).

Preliminary evidence suggests that sexual self-reflection is related to self-objectification, body surveillance, and body shame. In the qualitative study described above, Hirschman et al. (2006) found that the three girls who scored lower on self-objectification demonstrated more comfort talking about their sexuality and sexual experiences than the three girls who scored higher on self-objectification. Furthermore, those girls who scored higher on self-objectification spoke of being able to communicate sexual boundaries, but unable to communicate sexual desires to their partners. On the

other hand, girls who scored lower reported being able to communicate both boundaries and desires to their partners. These results suggest that women with lower levels of self-objectification are more sexually reflective than women with higher levels of self-objectification. Their ability to talk about their sexuality and desire with both interviewers and partners suggests that they have spent time thinking about their sexuality and preparing for future sexual experiences. Self-objectification may limit women's ability to think about their own sexuality by making women think about their sexuality only in terms of their partner's desires rather than their own. Furthermore, body shame may cause women to avoid engaging in sexual self-reflection, while surveillance may cause women to avoid or be distracted from thinking about other, non-appearance related aspects of one's sexuality. However, evidence linking sexual self-reflection to decreased levels of self-objectification, surveillance, and shame is not consistent. Two master's theses found positive correlations between sexual self-reflection and self-objectification, surveillance, and shame among certain groups of women (Allison, 2009; Higgins, 2010). The current study attempts to clarify the results of previous studies by examining the relations between self-objectification, body surveillance, and body shame and sexual self-reflection.

Conclusion.

In sum, preliminary evidence and theory suggests that the three elements of sexual subjectivity (entitlement to sexual desire and pleasure, sexual body esteem, and sexual self-reflection) are important elements of women's sexuality. Furthermore, preliminary evidence supports the relation between self-objectification, body shame, and

surveillance, and sexual subjectivity. As set forth in the second aim and as illustrated in Figure 1, this study adds to past research by assessing the relations between self-objectification, body shame and surveillance, and entitlement to sexual desire and pleasure, sexual body esteem, and sexual self-reflection. I hypothesize that: 1. The relations between interpersonal sexual objectification and sexual subjectivity are mediated by self-objectification, body surveillance, and body shame; 2. The relations between self-objectification and sexual subjectivity are mediated by body surveillance and body shame. The current study contributes to past research by providing quantitative evidence of these relations as past research on sexual subjectivity has largely been qualitative. While qualitative research has helped researchers to better understand women's sexuality in context and to develop models of sexual health, it is limited in its ability to understand the causal nature of variables or the generalizability of these understandings. In addition, the quantitative work that has been done with sexual subjectivity is only in its earliest stages. The sexual subjectivity measure has only been tested with samples that are homogeneous in ethnicity, age, sexual orientation, and class (Horne, 2005). The present study further verifies the applicability of this measure to diverse samples in the United States.

Sexual functioning.

Sexual functioning is another important component of sexual health. In the current study, the term sexual functioning is used to describe desire, sexual arousal, lubrication, orgasm, satisfaction, and pain (Rosen et al., 2000). Current data suggests that problems with sexual functioning are widespread among women (Ellison, 2001), with

approximately 43% of women complaining of at least one sexual problem. Problems with sexual desire and arousal are the most common sexual functioning problems (Laumann, Paik, & Rosen, 1999). Despite the wide prevalence, the psychological basis of problems with women's sexual functioning is still poorly understood. While some researchers define female sexual "dysfunction" through biomedical lens (American Psychiatric Association [*DSM-IV-TR*], 2000), other researchers, most notably Tiefer (2001), argue that women's sexual difficulties are much more complex and are related to sociocultural, political, economic, relational, psychological, and medical factors.

Objectification theory may help researchers better understand sexual functioning. In the current study, I posit that self-objectification and sexual functioning are related, with their relation being mediated by body surveillance, body shame, and sexual subjectivity. Although research is very limited, it supports a mediation model. As in the case of other outcomes, such as disordered eating and depression (e.g. Szymanski & Henning, 2007; Tiggemann & Lynch, 2001), research indicates that the relation of self-objectification to women's sexual functioning is mediated by other variables (Moradi & Huang, 2008; Steer & Tiggemann, 2008).

As stated, surveillance is one potential mediator. Numerous research studies have found that body surveillance has an effect on sexual functioning (e.g. Cash, Maikkula, & Yamamiya, 2004; Dove & Wiederman, 2000) and sexual satisfaction (Calogero & Thompson, 2009a). For example, in a sample of mostly white, heterosexual Australian undergraduate women (N = 116), Steer and Tiggemann (2008) found that body surveillance indirectly predicted sexual functioning through its effects on body shame,

appearance anxiety, and self-consciousness during sexual activity. They also found that self-consciousness during sexual activity directly predicted sexual functioning. Similarly, in a sample of mostly white, heterosexual men and women ($N = 320$), Sanchez and Kiefer (2007) found relations between body self-consciousness during sexual activity and elements of sexual functioning, including orgasm, pleasure, and arousal. As previously described in the last section, this likely occurs because surveillance distracts women from other feelings or sensations they may experience during sexual activities. As a result, women may experience poorer sexual functioning.

Research suggests that low sexual body esteem and high body shame may also inhibit sexual functioning (Ackard et al., 2000; Calogero & Thompson, 2009a; Hoyt & Kogan, 2002). Low body esteem and high shame about one's body or sexuality may decrease how much pleasure a woman derives from sexual experiences, both with herself and with a partner. For example, body shame predicted lower sexual pleasure, orgasm, and arousability in a sample of white heterosexual women, even after controlling for age and relationship length (Sanchez & Kiefer, 2007). Similarly, Wiederman (2002) found that body dissatisfaction inhibited sexual behaviors and interfered with the quality of sexual experiences among college women. The connection between problems with sexual functioning and body image problems may also help explain why persons with a poor body image are more likely to avoid sexual activities (Faith & Schare, 1993; Trapnell, Meston, & Gorzalka, 1997). However, these results are not always consistent, with not all studies finding a relation between poor body esteem and poor sexual functioning (e.g. Cash, Maikkula, & Yamamiya, 2004). Furthermore, some studies indicate that the effects

of low body esteem and high shame are mediated by surveillance behaviors (Sanchez & Kiefer, 2007; Steer & Tiggemann, 2008). Therefore, the relations between these variables would benefit from further examination, as proposed in the current study.

I propose that sexual self-reflection and entitlement to desire and pleasure are also related to improved sexual functioning. Sexual self-reflection may contribute to improved sexual functioning because women who reflect on their sexuality and past sexual experiences are more likely to know what they desire and what makes them feel sexual arousal, lubrication, orgasm, and satisfaction versus pain. Furthermore, sexual self-reflection may help women to plan future behaviors (Tolman, 1994), thus potentially improving their ability to act in ways that improve their sexual functioning. Entitlement to sexual pleasure and desire may contribute to improved sexual functioning because these women are more likely to behave in ways or to ask a partner to behave in ways that result in better sexual functioning. Tolman (1999b) claims that by feeling entitled and knowing her sexual desire, a woman can better navigate how she wants to have a sexual experience. As a result, she can better assert her desire and improve her sexual functioning. Preliminary evidence supports the relation between components of sexual functioning and sexual self-reflection and entitlement to sexual desire and pleasure. For example, Horne & Zimmer-Gembeck (2005) found that women who had experienced non-coital orgasm had higher levels of entitlement to sexual pleasure from self, self-efficacy in achieving sexual pleasure, and sexual self-reflection. In addition, research indicates that women with more positive sexual identities tend to have more positive

sexual experiences, including better sexual functioning (Andersen & Cyranowski, 1994; Impett & Tolman, 2006).

In sum, as described in Aim 3 and illustrated in Figure 1, the proposed study seeks to examine the hypotheses that 1. The relation between interpersonal sexual objectification and sexual functioning is mediated by self-objectification, body surveillance, body shame, and sexual subjectivity; and 2. The relation between self-objectification and sexual functioning is mediated by body surveillance, body shame, and sexual subjectivity.

Risky sexual behaviors.

Risky sexual behaviors are the last component of sexual health included in the current study. As pointed out by many psychologists, sexual safety is essential to sexual health (e.g. Tolman, Striepe, & Harmon, 2003). The potential effects of risky sexual behaviors are significant and may have enduring consequences for a woman's life. Despite this, rates of risky sexual behaviors remain alarmingly high. For example, in one survey of women ages 15 to 44 (n = 52,127), 77.8% of all women and 58.4% of never married, non-cohabiting women did not use a condom at last sexual contact (Mosher et al., 2005). In addition, between 1995 and 2002, the number of sexually active women ages 15 to 44 who did not use any contraception increased from 5.4% to 7.4%, representing an increase of 1.43 million women (National Survey of Family Growth, 2002). The consequences of risky sexual behaviors include pregnancy and sexually transmitted diseases (STDs), such as HIV (National Center for Health Statistics, 2007). Despite recent improvements, rates of unplanned pregnancies and transmission of STDs

remain problematic. For example in 2000, 18.9 million new cases of STDs occurred (Mosher, Chandra, & Jones, 2005). In addition, 5% of women ages 15 to 44 had an unintended pregnancy in 2001 (Finer & Henshaw, 2006).

Considering how women's sexuality has historically been and currently is regulated and controlled and how sexual experimentation is frequently normative and healthy (Arnett, 2000), defining risky sex is complicated. On the one hand, there is the need to raise awareness and to fight against the negative consequences of risky sexual behaviors, including pregnancy, STDs, and sexual violence. On the other hand, there is the need for women to understand, be aware of, and enjoy their sexuality and to have their needs and desires fulfilled, both sexually and relationally (Daniluk, 1993). Therefore, in order to define risky sexual behaviors in a way that does not pathologize women's sexuality, in this study I defined risky sexual behavior as having sexual relations with another person in a way that puts a woman at risk for either unwanted or unintended pregnancy or the transmission of STDs. Having sex out of wedlock, while under the influence of drugs or alcohol, or at a young age is not considered risky sex in the current research (although some studies cited in this review include these behaviors within larger composite variables).

In the current study, I posit that self-objectification is related to risky sexual behaviors, and is mediated by body surveillance, body shame, and sexual subjectivity. Preliminary evidence indicates that a mediation model is appropriate. For example, Impett et al. (2006) found that among mostly White and Latina adolescent females (N = 116), condom, but not contraception use, was associated with self-objectification and that

this relation was mediated by sexual self-efficacy. The authors speculated that contraception use was not associated with self-objectification because contraception involves advanced planning and is more likely to be used by women in longer term or more serious relationships. This study is important because it supports our mediation model, which does not include a direct line of influence between self-objectification and risky sexual behaviors. However, research is not consistent. In her master's thesis, Allison (2009) did not find a significant correlation between self-objectification and a three-item measure of risky sexual intercourse that assessed condom use, number of partners, and substance use prior to sexual intercourse. Given the dearth of studies examining this relation and inconsistency in how risky sexual behaviors are measured, further studies are needed to confirm the relation between self-objectification and risky sexual behaviors.

One possible mediator of self-objectification and risky sexual behaviors is sexual body esteem. I start with body esteem because the most research has been done in this area. As previously described, the Sexual Health Model, a model rooted in HIV prevention efforts, purports that being comfortable within relationships and sexual contexts is essential for the reduction of risky sexual behaviors (Robinson et al., 2002). In line with this, many researchers have found a relation between body dissatisfaction and risky sexual behaviors (Gillen, Lefkowitz, & Shearer, 2006; Wild, Flisher, Bhana, & Lombard, 2004; Wingood et al., 2002).

Body dissatisfaction may increase risky sexual behaviors by diminishing women's sense of confidence and security in sexual interactions and romantic

relationships. Psychologists examining the role of body dissatisfaction in interpersonal interactions and relationships have consistently found that individuals who are more dissatisfied with their bodies report greater social anxiety (discomfort and concerns about approval and acceptance) and anxiety about intimacy, as well as decreased feelings of confidence and influence (Brennan & Shaver, 1995; Cash & Fleming, 2002; Nezlek, 1999; Striegel-Moore, Silberstein, & Rodin, 1993). Similarly, psychologists have demonstrated that women with poorer body images tend to be less comfortable and confident in sexual interactions (Ackard et al., 2000; Cash, Theriault, & Annis, 2004; Wiederman & Hurst, 1998; Wiederman, 2002). For example, among a diverse sample of unmarried, heterosexual college women (N = 384), poorer body image during sex was found to be associated with lower self-confidence to refuse sex, more ambivalence in sexual decision-making, and lower sexual assertiveness during the last sexual encounter (Yamamiya et al., 2006). Similarly, Horne and Zimmer-Gembeck (2006) found a relation between sexual body-esteem and safe sex self-efficacy among 447 adolescent and young adult women.

Furthermore, in a study about African American adolescents (N = 522), Wingood et al. (2002) found that, after controlling for ethnic identity, exposure to sexually stereotypical images of women on television, depression, self-esteem, and BMI, those with lower body image satisfaction were 1.8 times more likely to fear abandonment as a result of negotiating condom use and were 2.0 times more likely to perceive themselves as having limited control in their sexual relationships. In the same vein, they found an association between lower body image satisfaction and not using condoms during sex in

the past thirty days (although this association was not found for condom use in the past six months) and having engaged in unprotected vaginal sex in the past six months.

Fewer researchers have examined the relation between body shame and risky sexual behaviors, although preliminary evidence suggests that this relation exists. For example, Schooler, Ward, Merriwether, and Caruthers (2005) found that body shame was associated with fewer sexual experiences among mostly White undergraduate women (*N* = 199), but when women with higher levels of shame did have sex, they were less likely to use condoms or contraception. In her master's thesis, Higgins (2010) found a positive correlation between body shame and risky sexual behaviors. In another study, Littleton et al. (2005) found that body shame was related to inconsistent condom use among 1547 African American, Latina, and White women (mean age 25, SD= 7.5) from family planning clinics in south Texas. Like body esteem, body shame may relate to risky sexual behaviors by debilitating women's sense of confidence, security, and assertiveness in sexual interactions and relationships.

However, research connecting body shame to risky sexual behaviors is inconclusive. In contrast to the aforementioned studies, Muehlenkamp et al. (2005) and Allison (2009) did not find a significant relation between body shame and composite measures of risky sexual behaviors. Similarly, Brooks (2009) did not find a relation between body shame and self-efficacy to refuse unwanted sex and to take sexual precautions. Furthermore, researchers have not yet explored the relations between body shame and women's confidence, security, and assertiveness in sexual interactions and relationships. Therefore, while researchers can speculate that body shame is associated

with risky sexual behaviors as a result of these factors, this has yet to be determined. The present study further examines the relation between body shame and risky sexual behaviors.

Body surveillance, like body dissatisfaction and shame, may also mediate the relation between self-objectification and risky sexual behaviors, although evidence is mixed. Brooks (2009) found that among 317 mostly white female college students, body self-consciousness during sex was predictive of participants' confidence in their ability to refuse unwanted sexual encounters and acts and take necessary precautions during sexual encounters. Schooler et al. (2005) found that, like body shame, body self-consciousness among mostly white college women (N = 199) was associated with less sexual experiences. However, when sex did occur among women with higher levels of body self-consciousness, they were less likely to use condoms or contraception (Schooler et al., 2005). In her master's thesis, Allison (2009) found a positive correlation between surveillance and risky sexual behaviors. Conversely, as in the case of body shame, Muehlenkamp et al. (2005) and Higgens (2010) failed to find a relation between body surveillance and risky sexual behaviors. Therefore, the relation between surveillance and risky sexual behaviors is currently uncertain.

Surveillance may be related to risky sexual behaviors though several mechanisms. First, it may affect risky sexual behaviors by engendering shame and dissatisfaction in sexual contexts. As previously mentioned, the results of several studies suggest that surveillance may increase levels of body dissatisfaction and shame, both in general and in sexual contexts (e.g., Aubrey, 2007; Steer & Tiggemann, 2008). Also,

body surveillance, like body dissatisfaction and shame, may be associated with decreased confidence, security, and assertiveness in sexual interactions and relationships. For example, Wiederman (2000) found that body self-consciousness during physical intimacy was related to decreased sexual assertiveness and sexual esteem, even after controlling for BMI, general body image, sexual anxiety, and well-being among mostly white college women (n=227). The present study further examines the relation between body surveillance and risky sexual behaviors.

Sexual entitlement to desire and pleasure may also relate to risky sexual behaviors, although little research has been done in this area. Tolman (1999b) argues that entitlement strongly influences risky sexual behaviors. She claims that by feeling entitled and knowing her sexual desire, a woman can better navigate when and how she wants to have a sexual experience. As a result, she can better assert her desire. In other words, entitlement enhances a woman's ability to know and assert her preferences for contraception. In line with this, Horne and Zimmer-Gembeck (2006) found that sexual entitlement to desire and pleasure were significantly related to safe sex self-efficacy among adolescent and young adult women (N = 447). Similarly, Impett et al. (2006) posited that sexual self-efficacy would be related to condom use among adolescent girls. Sexual self-efficacy is in some ways similar to entitlement. It is a woman's conviction that she can act upon her own sexual needs in a relationship. Interestingly, these authors found that sexual self-efficacy was related to condom use at first intercourse, but not general condom use. They speculated that sexual self-efficacy decreases in importance as adolescents become more familiar and comfortable with romantic relationships and

sexual interactions. Other studies have failed to find a significant relation between entitlement to desire and pleasure and risky sexual behaviors (Allison, 2009; Higgins, 2010). More studies must be conducted in order to determine the importance of entitlement to risky sexual behaviors. The present study attempts to address this need.

Last, sexual self-reflection is hypothesized to be related to risky sexual behaviors. As previously described, thinking about issues related to sexuality helps women with decision making, anticipating the consequences of behavior, and determining risk (Holland et al., 1992; Katchadourian, 1990). As described in the section about sexual subjectivity, qualitative research suggests that sexual self-reflection helps women to protect themselves, as long as they are able to integrate self-reflection into future sexual experiences (Holland et al., 1992). In line with this, Horne & Zimmer-Gembeck (2006) found that sexual self-reflection was significantly related to safe sex self-efficacy among adolescent and young adult women (N = 447). However, contrary to expectations, in her master's thesis, Allison (2009) found a positive correlation between sexual self-reflection and risky sexual behaviors.. The current study assesses the proposed relation between sexual self-reflection and risky sexual behaviors.

In sum, as described in Aim 4 and illustrated in Figure 1, the current study seeks to examine the hypotheses that 1. The relation between interpersonal sexual objectification and risky sexual behaviors is mediated by self-objectification, body surveillance, body shame, and sexual subjectivity; and 2. The relation between self-objectification and risky sexual behaviors is mediated by body surveillance, body shame, and sexual subjectivity.

Relationship Length and Satisfaction

Relationship length and satisfaction were included as contextual variables (as perceived by the individual) in the current research. I hypothesize that the relations proposed in this study, between body shame, body surveillance, entitlement to sexual desire and pleasure, sexual body esteem, and sexual self-reflection and sexual functioning and risky sexual behaviors, may be moderated by relationship length and satisfaction (Byers, 2001). These relations may be weaker among women in longer term and more satisfying relationships.

This may occur for several reasons. First, in more stable and satisfying relationships, women may become less concerned about their appearance. In fact, several studies have found that heterosexual women who reported being in a relationship reported lower levels of self-consciousness during sexual activity (Meana & Nunnink, 2006; Sanchez & Kiefer, 2007; Steer & Tiggemann, 2008; Wiederman, 2000).

Second, stable and satisfying relationships may provide a context for greater trust and more sexual experiences. Women are sometimes advised through cultural discourse to only express desire within the context of monogamous relationships (Tolman & Higgins, 1996). Although this discourse is sometime overshadowed by other discourses guiding women's sexuality (Phillips, 2000), there is an increased possibility that sexual experiences, safety, and pleasure have been discussed and negotiated within more stable and satisfying relationships. In fact, evidence suggests that relationship length and satisfaction are associated with improved sexual functioning (Byers, 2001; Regan & Berscheid, 1995; Steer & Tiggemann, 2008; Welsh, Haugen, Widman, Darling, & Grello,

2005) and lower levels of risky sexual behaviors (Impett et al., 2006; Littleton et al., 2005). Hence, body shame, body surveillance, entitlement to sexual desire and pleasure, sexual body esteem, and sexual self-reflection may be less important in determining sexual functioning and risky sexual behaviors in longer term, more satisfying relationships.

The relation between relationship length and satisfaction, sexual functioning and risky sexual behaviors, and body shame, body surveillance, entitlement to sexual desire and pleasure, sexual body esteem, and sexual self-reflection are all explored in the current study. As described in Aim 5, the current study seeks to examine the hypotheses that 1a. Relationship length moderates the relation between sexual functioning and body shame, body surveillance, entitlement to sexual desire and pleasure, sexual body esteem, and sexual self-reflection; 1b. Relationship satisfaction moderates the relation between sexual functioning and body shame, body surveillance, entitlement to sexual desire and pleasure, sexual body esteem, and sexual self-reflection; 2a. Relationship length moderates the relation between risky sexual behaviors and body shame, body surveillance, entitlement to sexual desire and pleasure, sexual body esteem, and sexual self-reflection; and 2b. Relationship satisfaction moderates the relation between risky sexual behaviors and body shame, body surveillance, entitlement to sexual desire and pleasure, sexual body esteem, and sexual self-reflection. For all hypotheses, it is proposed that for those women is more satisfying and stable relationships, relations between these variables is weaker.

CHAPTER 3

CURRENT STUDY

This study employed objectification theory as a framework through which to understand the effect of interpersonal sexual objectification and self-objectification on women's sexuality. In doing so, this study aimed to address past limitations of research by examining women's sexuality through the lens of an ecological-developmental model of female sexual health (Tolman et al., 2003), which includes both positive (e.g., sexual subjectivity, sexual functioning) and negative (e.g., sexual risk behaviors) aspects of women's sexuality. In addition, in order to reduce the heterosexist and behavioral focus on sexual intercourse, this study included variables that capture emotional and cognitive aspects of women's sexuality. Lastly, this study aimed to explore women's reported experiences of their perceived context by examining relationship length and satisfaction in order to better understand the relations between objectification theory and women's sexuality.

In consideration of the theory and research reviewed, I tested the following (see Figure 1 for illustration of hypotheses 1-4):

Hypotheses 1

1A. The relations between interpersonal sexual objectification and body surveillance and body shame are mediated by self-objectification;

1B. Body surveillance mediates the relation between self-objectification and body shame.

Hypotheses 2

2A. The relations between interpersonal sexual objectification and sexual subjectivity (sexual body esteem, entitlement to and self-efficacy in attaining pleasure, and sexual self-reflection) are mediated by self-objectification, body surveillance and body shame;

2B. The relations between self-objectification and sexual subjectivity are mediated by body surveillance and body shame.

Hypotheses 3

3A. The relation between interpersonal sexual objectification and sexual functioning is mediated by self-objectification, body surveillance, body shame, and sexual subjectivity;

3B. The relation between self-objectification and sexual functioning is mediated by body surveillance, body shame, and sexual subjectivity.

Hypotheses 4

4A. The relation between interpersonal sexual objectification and risky sexual behaviors is mediated by self-objectification, body surveillance, body shame, and sexual subjectivity;

4B. The relation between self- objectification and risky sexual behaviors is mediated by body surveillance, body shame, and sexual subjectivity.

Hypotheses 5

5A. Relationship length moderates the relations between sexual functioning and body surveillance, body shame, sexual body esteem, entitlement to and self-efficacy in attaining pleasure, and sexual self-reflection;

5B. Relationship satisfaction moderates the relations between sexual functioning and body surveillance, body shame, sexual body esteem, entitlement to and self-efficacy in attaining pleasure, and sexual self-reflection;

5C. Relationship length moderates the relations between risky sexual behaviors and body surveillance, body shame, sexual body esteem, entitlement to and self-efficacy in attaining pleasure, and sexual self-reflection;

5D. Relationship satisfaction moderates the relations between risky sexual behaviors and body surveillance, body shame, sexual body esteem, entitlement to and self-efficacy in attaining pleasure, and sexual self-reflection.

The strength of these relations is weaker among women who are in more stable and satisfying relationships

Hypotheses 1, 2, 3, and 4 are tested using structural equation modeling and bootstrap analyses. Hierarchical linear regressions are used to assess Hypothesis 5.

If verified, the proposed model can be used to better understand and intervene in women's internalization of interpersonal objectification and its effects on their sexual health. Although based on the assumption that the relations between variables are causal and based on past research findings, the model proposed in this study is cross-sectional. Thus, it is recognized that this model is likely bi-directional. For example, although I

hypothesize that interpersonal sexual objectification leads to increased levels of self-objectification, it is also likely that some women who self-objectify are more aware of or seek interpersonal sexual objectification (Hill & Fischer, 2008). Similarly, the relations between body surveillance, body shame, and sexual subjectivity with sexual functioning and risky sexual behaviors are also likely bi-directional. Positive sexual experiences may also increase levels of sexual subjectivity and decrease levels of body surveillance and shame (Cash, 2002; Hirschman et al., 2006; Sanchez & Kiefer, 2007). For example, using two waves of data, Horne & Zimmer-Gembeck (2006) demonstrated that sexual body esteem changed over time for adolescent girls who reported certain sexual experiences. Therefore, it is recognized that the proposed model does not capture the full complexity of the relations among variables.

CHAPTER 4

RESEARCH DESIGN AND METHODS

Sample Selection

1594 participants were recruited from the University of Massachusetts at Boston (UMB) and from the larger Boston community. A community sample in addition to a college sample was chosen in order to diversify the sample. Of the recruited participants, 1210 (75.9%) were recruited from UMB and 382 (24%) were recruited from the Boston community. Participants had to be female and 18 to 34 years of age in order to participate.

Recruitment for participants from UMB included the use of an announcement in classes that offered research credit to students and mass emails to all UMB students. Recruitment for participants from the community included emails to the leaders of organizations specific to women or ethnic and racial communities and advertisements on craigslist.org. If interested in participating in the study, individuals were directed to a website (hosted by PsychData) where they completed all questionnaires anonymously. The Institutional Review Board at UMB approved the procedures used to collect these data.

Participants who began the survey, but did not complete any measures beyond the demographic data questionnaire, were excluded from data analyses (n = 323, 20.3%). Excluded participants also included those who read the informed consent form and chose not to proceed with the study. This decision was made to decrease the number of cases with a large amount of missing data. Compared to participants who were included in the final sample, participants who were recruited but were not included in the final sample reported lower current household income (t (24.54) = 2.54, $p < .05$), were less likely to have engaged in sexual intercourse (X^2 (1, n = 1315) = 11.96, $p < .01$), and were less likely to have been born in the United States (X^2 (1, n = 1318) = 4.76, $p < .05$).

Procedure

Participants (N = 1594) were recruited during the winter of 2010 to complete questionnaires online in exchange for either course credit or to be entered into a raffle to win one of twenty $100 gift certificates. Participants first read an informed consent form. The informed consent form specified the details of the study and participants' rights. Once they had the chance to review it, individuals had the option to commence the study. In commencing the study, individuals acknowledged that: they understood the general purpose of the study; their participation was voluntary; they could discontinue at any time; their responses were entirely anonymous and were kept confidential; and in completing the survey they provided their voluntary consent for their data to be used for research purposes.

In order to protect confidentiality, no names or identifying information were attached to questionnaire responses. PsychData allows researchers to create two surveys,

one for identifying information (in order to notify raffle winners) and one for research data questions. The data from these surveys are unlinked.

Participants were debriefed after completing the survey. They were advised to call the Principal Investigator of the study, the faculty member overseeing the study, or the UMB Counseling Center (if they were a UMB student) if they experienced any emotional distress as a result of their participation. No participants contacted either the Principal Investigator or faculty member for this reason. It is not known whether any participants contacted the UMB Counseling Center because it adheres to rules about confidentiality

Of the 1271 participants who completed measures in addition to the demographic questions and thus were included in this study, 1055 (83%) finished the survey. Participants who did not finish the survey were less likely to have had sexual intercourse (X^2 (1, n = 1256) = 11.81, $p < .01$), were less likely to identify as heterosexual and more likely to identify as a lesbian or bisexual (X^2 (3, n = 1265) = 9.25, $p < .05$), were more likely to be in a long-distance relationship (X^2 (1, n = 853) = 5.87, $p < .05$), and reported fewer interpersonal sexual objectification experiences in the past month, t (1167) = 1.99, $p < .05$ (M = 26.67, SD = 8.40) than those who did finish the survey (M = 28.08, SD = 8.80).

Characteristics of this sample are described in Table 1 and 2. The mean age of participants included in this study was 23.52 years old. Eight hundred and eighty five participants (69.6%) of the sample identified as White, 124 (9.8%) of the sample identified as Black, 134 (10.5%) of the sample identified as Latino, and 152 (12%) identified as Asian. In regards to sexual orientation, 1063 (84%) identified as

heterosexual, 44 (3.5%) identified as lesbian, 129 (10.2%) identified as bisexual, and 29 identified as other (2.3%). 156 (12.3%) of the sample were married, 6 (.5%) separated, 21 (1.7%) divorced, and 2 (.2%) widowed. Eight hundred and sixty-four (68%) were currently in a romantic relationship. The majority of the sample had engaged in sexual activity with another person (n = 1114, 89.1%) and sexual intercourse (n = 1093, 87%). The median level of educational attainment for the participants was 1 to 3 years of college. The median level of highest parental educational attainment was a college degree. The median current household income for participants was $25,001 to $35,000 and the median family of origin household income was $50,000 to $75,000.

Table 1

Descriptive Statistics of Continuous Demographic Variables

	N	Range	*M*	*SD*	Median
Age	1256	18-35	23.52	4.07	23
Months in relationship	763	0-180	30.34	30.22	20
Months as friends prior to relationship	755	0-528	12.14	28.27	3
Importance of religion/spirituality	1264	0-5	3.2	1.66	3
Frequency of attendance of place of worship	1260	1 (>1/week) -5 (never)	4.01	1.19	4

Table 2

Descriptive Statistics of Categorical Demographic Variables

	Frequency	Percent
UMB student	973	76.6
Non-UMB student	298	23.4
Sexual orientation		
Heterosexual	1063	84.0
Lesbian	44	3.5
Bisexual	129	10.2
Other	29	2.3
Marital status		
Single	1081	85.1
Married	156	12.3
Separated	6	.5
Divorced	21	1.7
Widowed	2	.2
Romantic relationship	864	68
Live with partner	336	26.4
Long-distance	174	13.7
Not in romantic relationship	407	32

Engaged in sexual activity		
Yes	1114	89.1
No	136	10.9
Engaged in sexual intercourse		
Yes	1093	87
No	163	13
First Language		
English	1019	80.8
Spanish	62	4.9
Other	180	14.3
Parental Status		
Parent	95	7.5
Non-parent	1165	91.7
Pregnant	11	.9
Trying to become pregnant	39	3.1
Current Household income		
$0-$15,000	374	30.9
$15,001-$25,000	179	14.8
$25,001-$35,000	122	10.1

$35,001-$50,000	168	13.9
$50,001-$75,000	142	11.7
$75,001-$100,000	108	8.9
$100,001-$200,000	88	7.3
More than $200,000	28	2.3
Family of origin household income		
$0-$15,000	62	5.1
$15,001-$25,000	76	6.3
$25,001-$35,000	133	11
$35,001-$50,000	217	18
$50,001-$75,000	236	19.5
$75,001-$100,000	256	21.2
$100,001-$200,000	160	13.2
More than $200,000	68	5.6
Family financial situation		
Routinely unable to purchase necessities	40	3.2
Occasionally unable to purchase necessities	294	23.6

Never worried about having money for necessities	616	49.4
Had more than enough money for necessities and luxuries	297	23.8
Race/ethnicity		
White	885	69.6
Black	124	9.8
Latino/a Non-white	70	5.5
Latino/a White	64	5
Asian	152	12
Alaskan Native/ Native American/ Indigenous	27	2.1
Pacific Islander/ Native Hawaiian	10	.8
Other	54	4.2
Multi-racial	47	3.7
Parent born outside of U.S.	478	37.6
Born outside of the U.S.	221	17.4

Education		
8th grade or less	1	.1
1-3 years of high school	6	.5
High school graduate	88	7
Vocational school/Other non-college	6	.5
1-3 years of college	692	55
College degree	345	27.4
Graduate work	121	9.6
Parent Education (highest level)		
8th grade or less	46	3.7
1-3 years of high school	46	3.7
High school graduate	244	19.6
Vocational school/Other non-college	81	6.5
1-3 years of college	164	13.2
College degree	364	29.2
Graduate work	302	24.2

Measures

Demographics.

A demographic questionnaire was administered asking the participant's age, sex, gender identity, race, ethnicity, personal income, family income, and immigration history.

For race and ethnicity, participants were given the option of selecting one or more categories. This questionnaire also included questions about the participant's relationship, including whether they were in a romantic relationship, were married, and/or live with their partner. Participants were also asked about the length of their relationship, how long they have known their partner, how long they were with their partner before engaging in sexual behaviors and sexual intercourse, whether their relationship is exclusive or long-distance, and how much time they spend with their partner. In addition, participants were asked whether they have engaged in sexual activity or sex in order to determine whether measures or items were applicable to the participant. Inapplicable measures or items were automatically skipped.

Self-esteem.

Self-esteem, as measured by an abbreviated version of the Rosenberg Self-esteem Scale (RSE) (1965; 1985), was included as a potential control variable. Past studies have found a relation between self-esteem and indicators of objectification (e.g. Befort et al., 2001; McKinley, 2006) and some measures of sexuality (e.g. Hollar & Snizek, 1996; Rehbein-Narvaez, García-Vázqez, & Madson, 2006). The RSE includes 10 items such as, "At times I think I am no good at all" and "I feel that I have a number of good qualities." It is measured on a 4-point scale ranging from strongly agree to strongly disagree. Total scores range from 10 to 40, with higher scores indicating higher levels of self-esteem. The RSE has been found to be both reliable and valid (Blascovich & Tomaka, 1993; Rosenberg, 1986). Cronbach's alpha coefficient for this scale was .89, and was the same among the university and community samples.

Interpersonal sexual objectification.

The Interpersonal Sexual Objectification Scale (ISOS) was developed and assessed by Kozee et al. (2007). This scale assesses two types of interpersonal sexual objectification: the sexually objectifying gaze and unwanted sexual advances. It includes 15 items such as, "How often have you overheard inappropriate sexual comments made about your body?" and "How often have you been touched or fondled against your will?" It is measured on a 5-point scale ranging from 1 (never) to 5 (almost always). The ISOS has demonstrated adequate internally consistency reliability, test-retest correlation, convergent validity, and discriminant validity. For the current study, participants were asked to indicate the frequency of each item during their lives and during the past month. Interpersonal sexual objectification in the past month was used in analyses. Cronbach's alpha coefficient for this scale in the current study was .90, and was the same among the university and community samples.

Appearance self-objectification.

Appearance self-objectification was measured with the Self-Objectification Questionnaire (SOQ; Noll, 1996; Noll & Fredrickson, 1998). The SOQ asks participants to rank a list of 12 attributes according to how important each attribute is to their physical self-concept (1= most important, 12= least important). Six of the attributes are related to observable attributes, such as weight and sex appeal. The other six attributes are related to non-observable attributes, such as health and muscle strength. Total SOQ scores were derived by calculating the difference between the sums of the observable attributes scores and the non-observable attribute scores. Scores can range from -36 to 36, with higher

scores indicating greater importance of observable relative to non-observable attributes, or higher appearance self-objectification. The SOQ has been demonstrated to have good convergent validity (Noll, 1996), discriminant validity (Fredrickson et al., 1998), and internal consistency (as measured though the correlation of the sum of observable and non-observable attribute scores) (Hill & Fischer, 2008). Given the ranking ordinal nature of this measure's data, Cronbach's alpha was not possible to calculate.

Sexual self-objectification.

Sexual self-objectification was assessed using a measure created for the current study. This measure was modeled on the SOQ (Noll, 1996; Noll & Fredrickson, 1998). Participants were asked to rank a list of 6 attributes (1=most important, 6=least important). Three of the attributes were related to external sexual experiences, including sex appeal, appearance of sexual body parts (e.g. breasts, labia, pubic hair), and ability to pleasure others. The other three attributes were related to internal sexual experiences, including sexual pleasure, ability to self-pleasure through masturbation, and feelings of sexual desire towards others. Total scores were derived by calculating the difference between the sum of the internal attributes scores and the external attribute scores. Scores can range from -9 to 9 with higher scores indicating greater importance of attributes related to external sexual experiences in comparison to attributes related to internal sexual experiences, or higher sexual self-objectification.

Given the ranking ordinal nature of this measure's data, I could not calculate Cronbach's alpha. This measure was further examined (as detailed in the results section) before inclusion in main study analyses. Additional items that asked participants to

indicate the importance of each of the six sexual self-objectification variables were also included in order to facilitate the assessment of the sexual self-objectification measure. For example, participants were asked, "How important do you think sex appeal (appearance of sexual body parts; sexual pleasure; ability to self pleasure through masturbation; ability to pleasure others; feelings of sexual desire towards others) is to your sexual self-concept". Participants ranked importance from 1 (not very important) to 4 (very important). These items are further discussed in the results section.

Body shame.

Body shame was measured using the body shame sub-scale of the Objectified Body Consciousness Scale (OBC; McKinley & Hyde, 1996). It consists of eight items such as, "I feel ashamed of myself when I haven't made the effort to look my best." It was scored on a 7-point scale ranging from 1 (strongly disagree) to 7 (strongly agree). Items were averaged to arrive at an overall subscale score. Higher scores indicate higher levels of body shame. This scale has been demonstrated to have internal consistency, stability over a 2-week period, and construct validity (McKinley & Hyde, 1996). Cronbach's alpha coefficient for this scale in the current study was .85, and was similar among the university ($\alpha = .85$) and community samples ($\alpha = .84$).

General body surveillance.

Participants' level of general body surveillance or monitoring was measured using the body surveillance sub-scale of the Objectified Body Consciousness Scale (OBC; McKinley & Hyde, 1996). It includes eight items such as, "During the day I think about how I look many times." It was measured on a 7-point scale ranging from 1 (strongly

disagree) to 7 (strongly agree). Higher scores indicate higher levels of general body surveillance. This scale has been demonstrated to have internal consistency, stability over a 2-week period, and construct validity (McKinley & Hyde, 1996). Cronbach's alpha coefficient for this scale in the current study was .82, and was similar among the university ($\alpha = .81$) and community samples ($\alpha = .83$).

Body surveillance during sexual activity.

The Body Exposure during Sexual Activities Questionnaire (BESAQ; Cash et al., 2004) was used to measure body surveillance and self-consciousness during sexual activity. The BESAQ consists of 28 items such as, "I don't like my partner to see me completely naked during sexual activity" and "I am self-conscious about my body during sexual activity." It was measured on a 5-point scale ranging from 1 (never) to 5 (always or almost always). Nine items were reverse coded. Higher scores indicate higher body surveillance during sexual activity. This scale has been demonstrated to have adequate internal consistency and construct validity among African American and White college students (Cash et al., 2004). Cronbach's alpha coefficient for this scale in the current study was .82, and was the same among the university and community samples.

Sexual subjectivity.

The Female Sexual Subjectivity Index (FSSI) (Horne, 2005; Horne & Zimmer-Gembeck, 2006) has been used to assess psychosocial sexual health. The FSSI consists of 20 items and 3 main variables: entitlement to sexual desire and pleasure, sexual body-esteem, and sexual self-reflection. The FSSI was developed from a pool of items, including items from previously developed and validated instruments (e.g. Derogatis &

Mellisaratos, 1979; Rosenthal, Moore, & Flynn1991; Snell, Fisher, & Miller, 1991). This scale has demonstrated good face validity, content validity, construct validity in three samples of adolescent and young adult, mostly white and heterosexual, Australian women (N = 192, N = 449, N = 216) (Horne & Zimmer-Gembeck, 2006). The FSSI has good reliability, with Cronbach's alpha ranging from .77 to .89. Test-retest validity and discriminant validity have not been established.

All items have response options ranging from 1 (not at all true for me) to 5 (very true for me). For all scales, higher scores indicate greater levels of sexual subjectivity. As appropriate, negative items were reverse-coded.

Entitlement to sexual desire and pleasure measures conceptions of entitlement of sexual desire and pleasure and perceived ability in achieving sexual satisfaction. It consists of 10 items. Factor analyses indicated the existence of three subscales: sense of entitlement to sexual pleasure from self, sense of entitlement to sexual pleasure from partner, and self-efficacy in achieving sexual pleasure. Sense of entitlement to sexual pleasure from self consists of 3 items such as, "It is okay for me to meet my own sexual needs through self-masturbation." Sense of entitlement to sexual pleasure from partner consists of 4 items such as, "I think it is important for a sexual partner to consider my sexual pleasure." However, one item "I would expect a sexual partner to be responsive to my sexual needs and feelings", was omitted due to clerical error. Therefore, this subscale only had 3 items in the current study. Self-efficacy in achieving sexual pleasure includes 3 items such as, "I would not hesitate to ask for what I want sexually from a romantic partner." These three subscales, consisting of 9 items, were combined in the current

study. Cronbach's alpha coefficient for this scale was .83. Cronbach's alpha coefficient among the university (α = .84) and community samples (α = .76) slightly varied.

Even with the omission of one item from the sense of entitlement to sexual pleasure from a partner subscale, factor analyses and reliability statistics from the current study were similar to those of the original study developing the measure (Horne, 2005). More specifically, item loadings for the sense of entitlement to sexual pleasure from a partner subscale in the current study ranged from an absolute value of .66 to .86 and Cronbach's alpha for the subscale was .81; these numbers are comparable to the original study. However, as expected given the decreased number of items in the subscale, this subscale accounted for 28.4% of the total variance (eigenvalue = 5.7) in the original study and only 12.0% (eigenvalue = 2.3) in the current study. Correlation analyses of the subscales of sexual subjectivity were also compared and were found to be similar among the original and current study. Thus, it was determined that, despite its limitations, analyses could continue as planned without the item. In order to simplify language and readability of the results, and to be clear that we are using an abbreviated version of one of subscales, this measure will be referred to as "modified entitlement" in the results and discussion section.

Sexual body-esteem is the second variable of the FSSI. It measures self-perceptions of sexual attractiveness and desirability. It includes 5 items such as, "I worry that I am not sexually desirable to others." Cronbach's alpha coefficient for this scale was .89, and was similar among the university (α = .88) and community samples (α = .89).

Sexual self-reflection is the third variable of the FSSI. It measures the extent to which women reflect on the nature of their sexuality, behavior, and experiences. It includes 5 items such as, "I spend time thinking and reflecting about my sexual experiences." Cronbach's alpha coefficient for this scale was .82, and was the same among the university and community samples.

Sexual functioning.

Sexual functioning was measured using the Female Sexual Function Index (FSFI; Rosen et al., 2000). It was measured among women who have been sexually active, either with themselves or with a partner, in the past four weeks. The FSFI assesses five domains of sexual functioning, including desire/arousal, lubrication, orgasm, satisfaction, and pain. It consists of 19 items such as, "Over the past four weeks, how often did you feel sexual desire or interest?" All items have a 5-point response scale (1 to 5) indicating variations in frequency, intensity, or degrees of satisfaction, as appropriate. Participants were also given the option of "not applicable," which was scored as missing (Meyer-Bahlburg & Dolezal, 2007). Higher scores indicate better sexual functioning. Scores can be summed to create five domain scores or a total score. The total score was used in the current study. The FSFI has demonstrated good internal consistency, convergent validity, and discriminant validity (Meston, 2003; Rosen et al., 2000; Wiegel, Meston, & Rosen, 2005). Cronbach's alpha coefficient for this scale was .89, and was similar among the university ($\alpha = .89$) and community samples ($\alpha = .87$).

Risky sexual behaviors.

No standard measures were found that assessed risky sexual behaviors in a manner consistent with the definition employed in the present study. Many current measures of risky sexual behaviors have been designed to assess risky sexual behaviors among adolescents or have included items such as age of first intercourse or use of drugs or alcohol during sex as risky sexual behaviors. These items are not believed to accurately represent risk behaviors among adults. Furthermore, current measures of risky sexual behaviors tend to be heterosexist, have too narrow of a focus to be used with adults, and do not have adequate psychometric properties (Turchik, 2007). Therefore, risky sexual behaviors were assessed using four measures: a self-defined assessment of risky sexual behaviors, risky sexual behaviors with a regular partner, risky sexual behaviors with a casual partner, and sexual risk taking with uncommitted partners.

A self-defined assessment of risky sexual behaviors was assessed first. Participants were asked whether they have engaged in either psychologically or physically risky sex, and if so, to describe. The purpose of these items was to obtain information about the participant's perception of their own risky behaviors. These items were not used in quantitative analyses. Common responses to the question about psychologically risky sex included having sex in an abusive relationship, having casual sex, having sex with a partner who did not care about them, having sex with an ex or someone who has sex with another sexual partner or partners, cheating on a current partner, having sex when drunk or on drugs, being pressured to have sex, and rape. Common responses to the question about physically risky sex included having

unprotected sex, casual sex, having sex with someone they didn't know well, having sex with someone who has multiple sexual partners, violent sex play (e.g. rough sex, asphyxiation), and rape. These responses indicate that the measures below capture many of the self-perceived risky sexual behaviors of our sample.

The next two measures were taken from the National Longitudinal Adolescent Study (Add Health) (Harris, Halpern, Entzel, Tabor, Bearman, & Udry, 2008) and adapted according to a measure developed by Rosenthal, Moore, & Brumen (1990). The Add Health items assess the frequency of vaginal intercourse without birth control or pregnancy protection and condoms during the past month (Harris et al., 2008). They were adapted to assess the frequency separately for regular and casual partners. A regular partner was defined as someone with whom the participant has a reasonably permanent sexual relationship. A casual partner was defined as someone with whom the participant has had sex only once or infrequently (Rosenthal et al., 1990). Additional items were included to also assess the frequency of oral and anal sex without condom use with a regular and casual partner. Frequency was measured on a five-point scale ranging from 0 (none) to 5 (all). Therefore, eight items were asked: vaginal sex without a condom with regular and casual partners, vaginal sex without birth control with regular and casual partners, oral sex without a condom with regular and casual partners, and anal sex without a condom with regular and casual partners. Participants were also asked to estimate the number of times in the past month they had vaginal, oral, and anal sex with regular and casual partners.

Item analyses were then used to recode the individual items from 0 to 4 based on frequency of vaginal, anal, and oral sex with a regular and casual partner. Frequencies of 0 were coded as 0. The following guidelines were used to classify the remaining frequencies into blocks when possible: 1 = 40% of responses, 2 = 30% of responses, 3 = 20% of responses, and 4 = 10% of responses. The specific manner in which these variables were recoded is displayed in Table 3. By recoding these items from 0 to 4, the negative skew of the data was reduced.

Table 3

Recoding of Frequency of Sex Variables

	New Value				
Frequency Variable	0	1	2	3	4
Vaginal sex with a regular partner	0	1-4	5-10	11-20	20+
Vaginal sex with a casual partner	0	1	2-3	4-8	9+
Anal sex with a regular partner	0	1	2-3	4-5	6+
Anal sex with a casual partner	0	1	2-3	4-15	16+
Oral sex with a regular partner	0	1-2	3-5	6-14	15+
Oral sex with a casual partner	0	1	2	3-5	6+

Composite scores were calculated separately for regular and casual partners. The recoded frequency of vaginal, oral, and anal sex with regular partners was multiplied by the corresponding protection behavior in order to derive a number that represents both the number of times and frequency of risk. Four interaction terms were calculated for risky sexual behaviors with regular partners. These terms were added together to obtain a composite score for risky sexual behaviors with regular partners. A similar calculation was computed in order to obtain a composite score for risky sexual behaviors with casual partners. Cronbach's alpha coefficient for the risky sex with a regular partner scale was .69. Cronbach's alpha coefficient among the university ($\alpha = .69$) and community samples

(α = .65) slightly varied. Cronbach's alpha coefficient for the risky sex with a casual partner scale was .70. Cronbach's alpha coefficient among the university (α = .71) and community samples (α = .63) slightly varied.

The third measure (total risky sex) was taken from a larger measure developed by Turchik (2007). This measure assesses sexual risk taking with uncommitted partners and includes 8 items. Participants were asked to indicate how many times a behavior occurred in the past month. Sample items include "How many times have you had sex with someone you don't know well or had just met?" and "How many times have you had sex with a new partner before discussing sexual history, IV drug use, disease status and other current sexual partners?" Item analyses were then used to recode individual items from 0 to 4. Frequencies of 0 were coded as 0. The following guidelines were used to classify the remaining frequencies into blocks when possible: 1 = 40% of responses, 2 = 30% of responses, 3 = 20% of responses, and 4 = 10% of responses. The specific manner in which these variables were recoded is displayed in Table 4. This system of coding reduced the negative skew of the data. This measure was tested among college students and shown to have adequate validity, test-retest reliability, and internal consistency (Turchik, 2007). Cronbach's alpha coefficient for this scale in the current study was .80. Cronbach's alpha coefficient among the university (α = .79) and community samples (α = .86) slightly varied.

Table 4

Recoding of Frequency of Total Risky Sex Items

	New values				
Item	0	1	2	3	4
1	0	1	2	3-4	5+
2	0	1	2	3-4	5+
3	0	1	2	3-4	5+
4	0	1	2	3-4	5+
5	0	1	2	3-4	5+
6	0	1	2	3-4	5+
7	0	1	2	3	4
8	0	1	2	3-4	5+

Relationship satisfaction.

Relationship satisfaction was measured with the Relationship Assessment Scale (RAS; Hendrick, 1988). It was measured among participants who define themselves as currently being in a romantic relationship. The RAS assesses global relationship satisfaction. It consists of seven items such as, "How well does your partner meet your needs?" It was measured on a 5-point scale ranging from 1 (low satisfaction) to 5 (high

satisfaction). Scores were summed, with higher scores indicating greater relationship satisfaction. Scores range from 7 to 35. Internal consistency, test-retest reliability, and construct validity has been demonstrated to be good (Hendrick, 1988; Hendrick, Dicke, & Hendrick, 1998; Vaughn & Baier, 1999). Cronbach's alpha coefficient for this scale in the current study was 87, and was the same among the university and community samples.

The descriptive statistics for main study variables are displayed in Table 5.

Table 5

Descriptive Statistics of Study Variables

	N	% non-missing responses	Range	*M*	*SD*	Cronbachs
Self-esteem	1218	95.8	10-40	30.48	5.20	.89
Objectification	1169	92.0	14-63	26.87	8.47	.90
Appearance self-objectification	1180	92.8	-36-36	9.53	17.92	na
Sexual Self-objectification	1164	91.6	-9-9	2.70	4.70	na
Shame	1127	88.7	8-53	30.53	10.59	.85
General surveillance	1132	89.1	9-56	38.77	8.47	.82
Surveillance during sexual activity	868	68.3	28-140	68.66	24.32	.96

Sexual subjectivity						
Entitlement	1026	80.7	12-45	32.00	7.31	.83
Body esteem	1045	82.2	5-25	17.07	4.97	.89
Reflection	1049	82.5	5-25	18.17	4.57	.82
Sexual functioning	726	57.1	29-90	72.27	10.83	.89
Risky sex with casual partner	921	72.5	0-46	1.40	5.24	.70
Risky sex with a regular partner	899	70.7	0-64	13.15	13.60	.69
Total risky sex	966	76.0	0-28	1.74	2.65	.80
Relationship satisfaction	728	57.3	10-35	28.99	5.39	.87

CHAPTER 5

RESULTS

SPSS was used for preliminary results.

Missing Data

Using Missing Value Analyses (MVA) and Little's MCAR test, analyses of missing values indicated that data were missing at random (McKnight, McKnight, Sidani, & Figueredo, 2007). Missing data are in part attributable to attrition. As seen in Table 5, which displays variables according to the order in which questionnaires were presented to participants, variables that were presented earlier in the survey had higher response rates than variables that were presented later in the survey. An exception to this tendency is the body surveillance during sexual activity measure. This measure had a high missing rate due to the length of the measure (28 items) and because the response options included "not applicable", which were coded as missing. Sexual functioning and relationship satisfaction also have particularly high rates of missing data. This occurred because participants were either not in relationships or had not engaged in sexual activity or intercourse in the past month and therefore did not complete the measure.

Given the pattern of missing data, the Full Information Maximum Likelihood (FIML) method was deemed to be an appropriate method to handle missing data. FIML is a data augmentation procedure that uses an algorithm to take into account the missing data, the observed data, and an assumed underlying distribution or probability model in order to compute, accumulate, and maximize likelihood (McKnight et al., 2007).

Multivariate Normality

SEM estimation techniques used in this study assume multivariate normality and the absence of outliers (Tabatchnik & Fidell, 2001). Given these assumptions, I tested for normality of variables and visually inspected for outliers using box and whisker plots and Mahalanobis distances. I also checked distributional properties, including kurtosis and skew statistics. Results of evaluation of assumptions led to log transformations of risky sex with a casual partner and total risky sex in order to reduce skewness, reduce the number of outliers, and improve the normality, linearity, and homoscedasticity of residuals (Tabatchnik & Fidell, 2001). After these transformations, outliers still existed, and risky sex with a casual partner still deviated significantly from a normal distribution. After inspection to determine whether outliers were properly part of my sample and what other variables separated them from the rest of the sample, several extreme outliers were pulled in and recoded to be less deviant in relation to the rest of the sample (Tabatchnik & Fidell, 2001).

Examination of Measure of Sexual Self-Objectification

Prior to the inclusion of the measure of sexual self-objectification in analyses, the psychometric properties of the measure were examined. I was unable to assess reliability

due to the ranked ordinal nature of the variable. However, I was able to assess the reliability of the complementary sexual self-objectification items, which asked participants to indicate the importance, from 1 to 4, of each of the six sexual self-objectification variables to their sexual self-concept. After reverse scoring several items, I created a complementary composite variable assessing sexual self-objectification. Cronbach's alpha for these six items was .73.

I next examined convergent validity by examining bivariate correlations between sexual self-objectification and similar variables. The sexual self-objectification measure and the complementary sexual self-objectification importance composite variable were significantly correlated($r = .59$, $p < .001$), indicating that participants responded similarly on both measures. Sexual self-objectification was also positively correlated with appearance self-objectification ($r = .28$, $p < .001$), thus indicating that these measures assess similar, although separate constructs. Furthermore, as expected, sexual self-objectification was positively correlated with interpersonal sexual objectification experiences in the past month ($r = .08$, $p < .01$) and in life ($r = .07$, $p < .05$). These correlations were very small[1], and were lower than expected. However, it is important to note that appearance self-objectification, a well-validated measure, had similar relations with interpersonal sexual objectification experiences in the past month ($r = .10$, $p < .01$) and in life ($r = .10$, $p < .001$).

[1] By convention, correlation coefficients lower than .1 are considered very small, ≥0.1 are considered small, ≥ 0.3 are considered medium, and ≥0.5 are considered large (Cohen, 1988).

I also examined the correlations between measures of self-objectification and shame, surveillance, and sexual subjectivity. I hypothesized that sexual self-objectification should have stronger relations with variables related to sexuality, whereas appearance self-objectification should have stronger relations with variables related to body appearance. The Fisher r-to-z transformation was used to statistically compare correlation coefficients. As expected, the relations between appearance self-objectification and general surveillance (r = .38, p < .001) and shame (r = .25, p < .01) were stronger than that of sexual self-objectification and general surveillance (r = .25, p < .001) (z = 3.62, p < .001) and shame (r = .15, p < .01) (z = 2.29, p < .05). Also as expected, the relation between sexual self-objectification and modified entitlement were stronger (r = -.19, p < .001) than that of appearance self-objectification and modified entitlement (r = .02, p = *ns*) (z = 4.76, p < .001). In addition, the relation between sexual self-objectification and sexual self-reflection was significant (r = -.07, p < .01), whereas the relation between appearance self-objectification and sexual self-reflection was not significant (r = .06, p = *ns*) and this difference was statistically significant (z = 2.86, p < .01). Interestingly, the correlations were in the opposite direction. Contrary to expectations, sexual and appearance self-objectification had similar relations with body surveillance during sexual activity (r = .24, p < .001; r = .21, p < .01, respectively) (z = .61, p > .05) and sexual body esteem (r = -.17, p < .01; r = -.16, p < .01, respectively) (z = -.02, p > .05). Overall, these correlations indicate that the measure of sexual self-objectification may differ enough from appearance self-objectification to be useful in analyses involving women's sexuality.

I had limited ability to assess discriminant validity given that the majority of the variables in the study relate to body or sexuality, with the exception of relationship satisfaction. As expected, sexual self-objectification was not significantly related to relationship satisfaction (r = -.05, p = ns).

In sum, preliminary evidence indicates that the sexual self-objectification variable has adequate psychometric properties. Therefore, both appearance self-objectification and sexual self-objectification were employed in study analyses.

Correlations

I next examined correlations among the main study variables. All dependent variables and independent variables were examined for multicollinearity, an assumption of SEM estimation techniques (Tabatchnik & Fidell, 2001). No potential problems with multicollinearity were observed among main study variables.

Several of the correlations were not in the expected direction. Unexpectedly, interpersonal sexual objectification experiences in the past month were positively related to sexual body esteem (r =. 12, p < .001), sexual self-reflection (r =. 19, p < .001), and modified entitlement (r =. 14, p < .001). In addition, general body surveillance was positively correlated with sexual self-reflection (r =. 18, p < .001). Risky sex with a regular partner was positively related with sexual body esteem (r = .11, p < .001), sexual self-reflection (r = .09, p < .05), modified entitlement (r = .21, p < .001), and sexual functioning (r = .40, p < .05). Similarly, risky sex with a casual partner was positively related with sexual self-reflection (r = .08, p < .05) and sexual functioning (r = .12, p <

.01). Lastly it was unexpected that total risky sex was positively related with sexual self-reflection ($r = .16$, $p < .001$) and modified entitlement ($r = .11$, $p < .01$).

Table 6

Bivariate Correlations between Main Study Variables

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.
1. Objectification												
2. Appearance self-objectification	.10**											
3. Sexual self-objectification	.08**	.28***										
4. Shame	.10**	.25***	.15***									
5. General surveillance	.16***	.38***	.25***	.49***								
6. Surveillance during sexual activity	.11**	.21**	.24***	.53***	.41***							
7. Body esteem	.12***	-.16***	-.17***	-.59***	-.38***	-.71***						
8. Reflection	.19***	.06	-.07*	.03	.18***	-.12***	.12***					
9. Entitlement	.14***	.02	-.19***	-.04	.02	-.35***	.32***	.50***				
1-. Sexual functioning	.04	-.02	-.07	-.11**	-.02	-.32***	.22***	.17***	.23***			
11. Risky sex with a regular partner	.16**	.06	.05	.07	.06	-.25***	.11***	.09*	.21***	.40***		
12. Risky sex with a casual partner	.21**	.02	.04	.06	.08*	-.00	.01	.08*	.01	.12**	-.03	
13. Total risky sex	.26***	.07*	.07*	.04	.04	-.03	.06	.16***	.11**	-.01	.36***	.48***

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

Examination of Measures of Surveillance

Next, the measures of general surveillance and body surveillance during sexual activity were examined. Although I initially intended to choose only one surveillance variable to include in SEM models in order to reduce the complexity of SEM models, I ultimately decided to include both general surveillance and surveillance during sexual activity. This decision was made because each variable had strengths. While body surveillance during sexual activity had stronger relations with the other sexual variables (see Table 6), it was missing 31.7% of responses. In contrast, general surveillance was missing only 11.9% of responses. Therefore, both surveillance variables were included in analyses.

Examination of Measures of Risky Sex

Next, the three measures of risky sex were examined. As seen in Table 6, risky sex with a regular partner and with a casual partner were not significantly correlated with each other (r = -.03, p = ns). Thus risky sex with a regular and casual partner appear to measure different constructs. This is largely a result of the fact that participants who have regular sexual partners were unlikely to also have casual sexual partners. Therefore, I decided not to attempt to load these two risky sex variables onto the same latent variable.

Upon examination of the risky sex with a regular and casual partner variables, I decided to exclude these variables from further analyses. The risky sex with a casual partner variable had a non-normal distribution, even after transformations. This variable violated the assumptions of SEM. Furthermore, upon closer inspection of the individual items of the risky sex with a regular partner variable, it appeared that the score in the composite variable largely resulted from the frequency of sex, rather than the riskiness of

sex. This may help to explain the negative correlation between risky sex with a regular partner and surveillance during sexual activity (r = -.25, p < .001) and the negative correlations between risky sex with a regular partner and sexual body esteem (r = .11, p < .001), sexual self-reflection (r = .09, p < .05), modified entitlement (r = .21, p < .001), and sexual functioning (r = .40, p < .001). Although risky sex with a casual partner and total risky sex also had similar relations with these variables, the relations were smaller when they existed. Total risky sex was ultimately chosen to represent risky sex in analyses because it appeared to capture some elements of both casual and risky sex in that it was significantly correlated with both risky sex with a regular (r = .36, p < .001) and casual (r = .48, p < .001) partner.

Control Variables

I next explored the relations between the independent and dependent variables and demographic variables in order to determine which variables should be included as control variables. Using prior research on women's experiences of their bodies and sexuality as a guide and analyses, I chose a group of control variables. Since many of the control variables overlapped considerably (e.g. current and family of origin household income, participant and parental education), I examined overlapping variables and chose the variable with the strongest and most consistent correlation to the dependent variables. This allowed me to decrease the number of variables included in the SEM model.

Table 7 displays the correlation matrix of outcome and continuous demographic variables. Although past studies have found that self esteem is related to both body and sexuality variables (e.g. Aubrey, 2006; Horne & Zimmer-Gembeck, 2006; Mercurio & Landry, 2008), these studies have more typically included self-esteem as an outcome or

moderator variable. Therefore, although self-esteem was correlated was a number of independent and dependent variables (see Table 7), I chose not to include self-esteem as a control variable.

Past studies have found that experiences of sexuality and body vary by age (e.g. Horne & Zimmer-Gembeck, 2005; Tiggemann & Lynch, 2001). In line with this, age was negatively correlated with interpersonal sexual objectification experiences in the past month (r = -.26, p < .001), sexual self-objectification (r = -.10, p < .001), and surveillance during sexual activity (r = -.13, p < .001) and was positively related to sexual self-reflection (r = .07, p < .05) and modified entitlement (r = .19, p < .001).

Relationship status has also been found to be related to women's sexuality and bodies (e.g. Shearer, Hosterman, Gillen, & Lefkowitz, 2005; Sprecher & Cate, 2005). I used relationship length (number of months in the relationship) as an indicator of relationship status and seriousness of the relationship. Participants not in a relationship were coded as zero. Relationship length was negatively correlated with interpersonal sexual objectification experiences in the past month (r = -.16, p < .001), surveillance during sexual activity (r = -.18, p < .001), sexual self-reflection (r = -.07, p < .05), and total risky sex (r = -.09, p < .01), and positively correlated with modified entitlement (r = .08, p < .05).

Education and income are frequently used as proxies for socioeconomic status and are controlled for in a variety of studies (e.g. Impett & Tolman, 006; Laumann, Paik, & Rosen, 1999). I chose to use participant education as an indicator of education rather than parental education because socioeconomic class in family of origin was captured by the household income as a child variable. Education was negatively correlated with

interpersonal sexual objectification experiences in the past month (r = -.16, p < .001) and surveillance during sexual activity (r = -.15, p < .001) and was positively correlated with modified entitlement (r = .12, p < .001). Income was positively correlated with shame (r = .14, p < .001) and general surveillance (r = .10, p < .001). In sum, age, relationship length, participant education, and family income were included as control variables.

Table 7

Bivariate Correlations between Main Study Variables and Continuous Control Variables

	Age	Self esteem	Relationship length	Education	Household income as child
Objectification	-.26***	-.00	-.16***	-.16***	.01
Appearance self-objectification	-.06	-.12***	.01	.04	.17
Sexual self-objectification	-.10***	-.09**	-.02	-.01	.04
Shame	.04	-.47***	.00	.01	.14***
General surveillance	-.02	-.31***	.03	-.03	.10**
Surveillance during sexual activity	-.13***	-.37***	-.18***	-.15***	-.05
Sexual body esteem	.00	.59***	.03	.05	-.02
Sexual self-reflection	.07*	.05	-.07*	.05	-.02
Entitlement	.19***	.19***	.08*	.12***	.04
Sexual functioning	-.05	.16***	.01	.03	.03
Risky sex	-.06	-.08*	-.09**	-.04	.05

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

For non-continuous grouping and demographic variables, ANOVAs and *t*-tests were used to assess their relations with the independent and dependent variables. Women of diverse races and ethnicity have been found to vary in their experiences of objectification, their bodies, and their sexuality (e.g. Frederick, Forbes, Grigorian, &

Jarcho, 2007; Shulman & Horne, 2003). Therefore, race/ethnicity was examined as a potential control variable. In order to examine the relation between race/ethnicity and other variables, I combined those racial and ethnic categories with small frequencies, including Native Hawaiian or Pacific Islander, Multiracial, Alaskan or Native American, and other, into an "Other" category. One-way ANOVAs were then used to examine the main study variables among different race/ethnicity groups. Least Significant Difference (LSD) post-hoc tests were used to determine where differences existed. Descriptive statistics of variables that were found to differ across racial/ethnic groups are displayed in Table 8. Significant differences were found between groups in experiences of interpersonal sexual objectification in the past month F (4, 1158) = 4.88, $p < .01$, with White and Asian participants reporting lower frequency of objectification experiences than other groups. Significant differences also existed between groups in appearance self-objectification F (4, 1168) = 2.56, $p < .05$, with White participants reporting higher levels of appearance self-objectification than Asian and Black participants. An ANOVA also revealed that Asian participants reported lower levels of modified entitlement, F (4, 1019) = 6.73, $p < .001$. Significant racial/ethnic differences were also found in body shame F (4, 1117) = 9.80, $p < .001$, with White participants reporting more shame than other groups, and Latino participants reporting more shame than Black participants. Differences among ethnic/racial group were found for general surveillance F (4, 1122) = 3.86, $p < .01$, with White participants reporting higher general surveillance than Asian and Black participants. Significant differences also existed in sexual body esteem F (4, 1036) = 5.19, $p < .001$, with White and Asian participants reporting lower sexual body esteem than Black and Latino participants. Lastly, there were significant differences

among racial/ethnic groups in sexual self-reflection F (4, 1041) = 11.31, $p < .001$, with Asian participants reporting lower levels than the other racial/ethnic groups. Although it would be ideal to create dummy variables for White, Asian, Black, and Latino identification, the inclusion of all these variables was unrealistic for SEM. Therefore, given that White participants tended to most consistently differ from other participants, I included only a White dummy variable in analyses. Racial and ethnic differences warrant further exploration. However, they are beyond the scope of this study. Therefore, they will be taken up in a future study.

Table 8

Descriptive Statistics by Race

		White	Asian	Black	Latino	Other
Objectification	*N*	778	136	97	116	36
	M	26.59	25.01	28.62	28.72	28.97
	SD	8.26	8.16	8.76	9.09	9.54
Appearance self-objectification	*N*	783	133	102	119	36
	M	10.68	7.18	6.44	8.40	6.28
	SD	17.86	17.90	17.60	18.12	18.59
Body shame	*N*	750	130	96	112	34
	M	31.84	28.55	26.28	29.31	26.47
	SD	10.41	10.77	10.52	9.71	11.26
General surveillance	*N*	754	127	99	111	36
	M	39.44	37.09	37.06	37.83	38.03

	SD	8.37	8.26	8.99	8.65	7.93
Body esteem	*N*	699	118	91	104	29
	M	16.73	16.69	18.68	18.34	17.45
	SD	5.13	4.36	4.80	4.36	4.56
Self-reflection	*N*	702	120	93	102	29
	M	18.63	15.75	17.77	17.93	19.28
	SD	4.45	4.54	5.03	4.17	4.02
Entitlement	*N*	689	116	89	102	28
	M	32.44	28.90	31.31	32.52	33.75
	SD	7.17	7.60	7.67	6.91	6.71

One-way ANOVAs with post-hoc LSD tests were used to explore differences in independent and dependent variables among sexual orientation groups, including bisexual, lesbian, heterosexual, and other (e.g., "queer"). Previous studies found that objectification, body, and sexual experiences vary among women of diverse sexual orientations (e.g. Hill & Fischer, 2008; Horne & Zimmer-Gembeck, 2006). The descriptive statistics of those variables that were found to differ across sexual orientation groups are displayed in Table 9. Interpersonal sexual objectification experiences in the past month F (3, 1161) = 3.34, $p < .05$ differed among sexual orientation categories, with bisexual participants reporting higher levels of objectification than lesbian and heterosexual participants. Sexual self-objectification F (3, 1156) = 3.86, $p < .01$, and body esteem F (3, 1037) = 2.91, $p < .05$, significantly varied among sexual orientation groups, with bisexual participants reporting lower levels of appearance self-

objectification and sexual body esteem than heterosexual participants. Lastly, there were significant differences among sexual orientation groups in modified entitlement F (3, 1018) = 7.16, $p < .001$ and sexual self-reflection F (3, 1141) = 8.44, $p < .001$, with heterosexual participants reporting lower levels than other groups. In order to reduce the complexity of SEM models, I decided to include a dummy variable for heterosexual identification as a control variable in analyses. Sexual orientation differences warrant further exploration. However, they are beyond the scope of this study. Therefore, they will be taken up in a future study.

Table 9

Descriptive Statistics by Sexual Orientation

		Bisexual	Lesbian	Heterosexual	Other
Objectification	*N*	117	39	981	28
	M	28.95	24.74	26.74	26.07
	SD	8.92	9.26	8.28	11.29
Sexual self-objectification	*N*	119	43	970	28
	M	1.43	2.28	2.89	1.96
	SD	5.29	4.20	4.55	5.55
Entitlement	*N*	102	40	861	19
	M	34.52	32.73	31.57	36.00
	SD	7.02	6.71	7.28	7.96
Body esteem	*N*	104	42	876	19
	M	15.96	16.02	17.24	17.95
	SD	5.51	5.01	4.88	4.80
Self-reflection	*N*	104	40	881	20
	M	19.78	19.43	17.86	20.40
	SD	4.32	5.08	4.48	5.80

Lastly, using *t*-tests, I examined differences among parents and non-parents. Significant differences were found among parents (M = 23.96, SD = 7.50) and non-parents (M = 27.10, SD = 8.49) in interpersonal sexual objectification experiences in the

past month, $t(101.80) = -3.67$, $p < .001$. Similarly, parents ($M = 1.36$, $SD = 4.61$) had significantly lower levels of sexual self-objectification than non-parents ($M = 2.79$, $SD = 4.66$), $t(1151) = -2.72$, $p < .01$. Non-parents also had higher reported levels of general surveillance ($M = 38.95$, $SD = 8.50$) and shame ($M = 30.79$, $SD = 10.52$) compared to parents' reported levels of general surveillance ($M = 36.60$, $SD = 7.75$) and shame ($M = 26.84$, $SD = 10.76$), $t(1119) = -2.43$, $p < .05$ and $t(1115) = -3.23$, $p < .01$, respectively. However, non-parents ($M = 18.24$, $SD = 4.59$) reported higher levels of sexual self-reflection than parents ($M = 17.00$, $SD = 4.22$), $t(1038) = -2.28$, $p < .05$. Lastly, parents ($M = 66.05$, $SD = 14.33$) reported higher levels of sexual functioning than non-parents ($M = 59.39$, $SD = 18.59$), $t(74.98) = 3.43$, $p < .01$.

Upon closer examination of the relations between parenthood and other demographic variables, it was found that parents ($M = 27.96$, $SD = 4.42$) were older than non parents ($M = 23.14$, $SD = 3.81$), $t(103.36) = 10.21$, $p < .001$, and that parents ($M = 52.97$, $SD = 51.20$) were in longer term relationships than non-parents ($M = 17.50$ $SD = 24.59$), $t(71.06) = 5.76$, $p < .001$. In fact, after controlling for age and length of relationship, no significant differences were found between parents and non-parents in interpersonal sexual objectification experiences in the past month, sexual self-objectification, sexual self-reflection, or sexual functioning. However, differences among parents and non-parents continued to exist in general surveillance and shame. Therefore it was decided to include a parenthood dummy variable as a demographic variable only for shame and general surveillance.

In sum, the following variables were included as control variables in analyses: a White dummy variable, participant education, family of origin income, relationship length, age, a heterosexual dummy variable, and a parenthood dummy variable.

Model Estimation for Hypotheses 1, 2, 3, and 4

AMOS was used for all SEM analyses. Following the guidelines of the SEM literature (e.g., Bollen, 1989; Kline, 2005), path analysis based in Structural Equation Modeling (SEM) was used to test and evaluate the hypothesized paths among constructs, as proposed in Hypotheses 1, 2, 3, and 4 (See Figure 1). SEM was selected to analyze these hypotheses because it simultaneously examines multiple hypothesized paths of direct and indirect influence and provides global indices of the fit between the data and a proposed theoretical model. Full-Information Maximum Likelihood (FIML) method was employed in order to handle missing data. This method uses all available data in order to estimate missing data.

The fitness of the proposed models was evaluated (more details below) and modified. First, I trimmed those hypothesized paths that did not reach significance ($p >$ .10), providing that their removal did not disturb other model pathways. Next, using a data set that was created through listwise deletion, I examined modification indices. AMOS cannot compute modification indices with missing data. Then, using modification indices and theory as a guide, I added one parameter to the model at a time to the full data set and noted the effects on the remaining coefficients and the fit indices with each addition. Path size was assessed through Cohen's standards for effect sizes. Paths lower than .1 are considered very small, ≥0.1 are considered small, ≥ 0.3 are considered medium, and ≥0.5 are considered large (Cohen, 1988).

The fitness of the models was assessed using multiple indices, including the Chi-square (X^2) statistics, Root Mean Square Error of Approximation (RMSEA), the Comparative Fit Index (CFI), and the Akaike Information Criterion (AIC). These indices are different ways of judging the degree to which the specified model is reproduced in the observed covariance matrix.

Whether the data represent the proposed model was estimated using the X^2. A nonsignificant finding suggests good model fit. Nevertheless, significant X^2 values can be found in good models because X^2 is sensitive to sample size. Therefore, significant X^2 values are acceptable for a proposed model with a large sample when the other indices of model fit are good (Hu & Bentler, 1995; Kline, 1998). This is relevant for the current study due to the large sample size. Another helpful indicator of model fit involves comparing the proposed model X^2 to the null model X^2. The proposed model's X^2 should be smaller. RMSEA provides a measure of approximate fit in the population and is therefore concerned with the discrepancy due to approximation. For this index, values less than .05 indicate a close fit to the data, and values of about .08 represent an adequate fit (e.g., Kline, 1998; Schermelleh-Engel, Moosbruger, & Müller, 2003). The CFI is useful in comparing alternative models because it assesses the degree to which the theoretical model better fits the data than a base model that constrains all constructs to be uncorrelated with one another. Moreover, the CFI is more robust than the chi-square statistic with data that deviates from multivariate normality. CFI values above .90 or .95 indicate a good model of fit (Hu & Bentler, 1995). Lastly, I used the AIC in order to compare the hypothesized and revised path models on the basis of fit, parsimony, and interpretability (Arbuckle, 2007b). Lower AIC indices indicate better fit.

To further test the significance of the proposed total and specific indirect effects, I used the bootstrap resampling procedure, a nonparametric resampling procedure, to assess multiple mediation models. Bootstrapping is recommended over the more traditional Sobel test or causal steps approaches to test indirect effects because it has relatively higher statistical power while maintaining control over Type 1 error rate (MacKinnon, Lockwood, Hoffman, West, & Sheets, 2002; MacKinnon, Lockwood, & William, 2004). Bootstrapping, using the available data, generates a reference distribution, which can be used for significance testing and confidence interval estimation (Mooney & Duval, 1993). In accordance with the recommended guidelines of Preacher and Hayes (2008), I used the following bootstrap resampling procedure to determine the distribution of parameter estimates and test the significance level of the indirect effects. First, 2,000 bootstrap samples were created by random sampling with replacement. Second, the multiple mediation model of the independent variable on the dependent variable, through the mediators (with covariates) was tested 2,000 times with these bootstrap samples using SPSS with a macro provided by Preacher and Hayes (2008), which resulted in 2,000 estimates of each path coefficient. Third, output from the 2,000 estimates of each path coefficient provided estimates of the indirect effects. If the 95% CI for these estimates of an indirect effect does not contain zero, it can be concluded that the indirect effect is statistically significant at the .05 level. It is important to note, however, that the mediation tests are based on correlational data, and thus can only be said to be consistent with mediation.

Hypothesis Testing

The proposed model is displayed in Figure 1. First, I entered all independent and dependent variables. As suggested by Preacher and Hayes (2008), I also drew covariances between the residuals of sexual self-objectification and appearance self-objectification, the residuals between general surveillance and surveillance during sexual activity, and the residuals between sexual body esteem, sexual self-reflection, and modified entitlement due to the close theoretical relations among these variables.

I then included relevant control variables, including age, being white, being heterosexual, household income, education, relationship length, and parenthood. With the exception of parenthood, I drew paths from control variables and all independent and dependent variables. Based on correlations, I also included covariances in between being White and education, being White and income, age and relationship length, age and education, education and relationship length, education and income, and being heterosexual and education. I then ran the model in order to determine which paths from control variables to study variables were significant. I deleted control variables paths that were not significant ($p > .10$).

After nonsignificant control variable paths were deleted, I reran the model. The estimation of the model resulted in an acceptable fit to the data given the large sample size, χ^2 (70, N = 1271) = 301.20, $p < .001$, CFI = .934, RMSEA = .051 (90% CI: .045, .057), AIC = 501.20. Several paths were nonsignificant, including the paths from appearance self-objectification to shame ($p = .06$), sexual self-objectification to shame ($p = .73$), general surveillance to sexual body esteem ($p = .33$), shame to sexual self-reflection ($p = .94$), sexual body esteem to sexual functioning ($p = .51$), general

surveillance to sexual functioning (p = .12), shame to sexual functioning (p = .45), modified entitlement to risky sex (p = .70), sexual body esteem to risky sex (p = .16), general surveillance to risky sex (p = .68), and body surveillance during sexual activity to risky sex (p = .60).

As a next step, I trimmed the non-significant paths (p > .10) one at a time, including sexual self-objectification to shame, shame to sexual self-reflection, general surveillance to sexual body esteem, sexual body esteem to sexual functioning, shame to sexual functioning, modified entitlement to risky sex, general surveillance to risky sex, body surveillance during sexual activity to risky sex, and sexual body esteem to risky sex. I noted the effects on the remaining coefficients with each deletion. I did not delete the path from general surveillance to sexual functioning, because after the deletion of shame to sexual functioning it became significant.

Then using modification indices and theory as a guide, I added parameters to the model, one at a time, and noted the effects on the remaining coefficients with each addition. The paths connecting objectification and sexual body esteem, objectification and general surveillance, objectification and modified entitlement, objectification and sexual self-reflection, objectification and risky sex, sexual self-objectification and modified entitlement, and sexual self-objectification and sexual self-reflection were added to the model. Addition of these paths did not degrade the fit of the model.

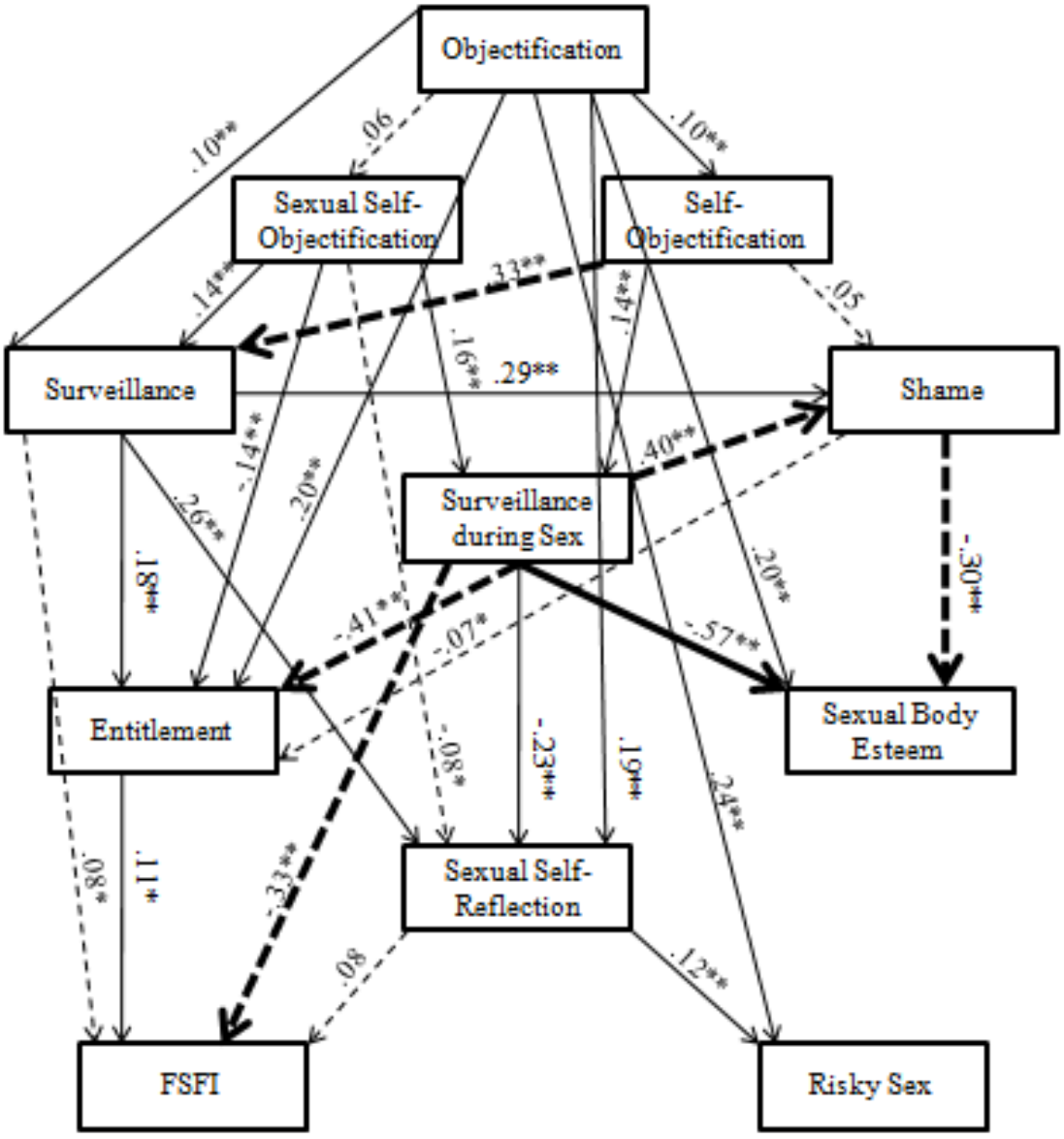
A simplified version of the resulting path model, without control variables or covariance between variables, is presented in Figure 3. The estimation of the model resulted in a good fit to the data, χ^2 (74, N = 1271) = 93.78, p > .05, CFI = .994, RMSEA = .015 [90% CI: .000, .023], AIC = 285.79. All paths were significant, with the exception

of appearance self-objectification to shame (p = .06), age to surveillance during sexual activity (p = .10), and sexual self-reflection to sexual functioning (p = .06). The difference of fit between the hypothesized model and the revised model was statistically significant (df = 4, $\Delta\chi^2$ = 207.42, p < .001) indicating that the revised model has significantly improved fit. In addition, the reduction in RMSEA, and AIC and the increase in CFI indicate that the revised model was of an improved fit compared to the hypothesized model.

The final revised model, including control variables, accounted for 7.4% of the variance in interpersonal sexual objectification experiences in the past month, 1.7% of the variance in sexual self-objectification, 3.4% of the variance in appearance self-objectification, 18.1% of the variance in general surveillance, 7.5% of the variance in surveillance during sexual activity, 38.6% of the variance in shame, 25.2% of the variance in modified entitlement, 18% of the variance in sexual self-reflection, 61% of the variance in sexual body esteem, 15.5% of the variance in sexual functioning, and 8.4% of the variance in risky sex.

Figure 3

SEM of Interpersonal Sexual Objectification Predicting Sexual Health (Sexual Subjectivity, Sexual Functioning, and Risky Sexual Behaviors)



Note: Marginal effect sizes are indicated with light dotted line, small relations with normal line, medium relations with bold dotted line, and large relations with bold line

Covariances.

As expected, all covariances were significant. Of the control variables, age and relationship length (r = .33, p < .001), age and education (r = .53, p < .001), education and relationship length (r = .16, p < .001), education and family income (r = .12, p < .001), and education and being white (r = .30, p < .001) were significantly correlated. The relations between education and being heterosexual (r = .07, p < .01) and education and being white (r = .05, p < .05) were also significant, although their effect sizes were marginal. In addition, the residuals of appearance and sexual self-objectification (r = .27, p < .001) and general surveillance and surveillance during sexual activity (r = .34, p < .001) were significantly correlated. Lastly, the residuals of the sexual subjectivity variables were significantly correlated; sexual self-reflection was significantly related to modified entitlement (r = .42, p < .001), sexual body esteem was significantly (although marginally) correlated with sexual self-reflection (r = .07, p < .05), and sexual body esteem was significantly correlated with modified entitlement (r = .18, p < .001).

Control variables.

The control variables I entered as covariates were related to a number of the independent and dependent variables. Age significantly predicted interpersonal sexual objectification (β = -.24, p < .001), modified entitlement (β = .20, p < .001), and sexual self-reflection (β = .13, p < .001). There was a significant, but marginal relation between age and sexual self-objectification (β = -.08, p < .05), shame (β = .06, p < .05), and sexual functioning (β = -.08, p < .05). The relation between age and body surveillance during sexual activity was not significant (β = .06, p = .10). Identifying as white was significantly associated with general surveillance (β = .08, p < .01), shame (β = .10, p <

.001), modified entitlement (β = .09, $p < .001$), and sexual self-reflection (β = .16, $p < .001$). Length of relationship was negatively related to interpersonal sexual objectification (β = -.08, $p < .05$), surveillance during sexual activity (β = -.10, $p < .01$), and sexual self-reflection (β = -.11, $p < .001$). Education was negatively related to body surveillance during sexual activity (β = -.10, $p < .01$); participants with higher education reported less body surveillance during sexual activity. Identifying as heterosexual was significantly associated with sexual self-objectification (β = .08, $p < .01$), increased sexual body esteem (β = .05, $p < .01$), decreased sexual self-reflection (β = -.13, $p < .001$), and decreased entitlement (β = -.12, $p < .001$). Family income was significantly associated with increased appearance self-objectification (β = .16, $p < .001$), shame (β = .08, $p < .01$), and sexual self-reflection (β = -.08, $p < .01$). Parenthood status was not a significant predictor of any independent or dependent variables.

Hypotheses 1: Objectification theory.

1A. The relations between interpersonal sexual objectification and body surveillance and body shame are mediated by self-objectification;

1B. Body surveillance mediates the relation between self-objectification and body shame.

SEM.

Interpersonal sexual objectification positively predicted appearance self-objectification (β = .10, $p < .001$) and sexual self-objectification (β = .06, $p = .05$), although these relations were small and marginal, respectively. As predicted, appearance self-objectification was significantly associated with general surveillance (β = .33, $p < .001$) and surveillance during sexual activity (β = .14, $p < .001$). Likewise, sexual self-objectification was significantly associated with general surveillance (β = .14, $p < .001$)

and surveillance during sexual activity (β = .16, p < .001). However, contrary to hypothesis, the relation between appearance self-objectification and shame only approached significance (β = .05, p = .06) and sexual self-objectification was not significantly related to shame. Lastly, as predicted, general surveillance (β = .29, p < .001) and surveillance during sexual activity (β = .40, p < .001) significantly predicted shame. In addition to these paths, there was an additional direct path from interpersonal sexual objectification to general surveillance (β = .10, p < .001).

Mediation testing.

For hypothesis 1A, I tested a multiple mediator model, with interpersonal sexual objectification as the independent variable, sexual self-objectification and appearance self-objectification as the mediators, and general surveillance as the dependent variable (n = 933). Age, being White, relationship length, family income, and being heterosexual, and education were statistically controlled. The total and direct effects of interpersonal sexual objectification on general surveillance were B = .15, p < .001 and B = .11, p < .001, respectively. The bootstrap results demonstrated, with 95% confidence, that the total indirect effect of interpersonal sexual objectification on general surveillance was significant, with a point estimate of .041 and a 95% BCA (bias-corrected and accelerated) bootstrap CI {.013, .071}. The specific indirect effects of each mediator demonstrated that appearance self-objectification (.029, 95% BCA bootstrap CI {.007, .051}) and sexual self-objectification (.012, 95% BCA bootstrap CI {.001, .028}) were both unique mediators. Because none of the CIs included zero, the results supported the hypotheses that interpersonal sexual objectification predicted general surveillance through its effect on sexual self-objectification and appearance self-objectification.

For the second part of hypothesis 1A, I tested a multiple mediator model, with interpersonal sexual objectification as the independent variable, sexual self-objectification and appearance self-objectification as the mediators, and surveillance during sexual activity as the dependent variable (n = 737). Age, being white, relationship length, family income, and being heterosexual, and education were statistically controlled. The total and direct effects of interpersonal sexual objectification on surveillance during sexual activity were B = .31, p < .01 and B = .22, p < .05, respectively. The bootstrap results demonstrated, with 95% confidence, that the total indirect effect of interpersonal sexual objectification on surveillance during sexual activity was significant, with a point estimate of .090 and a 95% BCA bootstrap CI {.034, .175}. The specific indirect effects of each mediator demonstrated that appearance self-objectification (.041, 95% BCA bootstrap CI {.013, .090}) and sexual self-objectification (.050, 95% BCA bootstrap CI {.005, .113}) were both unique mediators. Because none of the CIs included zero, the results supported the hypotheses that interpersonal sexual objectification predicted surveillance during sexual activity through sexual self-objectification and appearance self-objectification.

To test hypotheses 1A and 1B, I tested a multiple mediator model, with interpersonal sexual objectification as the independent variable, sexual self-objectification, appearance self-objectification, general surveillance, and surveillance during sexual activity as the mediators, and shame as the dependent variable (n = 710). Age, being white, relationship length, family income, and being heterosexual, and education were statistically controlled. The total and direct effects of interpersonal sexual objectification on shame were B = .16, p < .001 and B = .04, p = .30, respectively. The

bootstrap results demonstrated, with 95% confidence, that the total indirect effect of interpersonal sexual objectification on shame was significant, with a point estimate of .123 and a 95% BCA bootstrap CI {.065, .183}. The specific indirect effects of each mediator demonstrated that appearance self-objectification (.010, 95% BCA bootstrap CI {.002, .027}), general surveillance (.065, 95% BCA bootstrap CI {.035, .099}), and surveillance during sexual activity (.051, 95% BCA bootstrap CI {.013, .092}) were unique mediators. Because none of the CIs included zero, the results supported the hypotheses that interpersonal sexual objectification predicted shame through appearance self-objectification, general surveillance, and surveillance during sexual activity. However, sexual self-objectification (-.002, 95% BCA bootstrap CI {-.013, .004}) was not a unique mediator.

Hypotheses 2: Sexual subjectivity.

2A. The relations between interpersonal sexual objectification and sexual subjectivity (sexual body esteem, entitlement to and self-efficacy in attaining pleasure, and sexual self-reflection) are mediated by self-objectification, body surveillance and body shame;

2B. The relations between self-objectification and sexual subjectivity are mediated by body surveillance and body shame.

SEM.

Interpersonal sexual objectification was positively related to sexual self-reflection ($\beta = .19$, $p < .001$), modified entitlement ($\beta = .20$, $p < .001$), and sexual body esteem ($\beta = .20$, $p < .001$), with higher levels of interpersonal sexual objectification being related to higher levels of sexual self-reflection, entitlement, and sexual body esteem. There were also additional paths from sexual self-objectification to modified entitlement ($\beta = -.14$, p

< .001) and sexual self-reflection (β = -.08, p < .01) that were not hypothesized. However, these paths were in the expected direction.

As predicted, surveillance during sexual activity was related to decreased sexual self-reflection (β = -.23, p < .001), modified entitlement (β = -.41, p < .001), and sexual body esteem (β = -.57, p < .001). In addition, shame was related to decreased sexual body esteem (β = -.30, p < .001) and modified entitlement (β = -.07, p < .05).

However, contrary to hypotheses, general surveillance was not related to sexual body esteem. In addition, body shame was not related to sexual self-reflection. Moreover, general surveillance was positively related to sexual self-reflection (β = .26, p < .001) and modified entitlement (β = .18, p < .001). In other words, high levels of general surveillance were associated with higher levels of reflection about one's sexuality and entitlement. Contrary to hypotheses, there were also additional direct paths from interpersonal sexual objectification to the three sexual subjectivity variables that were not predicted. Higher levels of interpersonal sexual objectification were related to higher levels of sexual self-reflection, sexual body esteem, and modified entitlement.

Mediation: Self-reflection.

For hypothesis 2A, I first tested a multiple mediator model, with interpersonal sexual objectification as the independent variable, sexual self-objectification, appearance self-objectification, general surveillance, and surveillance during sexual activity as the mediators, and sexual self-reflection as the dependent variable (n = 705). Shame was not included as a mediator because it was not a significant predictor in the SEM model. Age, being white, relationship length, family income, being heterosexual, and education were statistically controlled.

The total and direct effects of interpersonal sexual objectification on sexual self-reflection were B = .09, $p < .001$ and B = .09, $p < .001$, respectively. The bootstrap results demonstrated, with 95% confidence, that the total indirect effect of interpersonal sexual objectification on sexual self-reflection was nonsignificant, with a point estimate of .002 and a 95% BCA bootstrap CI {-.011, .017}. However, specific indirect effects can be significant even when the total indirect effect is nonsignificant. This can occur when there is both a mediator and suppressor in the model whose sum is nonsignificant (Hayes, 2009; MacKinnon, Krull, & Lockwood, 2000). The specific indirect effects showed that appearance self-objectification (.001, 95% BCA bootstrap CI {-.004, .005}) was not a unique mediator. Because the CIs included zero, the results negated the hypotheses that interpersonal sexual objectification predicted sexual self-reflection through appearance self-objectification. However, the specific indirect effects also indicated that sexual self-objectification (-.004, 95% BCA bootstrap CI {-.013, -.004}), general surveillance (.019, 95% BCA bootstrap CI {.009, .032}), and surveillance during sexual activity (-.013, 95% BCA bootstrap CI {-.025, -.0034}) were unique mediators. Because none of the CIs included zero, the results supported the hypotheses that interpersonal sexual objectification predicted sexual self-reflection through sexual self-objectification, general surveillance, and surveillance during sexual activity.

For hypothesis 2B, I tested a multiple mediator model, with appearance self-objectification as the independent variable, general surveillance and surveillance during sexual activity as the mediators, and sexual self-reflection as the dependent variable (n = 727). As in the last multiple mediator model, shame was not included as a mediator. Age,

being white, relationship length, family income, being heterosexual, and education were statistically controlled.

The total and direct effects of appearance self-objectification on sexual self-reflection were B = .01, p = .44 and B = .00, p = .97, respectively. The bootstrap results demonstrated, with 95% confidence, that the total indirect effect of appearance self-objectification on sexual self-reflection was nonsignificant, with a point estimate of .007 and a 95% BCA bootstrap CI {-.001, .014}. However, the specific indirect effects of each mediator demonstrated that general surveillance (.018, 95% BCA bootstrap CI {.011, .027}), and surveillance during sexual activity (-.012, 95% BCA bootstrap CI {-.018, -.007}) were both unique mediators. Because none of the CIs included zero, the results supported the hypotheses that appearance self-objectification predicted sexual self-reflection through general surveillance and surveillance during sexual activity.

In order to assess the second part of hypothesis 2B, I tested a multiple mediator model, with sexual self-objectification as the independent variable, general surveillance and surveillance during sexual activity as the mediators, and sexual self-reflection as the dependent variable (n = 815). Shame was not included in the model. Age, being white, relationship length, family income, being heterosexual, and education were statistically controlled.

The total and direct effects of sexual self-objectification on sexual self-reflection were B = -.09, p < .01 and B = -.11, p < .01, respectively. The bootstrap results demonstrated, with 95% confidence, that the total indirect effect of sexual self-objectification on sexual self-reflection was nonsignificant, with a point estimate of .022 and a 95% BCA bootstrap CI {-.003, .051}. However, the specific indirect effects of each

mediator demonstrated that general surveillance (.065, 95% BCA bootstrap CI {.043, .093}), and surveillance during sexual activity (-.043, 95% BCA bootstrap CI {-.066, -.026}) were unique mediators. Because none of the CIs included zero, the results supported the hypotheses that sexual self-objectification predicted sexual self-reflection through general surveillance and surveillance during sexual activity.

Mediation: Entitlement.

For hypothesis 2A, I tested a multiple mediator model, with interpersonal sexual objectification as the independent variable, sexual self-objectification, appearance self-objectification, general surveillance, surveillance during sexual activity, and shame as the mediators, and modified entitlement as the dependent variable (n = 677). Age, being White, relationship length, family income, being heterosexual, and education were statistically controlled.

The total and direct effects of interpersonal sexual objectification on modified entitlement were B = .11, $p < .01$ and B = .12, $p < .001$, respectively. The bootstrap results demonstrated, with 95% confidence, that the total indirect effect of interpersonal sexual objectification on modified entitlement was nonsignificant, with a point estimate of -.016 and a 95% BCA bootstrap CI {-.045, .017}. Contrary to hypotheses, the specific indirect effects of each mediator demonstrated that appearance self-objectification (.004, 95% BCA bootstrap CI {-.003, .015}) and shame (.008, 95% BCA bootstrap CI {-.002, .023}) were not unique mediators. In contrast, the specific indirect effects of each mediator demonstrated that sexual self-objectification (-.012, 95% BCA bootstrap CI {-.028, -.003}), general surveillance (.022, 95% BCA bootstrap CI {.008, .043}) and surveillance during sexual activity (-.037, 95% BCA bootstrap CI {-.067, -.008}) were

unique mediators. Because none of the CIs included zero, the results supported the hypotheses that interpersonal sexual objectification predicted modified entitlement through sexual self-objectification, general surveillance, and surveillance during sexual activity.

For hypothesis 2B, I tested a multiple mediator model, with appearance self-objectification as the independent variable, general surveillance, surveillance during sexual activity, and shame as the mediators, and modified entitlement as the dependent variable (n = 697). Age, being white, relationship length, family income, being heterosexual, and education were statistically controlled.

The total and direct effects of appearance self-objectification on modified entitlement were B = -.00, p = .95 and B = .01, p = .64, respectively. The bootstrap results demonstrated, with 95% confidence, that the total indirect effect of appearance self-objectification on modified entitlement was nonsignificant, with a point estimate of -.008 and a 95% BCA bootstrap CI {-.025, .007}. Contrary to hypotheses, the specific indirect effects of each mediator demonstrated that shame (.007, 95% BCA bootstrap CI {-.002, .016}) was not a unique mediator. In contrast, the specific indirect effects of each mediator demonstrated that general surveillance (.018, 95% BCA bootstrap CI {.007, .031}) and surveillance during sexual activity (-.032, 95% BCA bootstrap CI {-.047, -.017}) were unique mediators. Because none of the CIs included zero, the results supported the hypotheses that appearance self-objectification predicted modified entitlement through general surveillance and surveillance during sexual activity.

In order to assess the second part of hypothesis 2B, I tested a multiple mediator model, with sexual self-objectification as the independent variable, general surveillance,

surveillance during sexual activity, and shame as the mediators, and modified entitlement as the dependent variable (n = 708). Age, being White, relationship length, family income, being heterosexual, and education were statistically controlled.

The total and direct effects of sexual self-objectification on modified entitlement were B = -.27, p < .001 and B = -.20, p < .001, respectively. The bootstrap results demonstrated, with 95% confidence, that the total indirect effect of sexual self-objectification on modified entitlement was significant, with a point estimate of -.077 and a 95% BCA bootstrap CI {-.134, -.019}. The specific indirect effects of each mediator demonstrated that general surveillance (.070, 95% BCA bootstrap CI {.037, .115}) and surveillance during sexual activity (-.165, 95% BCA bootstrap CI {-.229, -.114}) were unique mediators. Because none of the CIs included zero, the results supported the hypotheses that sexual self-objectification predicted modified entitlement through general surveillance and surveillance during sexual activity. However, contrary to hypotheses, shame (.018, 95% BCA bootstrap CI {-.007, .048}) was not a unique mediator.

Mediation: Sexual body esteem.

For hypothesis 2A, I tested a multiple mediator model, with interpersonal sexual objectification as the independent variable, sexual self-objectification, appearance self-objectification, general surveillance, surveillance during sexual activity, and shame as the mediators, and sexual body esteem as the dependent variable (n = 683). Age, being white, relationship length, family income, being heterosexual, and education were statistically controlled.

The total and direct effects of interpersonal sexual objectification on body esteem were B = .06, p < .05 and B = .13, p < .001, respectively. The bootstrap results

demonstrated, with 95% confidence, that the total indirect effect of interpersonal sexual objectification on body esteem was significant, with a point estimate of -.069 and a 95% BCA bootstrap CI {-.105, -.030}. The specific indirect effects of each mediator demonstrated that shame (-.022, 95% BCA bootstrap CI {-.036, -.009}), general surveillance (-.009, 95% BCA bootstrap CI {-.019, -.003}), and surveillance during sexual activity (-.037, 95% BCA bootstrap CI {-.064, -.010}) were unique mediators. Because none of the CIs included zero, the results supported the hypotheses that interpersonal sexual objectification predicted sexual body esteem through shame, general surveillance, and surveillance during sexual activity. However, contrary to hypotheses, the specific indirect effects of each mediator demonstrated that appearance self-objectification (.000, 95% BCA bootstrap CI {-.004, .004}), and sexual self-objectification (-.002, 95% BCA bootstrap CI {-.007, .001}) were not unique mediators.

For hypothesis 2B, I tested a multiple mediator model, with appearance self-objectification as the independent variable, general surveillance, surveillance during sexual activity, and shame as the mediators, and sexual body esteem as the dependent variable (n = 706). Age, being White, relationship length, family income, being heterosexual, and education were statistically controlled.

The total and direct effects of appearance self-objectification on sexual body esteem were B = -.05, $p < .001$ and B = .00, $p = .88$, respectively. The bootstrap results demonstrated, with 95% confidence, that the total indirect effect of appearance self-objectification on sexual body esteem was significant, with a point estimate of -.052 and a 95% BCA bootstrap CI {-.067, -.036}. The specific indirect effects of each mediator demonstrated that shame (-.017, 95% BCA bootstrap CI {-.025, -.012}) and surveillance

during sexual activity (-.030, 95% BCA bootstrap CI {-.041, -.018}) were unique mediators. Because none of the CIs included zero, the results supported the hypotheses that appearance self-objectification predicted sexual body esteem through shame and surveillance during sexual activity. However, contrary to hypotheses, the specific indirect effects of each mediator demonstrated that general surveillance (-.005, 95% BCA bootstrap CI {-.011, .000}) was not a unique mediator.

In order to assess the second part of hypothesis 2B, I tested a multiple mediator model, with sexual self-objectification as the independent variable, general surveillance, surveillance during sexual activity, and shame as the mediators, and sexual body esteem as the dependent variable (n = 717). Age, being White, relationship length, family income, being heterosexual, and education were statistically controlled.

The total and direct effects of sexual self-objectification on sexual body esteem were B = -.25, $p < .001$ and B = -.03, $p = .34$, respectively. The bootstrap results demonstrated, with 95% confidence, that the total indirect effect of sexual self-objectification on sexual body esteem was significant, with a point estimate of -.220 and a 95% BCA bootstrap CI {-.278, -.165}. The specific indirect effects of each mediator demonstrated that shame (-.050, 95% BCA bootstrap CI {-.074, -.030}) and surveillance during sexual activity (-.156, 95% BCA bootstrap CI {-.206, -.115}) were unique mediators. Because none of the CIs included zero, the results supported the hypotheses that sexual self-objectification predicted sexual body esteem through shame and surveillance during sexual activity. However, contrary to hypotheses, general surveillance (-.014, 95% BCA bootstrap CI {-.032, .001}) was not a unique mediator.

Hypotheses 3: Sexual functioning.

3A. The relation between interpersonal sexual objectification and sexual functioning is mediated by self-objectification, body surveillance, body shame, and sexual subjectivity;

3B. The relation between self- objectification and sexual functioning is mediated by self-objectification, body surveillance, body shame, and sexual subjectivity.

SEM.

As hypothesized, modified entitlement (β = .11, $p < .05$) was positively associated with sexual functioning and body surveillance during sexual activity was negatively associated with sexual functioning (β = -.33, $p < .001$). However, contrary to hypotheses, general surveillance was positively associated with sexual functioning (β = .08, $p < .05$) (although marginally), the relation between sexual self-reflection and sexual functioning only approached significance (β = .08, $p = .06$), and shame and sexual body esteem were not significantly related to sexual functioning.

Mediation.

For hypothesis 3A, I tested a multiple mediator model, with interpersonal sexual objectification as the independent variable, sexual self-objectification, appearance self-objectification, general surveillance, surveillance during sexual activity, shame, sexual self-reflection, and modified entitlement as the mediators, and sexual functioning as the dependent variable ($n = 493$). Sexual body esteem was not included. Age, being White, relationship length, family income, being heterosexual, and education were statistically controlled.

The total and direct effects of interpersonal sexual objectification on sexual functioning were B = .00, $p = .98$ and B = .01, $p = .70$, respectively. The bootstrap results

demonstrated, with 95% confidence, that the total indirect effect of interpersonal sexual objectification on sexual functioning was non-significant, with a point estimate of -.012 and a 95% BCA bootstrap CI {-.045, .020}. The specific indirect effects of each mediator demonstrated that surveillance during sexual activity (-.040, 95% BCA bootstrap CI {-.073, -.015}) and sexual self-reflection (.021, 95% BCA bootstrap CI {.007, .044}) were unique mediators. Because none of the CIs included zero, the results supported the hypotheses that interpersonal sexual objectification predicted sexual functioning through surveillance during sexual activity and sexual self-reflection. However, contrary to hypotheses, the specific indirect effects of each mediator demonstrated that appearance self-objectification (-.002, 95% BCA bootstrap CI {-.010, .001}), sexual self-objectification (-.002, 95% BCA bootstrap CI {-.012, .002}), general surveillance (-.002, 95% BCA bootstrap CI {-.014, .001}), shame (-.001, 95% BCA bootstrap CI {-.014, .008}), and modified entitlement (.014, 95% BCA bootstrap CI {-.002, .036}) were not unique mediators.

For hypothesis 3B, I tested a multiple mediator model, with appearance self-objectification as the independent variable, general surveillance, surveillance during sexual activity, shame, sexual self-reflection, and modified entitlement as the mediators, and sexual functioning as the dependent variable (n = 504). Age, being White, relationship length, family income, being heterosexual, and education were statistically controlled.

The total and direct effects of appearance self-objectification on sexual functioning were B = -.02, p = .38 and B = -.01, p = .77, respectively. The bootstrap results demonstrated, with 95% confidence, that the total indirect effect of appearance

self-objectification on sexual functioning was non-significant, with a point estimate of -.015 and a 95% BCA bootstrap CI {-.044, .011}. The specific indirect effects of each mediator demonstrated that surveillance during sexual activity (-.033, 95% BCA bootstrap CI {-.058, -.014}) was a unique mediator. Because the CI did not include zero, the results supported the hypotheses that appearance self-objectification predicted sexual functioning through surveillance during sexual activity. However, contrary to hypotheses the specific indirect effects of each mediator demonstrated that general surveillance (.007, 95% BCA bootstrap CI {-.016, .029}), shame (.009, 95% BCA bootstrap CI {-.005, .028}), sexual self-reflection (.001, 95% BCA bootstrap CI {-.004, .011}), and modified entitlement (.000, 95% BCA bootstrap CI {-.004, .007}) were not unique mediators.

In order to assess the second part of hypothesis 3B, I tested a multiple mediator model, with sexual self-objectification as the independent variable, general surveillance, surveillance during sexual activity, shame, sexual self-reflection, and modified entitlement as the mediators, and sexual functioning as the dependent variable (n = 515). Age, being White, relationship length, family income, being heterosexual, and education were statistically controlled.

The total and direct effects of sexual self-objectification on sexual functioning were B = -.15, p = .15 and B = .08, p = .47, respectively. The bootstrap results demonstrated, with 95% confidence, that the total indirect effect of sexual self-objectification on sexual functioning was significant, with a point estimate of -.228 and a 95% BCA bootstrap CI {-.352, -.104 }. The specific indirect effects of each mediator demonstrated that surveillance during sexual activity (-.209, 95% BCA bootstrap CI {-

.318, -.116}) and sexual self-reflection (-.031, 95% BCA bootstrap CI {-.091, -.003}) were unique mediators. Because none of the CIs included zero, the results supported the hypotheses that sexual self-objectification predicted sexual functioning through surveillance during sexual activity and sexual self-reflection. However, contrary to hypotheses, the specific indirect effects of each mediator demonstrated that shame (.031, 95% BCA bootstrap CI {-.017, .094}), general surveillance (.014, 95% BCA bootstrap CI {-.068, .103}), and modified entitlement (-.033, 95% BCA bootstrap CI {-.084, .010}) were not unique mediators.

Hypotheses 4: Risky sexual behaviors.

4A. The relation between interpersonal sexual objectification and risky sexual behaviors is mediated by self-objectification, body surveillance, body shame, and sexual subjectivity;

4B. The relation between self- objectification and risky sexual behaviors is mediated by body surveillance, body shame, and sexual subjectivity.

SEM.

Contrary to hypotheses, a number of the hypothesized paths were not confirmed, including the path between risky sex and shame, general surveillance, surveillance during sexual activity, modified entitlement, and sexual body esteem. In addition, contrary to expectations, sexual self-reflection was positively related to risky sex ($\beta = .12$, $p < .001$). Lastly, there was an additional path from interpersonal sexual objectification to risky sex ($\beta = .24$, $p < .001$) that had not been predicted.

Mediation.

For hypothesis 4A, I tested a multiple mediator model, with interpersonal sexual objectification as the independent variable, sexual self-objectification, appearance self-objectification, general surveillance, surveillance during sexual activity, and sexual self-reflection as the mediators, and risky sex as the dependent variable (n = 643). Shame, sexual body esteem, and modified entitlement were not included as mediators because they were not significant predictors of risky sex in the SEM model. Age, being White, relationship length, family income, being heterosexual, and education were statistically controlled.

The total and direct effects of interpersonal sexual objectification on risky sex were B = .02, p < .001 and B = .02, p < .001, respectively. The bootstrap results demonstrated, with 95% confidence, that the total indirect effect of interpersonal sexual objectification on risky sex was non-significant, with a point estimate of -.000 and a 95% BCA bootstrap CI {-.002, .000}. The specific indirect effects of each mediator demonstrated that sexual self-objectification (.001, 95% BCA bootstrap CI {.000, .002}) was a unique mediator. Because the CI did not include zero, the results supported the hypotheses that interpersonal sexual objectification predicted risky sex through sexual self-objectification. However, the specific indirect effects of each mediator demonstrated that appearance self-objectification (.000, 95% BCA bootstrap CI {-.000, .001}), general surveillance (-.001, 95% BCA bootstrap CI {-.003, .000}), surveillance during sexual activity (-.000, 95% BCA bootstrap CI {-.001, .000}), and sexual self-reflection (.001, 95% BCA bootstrap CI {-.000, .002}) were not unique mediators.

For hypothesis 4B, I tested a multiple mediator model, with appearance self-objectification as the independent variable, general surveillance, surveillance during sexual activity, and sexual self-reflection as the mediators, and risky sex as the dependent variable (n = 662). Shame, sexual body esteem, and modified entitlement were not included as mediators. Age, being White, relationship length, family income, being heterosexual, and education were statistically controlled.

The total and direct effects of appearance self-objectification on risky sex were B = .00, p = .18 and B = .00, p = .09, respectively. The bootstrap results demonstrated, with 95% confidence, that the total indirect effect of appearance self-objectification on risky sex was non-significant, with a point estimate of -.001 and a 95% BCA bootstrap CI {-.002, .000}. Contrary to hypotheses, the specific indirect effects of each mediator demonstrated that general surveillance (-.001, 95% BCA bootstrap CI {-.002, .001}), surveillance during sexual activity (-.000, 95% BCA bootstrap CI {-.001, .001}), and sexual self-reflection (.000, 95% BCA bootstrap CI {-.000, .000}) were not unique mediators.

In order to assess the second part of hypothesis 4B, I tested a multiple mediator model, with sexual self-objectification as the independent variable, general surveillance, surveillance during sexual activity, and sexual self-reflection as the mediators, and risky sex as the dependent variable (n = 674). Shame, sexual body esteem, and modified entitlement were not included as mediators. Age, being White, relationship length, family income, being heterosexual, and education were statistically controlled.

The total and direct effects of sexual self-objectification on risky sex were B = .01, p = .09 and B = .01, p < .05, respectively. The bootstrap results demonstrated, with

95% confidence, that the total indirect effect of sexual self-objectification on risky sex was non-significant, with a point estimate of -.004 and a 95% BCA bootstrap CI {-.001, .000}. Contrary to hypotheses, the specific indirect effects of each mediator demonstrated that general surveillance (-.002, 95% BCA bootstrap CI {-.006, .002}) and surveillance during sexual activity (-.001, 95% BCA bootstrap CI {-.004, .002}) were not unique mediators. In contrast, the specific indirect effects of each mediator demonstrated that sexual self-reflection (-.001, 95% BCA bootstrap CI {-.003, -.000}) was a unique mediator. Because the CI did not include zero, the results supported the hypotheses that sexual self-objectification predicted sexual functioning through sexual self-reflection.

Analyses with participants who completed the survey.

Analyses were rerun with only those participants who finished the survey in order to ensure that missing data due to survey attrition did not bias the results. The estimation of the model resulted in a very similar fit to the data, χ^2 (74, N = 1055) = 93.01, $p > .05$, CFI = .994, RMSEA = .016 (90% CI: .000, .025), AIC = 285.01. Furthermore, the regression weights from analyses completed with all participants and participants who finished the survey were highly correlated (r (50) = .999, $p < .001$). Thus, missing data due to attrition did not appear to bias the results.

Summary.

Our data largely provided support for objectification theory as proposed in Hypothesis 1, with some minor modifications. Our data demonstrated that interpersonal sexual objectification leads to appearance and sexual self-objectification, and that appearance and sexual self-objectification lead to general surveillance and surveillance during sexual activity. However, there was no direct relation between shame and either

appearance or sexual self-objectification. Instead, analyses suggest that the effect is indirect through general surveillance and surveillance during sexual activity. Furthermore, in addition to the proposed model of objectification theory relations, there was an additional path between interpersonal sexual objectification and general surveillance.

The hypotheses regarding sexual subjectivity were mixed. Sexual self-reflection was negatively associated with surveillance during sexual activity. However, it was positively related to general surveillance and had a non-significant relation with shame. In line with this, mediation analyses demonstrated that the relation between interpersonal sexual objectification and sexual self-reflection was mediated by general surveillance, surveillance during sexual activity, and sexual self-objectification, but not appearance self-objectification. Similarly, surveillance and surveillance during sexual activity mediated the relation between sexual self-reflection and appearance and sexual self-objectification.

As hypothesized, sexual body esteem was negatively associated with surveillance during sexual activity and shame. However, it had a non-significant relation with general surveillance. Mediation analyses demonstrated that general surveillance, surveillance during sexual activity, and shame mediate the relation between interpersonal sexual objectification and sexual body esteem, and that shame and surveillance during sexual activity, but not general surveillance, mediate the relations between sexual body esteem and appearance and sexual self-objectification.

Lastly, modified entitlement, as expected, had a negative relation with surveillance during sexual activity and shame. However, contrary to hypotheses, general

surveillance was positively related to modified entitlement. The relation between interpersonal sexual objectification and modified entitlement was mediated by general surveillance, surveillance during sexual activity, and sexual self-objectification, but not appearance self-objectification or shame. The relations between modified entitlement and appearance and sexual self-objectification were mediated by general surveillance and surveillance during sexual activity, but not by shame.

There were also unexpected direct positive relations between interpersonal sexual objectification and sexual self-reflection, modified entitlement, and sexual body esteem, all of which were in the opposite direction than expected. There were also additional negative paths between sexual self-objectification and modified entitlement and sexual self-reflection, which were in the expected direction.

As hypothesized, sexual functioning was positively related to modified entitlement and negatively related to surveillance during sexual activity. However, contrary to hypotheses, general surveillance was positively related to sexual functioning, and shame, sexual body esteem, and sexual self-reflection were not significantly related to sexual functioning. Mediation analyses demonstrated that the relation between interpersonal sexual objectification and sexual functioning was mediated by surveillance during sexual activity and sexual self-reflection, but not appearance or sexual self-objectification, general surveillance, shame, modified entitlement, or sexual body esteem. Appearance self-objectification and sexual functioning were mediated only by surveillance during sexual activity. In contrast, both sexual self-reflection and surveillance during sexual activity mediated the relation between sexual self-objectification and sexual functioning.

The hypotheses relating interpersonal sexual objectification with risky sex were largely not supported. Risky sex was not related to shame, general surveillance, surveillance during sexual activity, modified entitlement, or sexual body esteem. Furthermore, contrary to hypotheses, sexual self-reflection was positively related to risky sex. Lastly, there was an unpredicted direct relation between interpersonal sexual objectification and risky sex; higher levels of interpersonal sexual objectification were related to higher levels of risky sex. Mediation analyses demonstrated that sexual self-objectification mediated the relation between interpersonal sexual objectification and risky sex, and that sexual self-reflection mediated the relation between sexual self-objectification and risky sex. Other hypothesized variables did not mediate these relations.

Hypotheses 5: Moderation

5A. Relationship length moderates the relations between sexual functioning (FSFI) and body surveillance, body shame, and sexual subjectivity (sexual body esteem, entitlement to and self-efficacy in attaining pleasure, and sexual self-reflection);

5B. Relationship satisfaction moderates the relations between sexual functioning (FSFI) and body surveillance, body shame, and sexual subjectivity (sexual body esteem, entitlement to and self-efficacy in attaining pleasure, and sexual self-reflection);

5C. Relationship length moderates the relations between risky sexual behaviors and body surveillance, body shame, and sexual subjectivity (sexual body esteem, entitlement to and self-efficacy in attaining pleasure, and sexual self-reflection);

5D. Relationship satisfaction moderates the relations between risky sexual behaviors and body surveillance, body shame, and sexual subjectivity (sexual body esteem, entitlement to and self-efficacy in attaining pleasure, and sexual self-reflection).

The strength of these relations is weaker among women who are in more stable and satisfying relationships

In order to explore the relations between relationship length and satisfaction and study variables, correlations were examined (see Table 10). Relationship length was significantly correlated with fewer interpersonal sexual objectification experiences, lower levels of surveillance during sexual activity, and lower levels of sexual self-reflection. Relationship satisfaction was significantly correlated with fewer interpersonal sexual objectification experiences, lower levels of general surveillance and surveillance during sexual activity, higher levels of sexual body esteem and entitlement, fewer risky sexual behaviors, and higher sexual functioning.

Table 10

Correlations between Relationship Length and Satisfaction and Study Variables

	Relationship length	Relationship satisfaction
Objectification	-.16**	-.22**
Appearance self-objectification	.01	-.07
Sexual self-objectification	-.02	-.05
Shame	.00	-.06
Surveillance	.03	-.12**
Surveillance during sex	-.07*	-.23**
Sexual body esteem	.03	.15**
Sexual self-reflection	-.07*	-.03
Entitlement	.08*	.08*
Risky sexual behaviors	.03	-.24**
Sexual functioning	0.01	.38**

** $p < .01$, * $p < .05$

Moderation was tested in SPSS using hierarchical linear regressions. Scores were first converted to z-scores to ease interpretability. Interaction terms were created by multiplying the z-scores of either relationship length or satisfaction with general body surveillance, body surveillance during sexual activity, shame, sexual body esteem, modified entitlement, or sexual self-reflection. In total, 12 interaction terms were created. Hypotheses were tested using 20 separate hierarchical regressions, 10 predicting sexual functioning and 10 predicting risky sexual behaviors. Covariates, excluding relationship length, were entered into step one. In the second step, the two variables making up the

interaction were entered. In the third step, the interaction term was entered. If the interaction term was significant, the interaction was graphed in order to interpret the interaction.

The regressions testing the interactions between relationship satisfaction and shame, surveillance during sexual activity, general surveillance, modified entitlement, sexual body esteem, and sexual self-reflection on sexual functioning are displayed in tables in the Appendix (Tables 12-17). Covariates, including age, education, family income, being White, parent status, and being heterosexual, were entered in step two. Relationship satisfaction and the other moderation variable were entered in step three. The interaction term between relationship satisfaction and the other moderation variable were entered in step three. Contrary to hypotheses, satisfaction did not moderate the effects of shame (ß = -.02, p = .59), surveillance during sexual activity (ß = -.04, p = .27), general surveillance (ß = -.04, p = .33), modified entitlement (ß = .00, p = .99), sexual body esteem (ß = .06, p = .12), or sexual self-reflection (ß = .02, p = .55) on sexual functioning.

The regressions testing the interaction between relationship length and shame, surveillance during sexual activity, general surveillance, modified entitlement, sexual body esteem, and sexual self-reflection on sexual functioning are displayed in tables in the Appendix (Tables 18-23). Covariates, including age, education, family income, being White, parent status, and being heterosexual, were entered in step two. Relationship length and the other moderation variable were entered in step three. The interaction term between relationship length and the other moderation variable were entered in step three. Contrary to hypotheses, relationship length did not moderate the effects of shame (ß = -

.04, p = .28), surveillance during sexual activity (ß = -.06, p = .08), general surveillance (ß = .03, p = .11), modified entitlement (ß = .06, p = .12), sexual body esteem (ß = .07, p = .07), or sexual self-reflection (ß = .05, p = .20) on sexual functioning.

The regressions testing the interaction between relationship satisfaction and shame, surveillance during sexual activity, general surveillance, modified entitlement, sexual body esteem, and sexual self-reflection on risky sex are displayed in tables in the Appendix (Tables 24-29). Covariates, including age, education, family income, being White, parent status, and being heterosexual, were entered in step two. Relationship satisfaction and the other moderation variable were entered in step three. The interaction term between relationship satisfaction and the other moderation variable were entered in step three. Contrary to hypotheses, satisfaction did not moderate the effects of shame (ß = .01, p = .85), surveillance during sexual activity (ß = .01, p = .86), general surveillance (ß = .01, p = .83), modified entitlement (ß = -.01, p = .89), sexual body esteem (ß = -.04, p = .26), or sexual self-reflection (ß = -.05, p = .19) on risky sex.

The regressions testing the interaction between relationship length and shame, surveillance during sexual activity, general surveillance, modified entitlement, and sexual body esteem on risky sex are displayed in tables in the Appendix (Tables 30-34). Covariates, including age, education, family income, being White, parent status, and being heterosexual, were entered in step two. Relationship length and the other moderation variable were entered in step three. The interaction term between relationship length and the other moderation variable were entered in step three. Contrary to hypotheses, relationship length did not moderate the effects of shame (ß = .00, p = .94), surveillance during sexual activity (ß = .04, p = .27), general surveillance (ß = .02, p =

.66), modified entitlement (ß = -.06, p = .10), or sexual body esteem (ß = -.06, p = .08) on risky sex. The interaction between relationship length and sexual self-reflection was significant.

The regression testing the interaction between relationship length and sexual self-reflection is displayed in Table 11. When first entered into a model, covariates, including age, education, family income, being White, parent status, and being heterosexual, predicted 1% of the variance in risky sex (F = (6, 867) = 1.18, p = .32). Step 2, with relationship length and sexual self-reflection, predicted another 3% of the variance in risky sex (F = (8, 865) = 3.98, p < .001). The third step, including the two-way interaction term between relationship length and sexual self-reflection (ß = -.08, p < .05) was significant, although it did not explain any additional variance in risky sex (F = (9, 864) = 4.18, p < .001). Thus, relationship length moderated the effects of sexual self-reflection on risky sex, but only contributed a marginal amount to the variance accounted for in risky sex. Figure 4 displays a graph of the interaction. When relationship length is shorter, sexual self-reflection has a stronger positive relation with total risky sex.

Table 11

Summary of Hierarchical Regression Analysis for Interaction between Relationship Length and Sexual Self-Reflection Predicting Risky Sex (N = 1271)

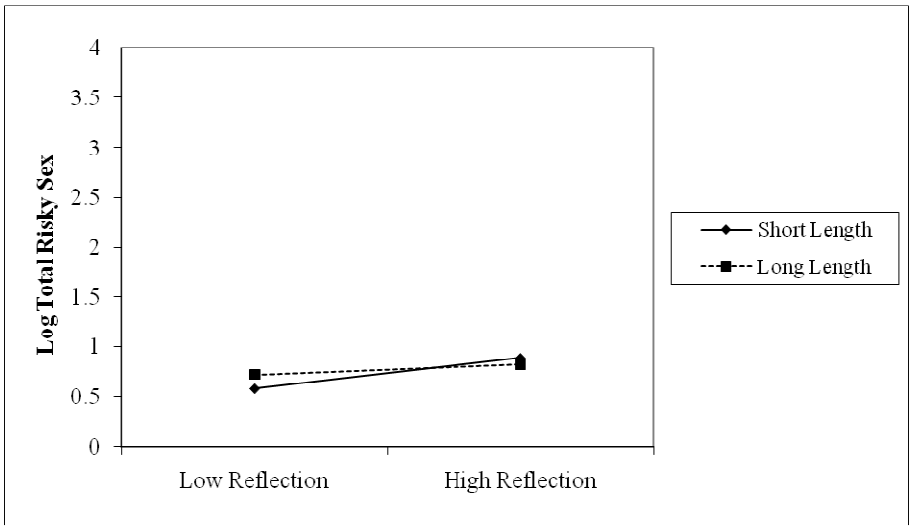
Variable	*B*	*SE B*	ß
Step 1			
Age	-.007	.007	-.044
Education	.002	.027	.003
White	-.002	.048	-.001
Parent Status	-.052	.089	-.021
Heterosexual	-.105	.059	-.060
Family Income	.021	.013	.059
Step 2			
Relationship Length	.036	.023	.056
Sexual Self-Reflection	.107	.022	.166***
Step 3			
Interaction	-.053	.022	-.079*

Note. R^2 = .01 for Step 1; Δ R^2 = .03 for Step 2; Δ R^2 = .00 for Step 3.

*p < .05, ** p < .01, ***p < .001

Figure 4

Graphic Depiction of Standardized Scores Representing Sexual Self-Reflection with Relationship Length in Predicting Total Risky Sex (y-axis)



CHAPTER 6

DISCUSSION

Overview of Findings

Study results demonstrate that objectification theory is a useful framework through which to understand women's sexual health. Variance in sexual subjectivity, sexual functioning, and risky sex were significantly predicted by interpersonal sexual objectification, self-objectification, surveillance, and shame. The final model accounted for the following percentages of variance: 1.7% sexual self-objectification, 3.4% appearance self-objectification, 18.1% surveillance, 7.5% surveillance during sexual activity, 38.6% shame, 25.2% modified entitlement, 18% sexual self-reflection, 61% sexual body esteem, 15.5% sexual functioning, and 8.4% risky sexual behavior. The final model resulted in good fit, which reflects that the model accurately captured the data.

These results confirm those of past studies that demonstrate that SEM modeled on the principles of objectification theory can be successfully employed to capture women's experiences (e.g. Calogero, 2009b), including women's sexuality (e.g., Steer & Tiggemann, 2008). However, the individual paths of the model suggest that the relations between variables of objectification theory and women's sexuality are more complex than set forth by objectification theory.

In the following section, I examine each hypothesis individually. As discussed in the results section, paths in the SEM model that are marginal (as classified by Cohen's order of magnitude) are disregarded because the study's large sample size and number of analyses increases the likelihood of Type I error.

Hypothesis 1: The Influences of Interpersonal Sexual Objectification

For Hypothesis 1A, I hypothesized that the relations between interpersonal sexual objectification and general surveillance, surveillance during sexual activity, and shame would be mediated by appearance and sexual self-objectification. An examination of the path between interpersonal sexual objectification and self-objectification is important because it has previously been examined only in a few studies (e.g., Hill & Fischer, 2008; Moradi, Dirks, & Matteson, 2005), and has not been examined using the measure of interpersonal sexual objectification used in this study. Previous studies have found that the measure of interpersonal sexual objectification used in this study is significantly related to body surveillance and internalization of the thin ideal (Kozee et al., 2007; Kozee & Tylka, 2006). Therefore, it was expected that this variable would also be related to sexual and appearance self-objectification. Furthermore, previous studies have found that other types of objectification, such as sexual harassment (Larkin, Rice, & Russell, 1999) and exposure to sexually objectifying beauty magazines and television programs (Aubrey, 2006, 2007), are linked to appearance self-objectification.

This hypothesis was only partially supported; interpersonal sexual objectification was not significantly related to sexual self-objectification in the SEM model and the relation between interpersonal sexual objectification and appearance self-objectification was small. These results are consistent with Hill and Fischer's (2008) study which found

a small relation (β = .19) between appearance self-objectification and a measure of interpersonal sexual objectification that assesses ubiquitous sexualized gaze and harassment. There are several possible explanations for these results. First, Calogero (2011) suggests that the rank-order response format of the self-objectification measure causes participants to misunderstand the directions, thus leading to measurement error. As a result, the small relations found between self-objectification and other variables may be underestimated in this and other studies. Secondly, women's level of exposure to and internalization of interpersonal sexual objectification experiences varies widely. For example, older women, women of color (Moradi & Subich, 2003), and women with disabilities experience different types and levels of objectification experiences. Therefore, analyses that examine the effects of moderating variables that capture these factors may help determine whether certain groups of women experience objectification and self-objectification differently. Lastly, these results may also reflect the fact that interpersonal sexual objectification experiences in the past month are only a small reflection of the total objectification that women experience. For instance, objectification takes many forms not captured within this measure, including exposure to sexually objectifying media (Aubrey, 2007) and gender socialization (Swim, Hyers, Cohen, & Ferguson, 2001). Furthermore, objectification theory posits that self-objectification occurs through gradual socialization and that it takes years of accumulated experience rather than months for its effects to become evident.

The marginal relation between interpersonal sexual objectification and sexual self-objectification is important in considering the validity of the sexual self-objectification measure, which was developed for this study. This measure was included

in the study in order to capture the effects of valuing oneself and one's body predominantly as a sexual object for use and consumption by others. However, the measure's lack of relation with interpersonal sexual objectification is problematic. This result may reflect that the measure does not accurately represent internalization of objectification (seeing oneself as a sexual object). On the other hand, it may also reflect the fact that the objectification measure includes more items about appearance objectification than sexual objectification. Of the 15 items that make up this measure, 11 involve body evaluation and 4 involve unwanted sexual advances (Kozee et al., 2007). Interpersonal objectification experiences that explicitly, rather than implicitly, contain a sexual component may have a stronger relation with sexual self-objectification. As a result, it is not surprising that this measure had a stronger relation to appearance self-objectification than sexual self-objectification, although the difference between these relations in both the SEM model and correlations are very small. Further research on this variable must be conducted in order to confirm its validity and statistical properties.

The results largely supported hypotheses regarding the role of surveillance and shame within objectification theory. SEM and bootstrap analyses demonstrated that the relations between interpersonal sexual objectification and general surveillance, surveillance during sexual activity, and shame were mediated by appearance self-objectification, or in the case of surveillance during sexual activity, appearance and sexual self-objectification. The role of sexual self-objectification in predicting surveillance during sexual activity, but not shame or general surveillance, is likely related to fact that both sexual self-objectification and surveillance during sexual activity are specific to women's sexuality. Overall, these results confirm the results of past studies

that demonstrate that general body surveillance and surveillance during sexual activity are influenced by objectification and self-objectification (Moradi et al., 2005; Steer & Tiggemann, 2008; Tiggemann & Slater, 2001). Through objectification experiences, women learn to treat themselves as objects to be viewed from an outsider's point of view. As a result, they begin to observe and evaluate themselves, both generally and during sexual activity. In addition, as discussed in the introduction, there was also a small direct relation between interpersonal sexual objectification and surveillance, suggesting that the measures of appearance and sexual self-objectification do not fully capture the effects of objectification.

As hypothesized, general surveillance and surveillance during sexual activity mediated the relations between appearance and sexual self-objectification and body shame. Past studies have found that surveillance either partially (Aubrey, 2007; Moradi et al., 2005) or fully (Lindberg et al., 2007; Steer & Tiggemann, 2008; Tiggemann & Slater, 2001) mediates the relation between self-objectification and shame. The results of this SEM model point to full mediation. This suggests that women tend to experience body shame as a result of engaging in surveillance behaviors associated with self-objectification.

Hypothesis 2: Sexual Subjectivity

For Hypotheses 2, I predicted that interpersonal sexual objectification and self-objectification would be significantly associated with sexual subjectivity variables, and that these relations would be mediated by body shame and surveillance. Overall, the analyses of this study demonstrate that objectification theory is a useful framework through which to understand sexual subjectivity. As hypothesized, interpersonal sexual

objectification negatively impacted women's sexual subjectivity through its impact on women's feelings about themselves (self-objectification and body shame) and their behaviors (surveillance). However, the constellation of variables that predicted each of the three sexual subjectivity variables varied. Therefore, I examine the hypotheses in relation to each sexual subjectivity variable separately.

Reflection.

Very few studies have examined sexual self-reflection within the context of objectification theory. Only some of the hypothesized paths were confirmed. As hypothesized, the relations between interpersonal sexual objectification and sexual self-reflection were mediated by sexual self-objectification, general surveillance, and surveillance during sexual activity. However appearance self-objectification and shame did not function as mediators. Similarly, the relations between sexual and appearance self-objectification and sexual self-reflection were mediated by surveillance and surveillance during sexual activity, but not body shame. These results indicated that sexual self-objectification, general surveillance, and surveillance during sexual activity are the primary variables within objectification theory that influence sexual self-reflection.

Sexual self-objectification was a significant mediator of the relation between interpersonal sexual objectification and sexual self-reflection . Sexual self-objectification may limit women's ability to think about their own sexuality by causing women to think more about their partners' desires and sexuality rather than their own. The importance of sexual self-objectification versus appearance self-objectification in predicting self-reflection is likely related to the sex-specific content of the sexual self-objectification

variable. However, given that appearance self-objectification mediates the relation between interpersonal sexual objectification and general surveillance, surveillance during sexual activity, and body shame, we know that appearance self-objectification does play an indirect role in predicting variance in sexual self-reflection. Given that no previous study has examined the relation between appearance and sexual self-objectification and sexual self-reflection, this relation should be further examined and confirmed in future studies.

Contrary to hypotheses, shame was not significantly related to sexual self-reflection, neither in the SEM model nor in the correlations. This is surprising given past studies that suggest that women who experience poorer body images tend to avoid sexual activity (Faith & Schare, 1993; Trapnell, Meston, & Gorzalka, 1997), thus suggesting they would also avoid thinking about sexuality. The results of this study suggest that negative feelings about one's body may affect women's behaviors, but not the frequency of sexual self-reflection.

In contrast to shame, the results do indicate significant relations between surveillance behaviors and women's sexual self-reflection. Similarly, other studies have found that body surveillance plays a more important role than body shame in predicting the effects of objectification and self-objectification (e.g. Lindberg et al., 2007; Steer & Tiggemann, 2008).

Interestingly, analyses demonstrated that surveillance and surveillance during sexual activity have opposing effects; while surveillance during sexual activity is associated with lower levels of sexual self-reflection, general surveillance is associated with higher levels of sexual self-reflection. With the exception of two master's theses

(Allison, 2009; Higgins, 2010), which revealed positive correlations between general surveillance and sexual self-reflection, previous studies have not demonstrated this pattern of results. The opposing effects of general surveillance and surveillance during sexual activity may be partially explained by qualitative differences in the measures. The general surveillance measure, in contrast to the surveillance during sexual activity measure, assesses surveillance in a neutral manner. For example, an item from the general surveillance measure states, "I think about how I look". In contrast, an item from the surveillance during sexual activity measure states, "During sexual activity, it's hard for me not to think about my weight." Therefore, general surveillance may assess surveillance behaviors in a less negatively biased manner. If this assumption is correct, the results suggest that women who engage in negative surveillance behaviors may tend to avoid thinking about their sexuality because it causes negative affect. In contrast, women who engage in less negative surveillance behaviors may think about their sexuality more frequently because it does not cause negative affect, or may in fact cause them to feel more attractive (Breines et al., 2008). In addition, it is possible that the relation between surveillance behavior and sexual self-reflection is contextual. Surveillance behaviors and sexual self-reflection may have different meanings in different contexts. Some women who surveil in general contexts may enjoy thinking about their sexuality because it validates that they are physically attractive or sexy. Correspondingly, Breines and colleagues (2008) found that women's appearance validation goals (e.g., "right now I'm focused on demonstrating that I am attractive") in the moment were associated with general surveillance. In contrast, surveillance during sexual activity may distract women from thoughts about their sexuality in the moment,

which may impede women's ability to think about their sexuality outside of the sexual context. The possibility that surveillance results in positive sexual consequences for women is explored further in the following sections.

The ambiguity of the sexual self-reflection measure also complicates the interpretation of these results. The measure of sexual self-reflection assesses general sexual self-reflection rather than *healthy* sexual self-reflection. For example, one item of this measure asks participants to indicate their agreement with the following statement: "I think about my sexuality". Therefore, agreement with this item could reflect both healthy and unhealthy reflection about one's sexuality. Thus, it is difficult to know with certainty whether the positive association between general surveillance and sexual self-reflection indicates a harmful or helpful effect of surveillance on sexual self-reflection.

The ambiguity of the sexual self-reflection measure also complicates our ability to interpret the unexpected positive significant relation between interpersonal sexual objectification and sexual self-reflection. While these results indicate the women think about their sexuality more frequently when objectified, it is unclear whether these women are thinking about their sexuality in harmful or beneficial ways. Furthermore, since the data is cross-sectional, this relation may also indicate that women who more frequently engage in sexual self-reflection notice more objectification experiences. The relation between sexual self-reflection and objectification experiences warrants further study in the future.

Body esteem.

As hypothesized, objectification theory provides a useful framework through which to understand sexual body esteem. More specifically, analyses demonstrated that

the relation between interpersonal sexual objectification and sexual body esteem was mediated by general surveillance, surveillance during sexual activity, and shame. The lack of mediating effects of appearance and sexual self-objectification in the relation between interpersonal sexual objectification and sexual body esteem suggests that appearance and sexual self-objectification are indirectly related to sexual body esteem through general surveillance, surveillance during sexual activity, and body shame.

These results also confirm the results of past studies that demonstrate that body image is impacted by the variables of objectification theory (Allison, 2009; Higgins, 2010; McKinley & Hyde, 1996; Myers & Crowther, 2007; Strelan & Hargreaves, 2005; Strelan, Mehaffey, & Tiggemann, 2003; Tiggemann & Lynch, 2001). Specifically, these results suggest that when women self-objectify through surveillance behaviors during sexual activity, they experience decreased sexual body esteem. In addition, when women surveil and find that their appearance does not match that of the appearance ideal, they experience body shame (McKinley & Hyde, 1996), which is related to decreased sexual body esteem.

However, counter to hypotheses, analyses demonstrated that general surveillance was not significantly related sexual body esteem in SEM analyses or as a mediator of the relation between appearance and sexual self-objectification and body esteem. The significance of the relations between surveillance during sexual activity, but not general surveillance, in these analyses demonstrates the importance of variables specific to the sexual context in predicting sexual outcomes. However, given that both general surveillance and surveillance during sexual activity are negatively correlated to sexual body esteem and that general surveillance and surveillance during sexual activity are

highly correlated, these results also likely reflect that general surveillance and surveillance during sexual activity predict shared variance in sexual body esteem.

Unexpectedly, interpersonal sexual objectification had a positive and direct relation with sexual body esteem in the SEM model. Both the direction and existence of this path in the model were surprising. The effects of interpersonal sexual objectification experiences were expected to be explained indirectly through the cumulative negative effects on the other variables in the model. As in the case of sexual self-reflection's positive relation with objectification and general surveillance, this relation suggests that interpersonal sexual objectification experiences may have both positive and negative effects on women's sexuality, in a manner that is not captured fully by objectification theory.

These results suggest that psychologists should broaden the ways in which they understand sexual objectification and its effects. Researchers primarily conceptualize the effects of sexual objectification as negative. However, sexual objectification in practice is likely experienced as both positive and negative. This paradox can be better understood through the lens of our society's treatment of women. In our society, women are rewarded for being physically attractive. For example, attractive women typically have access to more interpersonal (e.g., popularity; marriage and dating opportunities) and economic opportunities (e.g., job and school advantages) than less attractive women (Fredrickson & Roberts, 1997). Therefore, although sexual objectification experiences have well-validated negative effects (e.g. depression, negative body image, disordered eating), the rewards experienced by women who are objectified suggest that positive effects also exist.

Both qualitative and quantitative research provides evidence of the positive effects of sexual objectification experiences. For example, Tiggemann and Boundy (2008) examined the effect of an appearance compliment on women's mood, and found that it resulted in improved mood for women. The results of another experimental study demonstrated that women subjected to a man's objectifying gaze were more interested in future interactions with the man (Gervais, Vescio, & Allen, 2011), thus potentially suggesting positive effects from the objectifying interaction. In her qualitative interviews with young women about heterosexual relationships, Phillips (2000) observed that many women reported experiencing feelings of power and pleasure from their ability to attract men. This effect is also seen in some feminist writers' accounts of their experience of sexual objectification. For example, McGhan (2007), a feminist and stripper, writes about how she came to appreciate her body and sexual power through the experience of stripping and receiving compliments and money from men. Therefore, these studies suggest that experiences of sexual objectification may serve as validation for a woman that she is attractive within a culture that values women's physical attractiveness, thus leading to positive or mixed internal consequences for some women.

Entitlement.

As in the case of sexual self-reflection and body esteem, objectification theory provided a useful framework through which to understand entitlement to and self-efficacy in attaining pleasure. Analyses demonstrated that the relation between interpersonal sexual objectification and modified entitlement was mediated by sexual self-objectification, general surveillance, and surveillance during sexual activity. Appearance self-objectification and shame were not significant mediators in this model.

Thus, appearance self-objectification played only an indirect role in predicting modified entitlement in this model, in that it mediated the relation between interpersonal sexual objectification and both general surveillance and surveillance during sexual activity. Analyses also demonstrated that general surveillance and surveillance during sexual activity, but not shame, were significant mediators of the relations between appearance and sexual self-objectification and modified entitlement. These results, however, must be interpreted with caution given that the scale was missing one item.

Few studies have examined the link between self-objectification and entitlement to and self-efficacy in attaining pleasure. As predicted, the results of this study demonstrate that both appearance and sexual self-objectification are linked to entitlement, thus confirming the results of Hirschman and colleagues' (2006) mixed methods study, which found that women who scored lower on appearance self-objectification talked about their sexuality in ways that suggested entitlement. Furthermore, sexual self-objectification was directly linked to entitlement, pointing to the importance of sex-specific variables in predicting sexual outcomes. The results of this and other studies (Allison, 2009; Martin, 1996; Tolman, 2000) suggest that women who self-objectify experience their bodies more for the use and pleasure of others rather than for themselves, thus causing them to feel less entitled to and efficacious in attaining pleasure.

Contrary to hypotheses, the relation between shame and modified entitlement was marginal within the SEM model and lacked significance within the mediation models. Past research examining the effect of shame on women's sexuality has been inconsistent. For example, while some studies have found that shame is indirectly related to poorer sexual functioning (e.g., Sanchez & Kiefer, 2007; Steer & Tiggemann, 2008) and

decreased sexual efficacy and entitlement (Allison, 2009), other studies have demonstrated that there is no significant relation between body shame and sexual self-efficacy or entitlement (e.g., Brooks, 2009; Higgins, 2010). Therefore, the lack of effect of shame on modified entitlement is not entirely surprising. Also, these results are consistent with the results for sexual self-reflection, which suggest that women's behaviors affect their sexual subjectivity more than their feelings about their bodies. Furthermore, the inclusion of both sexual body esteem and body shame in analyses may confound any effect they have on entitlement because they are highly correlated.

As hypothesized, the results of this study demonstrate that surveillance during sexual activity is linked to modified entitlement to and self-efficacy in attaining pleasure. Women who reported higher levels of surveillance during sexual activity reported lower levels of entitlement. This may occur because surveillance distracts women from their sexual experiences, thus reducing their perception of entitlement to and efficacy in achieving desire and pleasure. These results confirm those of Brooks (2009), who found that body self consciousness during sex was significantly related to women's confidence to be assertive in getting their sexual needs fulfilled.

Interestingly, as in the case of sexual self-reflection, I did not predict the positive direction of the relation between general surveillance and modified entitlement. Previous studies have suggested that general surveillance is negatively related to entitlement to and self-efficacy in attaining pleasure; for example, surveillance has been found to be negatively related to self-efficacy in attaining desire (Allison, 2009), sexual satisfaction (Calogero & Thompson, 2009a), and sexual functioning (Steer & Tiggemann, 2008). However, in the present study, while surveillance during sexual activity was associated

with lower levels of modified entitlement, general surveillance was associated with higher levels of modified entitlement. As previously discussed in the section about sexual self-reflection, differences between the measures of general surveillance and surveillance during sexual activity may help to explain the opposing effects of general surveillance and surveillance during sexual activity.

The positive relation between general surveillance and entitlement may be further understood by examining the results of a study by Breines and colleagues (2008), which demonstrates that surveillance has both positive and negative effects on women's well-being and that these effects are moderated by other variables. In this study, 49 female participants completed measures of surveillance, well-being, and perceived attractiveness several times a day for two weeks. Results indicated that women tended to feel both more attractive *and* unattractive when surveilling. In addition, the effects of surveillance on measures of well-being varied depending on self-esteem and appearance contingency (the importance of appearance to self-worth). Women who reported high self-esteem and were highly invested in their appearance experienced increased levels of well-being when they surveilled, whereas other women experienced decreased levels of well being when they surveilled. The results of the current study may demonstrate a similar phenomenon. When surveilling, women in the present study appear to experience both positive (increased entitlement to and efficacy in attaining pleasure) and negative (increased shame and decreased body esteem) effects. Like the women in the Breines et al. (2008) study, these effects may be moderated by factors such as perceived attractiveness or self-esteem, or the context in which the surveillance takes place. Thus, general surveillance

appears to be a double-edged sword that has both adverse and positive effects on women's experiences of their bodies and sexuality.

It is again useful to consider our society's treatment of women in order to understand the paradoxical effects of surveillance. Although women have gained power over the past century, women continue to have lower status than men (Ridgeway & Bourg, 2004). Men make more money than women and possess the majority of high power positions (e.g. government, business). In addition, women continue to fear sexual assault and sexual harassment (Lorber, 2010). Self-objectification is therefore, in many cases, adaptive because the outcomes of self-objectification practices, beauty and sexual attractiveness, can provide women a conduit to power they have less access to in our patriarchal society. For instance, through self-objectification practices and surveillance, women are able to make themselves desired objects, thereby gaining a sense of power in heterosexual relationships that may otherwise be difficult to attain (Phillips, 2000). Other researchers have suggested that self-objectification provides women a sense of agency or control over how they are treated by other people in a society that frequently objectifies or devalues them (Calogero, Tantleff-Dunn, & Thompson, 2011; Smolak & Murnen, 2011). This may help to explain why women may enjoy and feel empowered by "doing looks" (Frost, 1999).

Furthermore, the positive relation between general surveillance and modified entitlement may be a reflection of more recent shifts within American culture, where women are increasing encouraged to self-objectify and –sexualize as a form of empowerment. This can be seen in the widespread images of and stories about women enjoying self-objectification and sexual objectification experiences, such as the "Girls

Gone Wild" franchise or strip pole classes (Levy, 2005). This trend can also be seen in advertisements that use representations of young attractive women's sexual agency and assertiveness and feminist discourses of power in order to sell products (Gill, 2008; Lazar, 2006). These images and narratives of sexual empowerment most often take the form of the 'pornified' woman who self-objectifies and –sexualizes in a manner that looks like a man's fantasy (Lamb, 2010). Images and narratives such as these foster the idea that self-sexualization is empowering and that if you are anti-objectification, you are sexually prudish (Levy, 2005). Individual women then "choose" self-objectification and –sexualization as a way to feel empowered and claim sexual subjectivity (e.g. Dines, 2010; Gill, 2008; Levy, 2005; Paul, 2005; Pollet & Hurwitz, 2007).

This model of self-objectification and -sexualization as empowerment has had a strong effect on young women in American culture because there are very few widespread models of sexual subjectivity represented in our popular culture. In order to construct themselves as sexual persons, women must sort through a multitude of frequently contradictory cultural discourses about sex and their sexuality, many of which do not provide space for women to feel entitled as sexual subjects. Therefore, self-objectification may be a strategy through which women can express their sexual needs. Through self-objectification, women are able to position themselves as desired sexual objects, thereby providing themselves a space to enjoy sex within these discourses (Phillips, 2000).

Researchers are beginning to examine self-sexualization using quantitative data. Evidence suggests that, as in this study's analysis of interpersonal sexual objectification, self-sexualization has both positive and negative effects. A recent study examining

women's enjoyment of sexualization found that women's enjoyment of sexualizing behaviors was positively related to appearance self-objectification and general body surveillance, as well as self-esteem (Liss, Erchull, & Ramsey, 2010). The positive effects of self-objectification need to be noted in order to recognize that women are not powerless pawns in our society or heterosexual relationships and that their choices are a result of both individual and societal forces.

The last important finding regarding entitlement involves its relation with interpersonal sexual objectification. As in the case of sexual self-reflection and body esteem, there was an unexpected positive and direct relation between interpersonal sexual objectification and modified entitlement. As previously discussed, this suggests that sexual objectification experiences may have positive, as well as negative, effects on women's sexuality that are not captured by objectification theory. Interpersonal sexual objectification's direct positive effect on all three elements of sexual subjectivity suggests that this effect is not spurious. In a manner not captured by other variables in the model, interpersonal sexual objectification leads to more entitlement, reflection, and sexual body esteem. These results provide credence to the idea that in a society that emphasizes and values objectified views of women, especially within popular representations of women's sexuality, women who experience interpersonal sexual objectification experience and value themselves more as sexual beings.

Hypotheses 3: Sexual Functioning

For hypotheses 3, I hypothesized that interpersonal sexual objectification, sexual self-objectification, and appearance self-objectification would predict sexual functioning through their effect on surveillance, shame, and sexual subjectivity. Previous research

suggests that a meditational model employing these variables would effectively predict women's sexual functioning (e.g., Horne & Zimmer-Gembeck, 2005; Moradi & Huang, 2008; Sanchez & Kiefer, 2007; Steer & Tiggemann, 2008). Results of mediation analyses indicated that sexual self-reflection and surveillance during sexual activity mediated the relations between interpersonal sexual objectification and sexual functioning and between sexual self-objectification and sexual functioning. The contribution of sexual self-reflection to these models, however, was small. Surveillance during sexual activity also mediated the relation between appearance self-objectification and sexual functioning. Surveillance during sexual activity therefore played the largest role in mediating the relations between sexual functioning and interpersonal sexual objectification, sexual self-objectification, and appearance self-objectification. Thus, surveillance during sexual activity is the primary mechanism through which objectification theory helps elucidate women's sexual functioning.

As expected, the relation between sexual functioning and body surveillance during sexual activity was negative; higher levels of body surveillance during sexual activity predicted lower levels of sexual functioning. These results confirm those of Sanchez and Kiefer (2007) and Cash, Maikkula, and Yamamiya (2004), who found that body self-consciousness during sexual activity was related to decreased sexual functioning. Surveillance during sexual activity may reduce sexual functioning because it distracts women from other feelings or sensations they experience during sexual activity.

However, contrary to hypotheses, sexual functioning was only marginally related to general surveillance. This result is in contradiction to the results of Calogero and Thompson (2009a), who found that surveillance was negatively related to sexual

satisfaction. These results indicate that context-specific surveillance plays a more important role than general surveillance. This interpretation is supported by the results of Steer and Tiggemann (2008) which demonstrated that self-consciousness during sexual activity had a direct relation with sexual functioning while general surveillance had an indirect effect through its effects on body shame, appearance anxiety, and self-consciousness during sexual activity.

In addition, sexual functioning was not significantly related to body shame or sexual body esteem. These results indicate that how women feel about their bodies is of lesser importance than women's actions in relation to their bodies during sexual activity. This is surprising given previous research that demonstrated that body shame (Calogero & Thompson, 2009a; Sanchez & Kiefer, 2007) and dissatisfaction (Wiederman, 2002) predicted sexual functioning and satisfaction. However, there is a considerable amount of research suggesting that sex-specific contextual factors (e.g. body surveillance during sexual activity) affect women's sexual functioning more than body image (e.g. Cash, Maikkula, & Yamamiya), and that the relations between sexual functioning and low body esteem and high shame are mediated by surveillance behaviors (Sanchez & Kiefer, 2007; Steer & Tiggemann, 2008). It is also important to consider that women who have high levels of body shame and low levels of body esteem may avoid sexual activities (Trapnell et al., 1997), thus making any effect of poor body image difficult to discern among women who do engage in sexual activity. For example, in a study completed by Calogero and Thompson (2009a), women who had not been "sexually active" at least two times over the past two weeks were excluded from analyses. This likely influenced the researchers' ability to find a significant relation between shame and sexual satisfaction.

In this study, I also examined the effects of two other elements of sexual subjectivity on sexual functioning: sexual self-reflection and entitlement to and self-efficacy in attaining pleasure. Previous research suggests that these variables would be related to higher levels of sexual functioning (Horne & Zimmer-Gembeck, 2005). In the SEM model, modified entitlement had a small positive relation with sexual functioning. The positive relation between modified entitlement and sexual functioning found in this study confirms the results of Horne and Zimmer-Gembeck (2005), who found that women who had experienced non-coital orgasm reported higher levels of entitlement to sexual pleasure from self and self-efficacy in achieving sexual pleasure. The current study broadens Horne and Zimmer-Gembeck's results by demonstrating that entitlement is related to overall sexual functioning, in addition to non-coital orgasms. When women feel entitled to and self-efficacious in attaining pleasure they are better able to attain pleasure. This likely occurs in part because a woman knows her sexual needs better and is able to be active (e.g. communicating with partner) in ensuring that sexual interactions meet her needs.

Contrary to hypotheses, sexual self-reflection was not related to sexual functioning. The non-specific nature of the items in the sexual self-reflection measure (as previously discussed) may have influenced this finding. Since the items in the measure do not specify the content of the reflection, a woman who is ruminating about her partner's view of her sexual performance and a woman who is thinking about how to enhance her own pleasure during sexual activity would both have high scores on sexual self-reflection. As illustrated by this example, the effect of sexual self-reflection on sexual functioning likely varies by the content of the reflection. In order to more

accurately assess the relation between sexual self-reflection and sexual outcome variables such as sexual functioning, researchers will have to develop more specific measures of sexual self-reflection that differentiate between negative and positive content or styles of thinking about one's sexuality.

Hypothesis 4: Risky Sexual Behaviors

For Hypotheses 4, I predicted that higher levels of interpersonal sexual objectification, self-objectification, body surveillance, and body shame and lower levels of sexual subjectivity would predict higher levels of risky sexual behaviors. I hypothesized that self-objectification, surveillance, shame, and sexual subjectivity would mediate the relation between interpersonal sexual objectification and risky sexual behaviors and that surveillance, shame, and sexual subjectivity would mediate the relations between self-objectification and risky sexual behaviors. These hypotheses were based on the findings of previous studies. For example, Impett and collegues (2006) found that condom use was associated with self-objectification and this relation was mediated by sexual self-efficacy. Previous studies have also found significant relationships between risky sexual behaviors and body shame, surveillance (e.g., Schooler et al., 2005), and sexual subjectivity (e.g., Horne & Zimmer-Gembeck, 2006).

Contrary to hypotheses, only several of the variables that make up objectification theory and sexual subjectivity were significantly related to risky sexual behaviors. More specifically, SEM and mediation analyses suggested that appearance self-objectification, surveillance during sexual activity, general surveillance, body shame, sexual body esteem, and modified entitlement were not significantly related to risky sexual behaviors.

Furthermore, contrary to hypotheses, sexual self-reflection was positively related to risky sexual behaviors.

The lack of significance in the relations between risky sex and body esteem and shame is particularly surprising, as past research has found that body image and shame are related to risky sexual behaviors (e.g., Littleton et al., 2005; Wingood et al., 2002) because women with poorer body images tend to be less comfortable and confident in sexual interactions (e.g., Wiederman, 2002; Yamamiya et al., 2006) and negotiating safe sex (Horne and Zimmer-Gembeck, 2006; Wingood et al., 2002). The results of this study, instead, support the results of those studies that have failed to find relations between body shame and esteem and risky sexual behaviors (Allison, 2009; Muehlenkamp et al., 2005) and self-efficacy to take sexual precautions (Brooks, 2009).

The failure to find relations between risky sexual behaviors and body shame and esteem in the current study, as well as the inconsistencies in the results of past studies, may be explained by some women's tendency to avoid sexual activity when they feel negatively about their bodies. As previously stated, the relation between body image and risky sexual behaviors may be difficult to discern because while some women with poor body image avoid sexual activities, other women with poor body image do engage in sexual activity, but feel less efficacious and comfortable negotiating safe sex in doing so. Schooler and colleagues (2005), for example, found that body shame was associated with fewer sexual experiences, but when women with higher levels of shame did have sex, they were less likely to use condoms or contraception. Therefore, studies with different samples of women (e.g., with various percentages of the sample engaging in sexual activity) or different measures of risky sexual behavior (e.g. actual risky behaviors versus

perceived efficacy and comfort in negotiating safe sex) may bring about different results. That said, Allison (2009) examined the correlations between risky sexual behaviors and body shame and esteem among only sexually active women and did not find a relation. Therefore, these relations may simply not exist.

I also failed to find a relation between risky sexual behaviors and general body surveillance and surveillance during sexual activity. Previous research examining the relation between body surveillance and risky sexual behaviors has been inconclusive. For example, while Brooks (2009) found a connection between participants' body self-consciousness during sex and confidence in their ability to take necessary precautions during sexual encounters and Allison (2009) found a small positive correlation between surveillance and risky sexual behaviors, Muehlenkamp et al. (2005) and Higgins (2010) failed to find a relation between body surveillance and risky sexual behaviors. These inconsistencies may again be explained by the fact that some women who engage in surveillance behaviors may avoid engaging in sexual activities. In line with this, Schooler and collegues (2005) found that body self-consciousness had a conditional relation with risky sexual behaviors. Overall, body self-consciousness was associated with fewer sexual experiences among women. However, when sex did occur among women with higher levels of body self-consciousness, they were less likely to use condoms or contraception. Differences among study findings likely vary depending on the sample used in analyses and the manner in which risky sexual behaviors are assessed.

Sexual entitlement was also not related to risky sexual behaviors as hypothesized. I had hypothesized that entitlement would enhance a woman's ability to know and assert her preferences during sexual activity. However, in contrast to Horne and Zimmer-

Gembeck (2006), who found a significant relation between sexual entitlement and safe sex self-efficacy, I found no relation between these variables in either SEM nor mediation analyses. Instead, these results confirm those of Allison (2009) and Higgins (2010) who failed to find significant relations between entitlement and risky sexual behaviors. Although women who feel entitled to and efficacious in attaining sexual pleasure may feel more efficacious in negotiating safe sex, this did not translate to women's behavior in the current sample.

I also hypothesized that higher levels of sexual self-reflection would predict lower levels of risky sexual behaviors. This hypothesis was based on qualitative studies that demonstrated that thinking about one's sexuality helps women with sexual decision making, anticipating the consequences of sexual behavior, and determining sexual risk (Holland et al., 1992; Katchadourian, 1990). Furthermore, in their study, Horne & Zimmer-Gembeck (2006) found that sexual self-reflection was significantly related to safe sex self-efficacy. However, these results were not corroborated in the current study. The results of the current study suggest that sexual self-reflection is related to higher levels of risky sexual behaviors. In addition, mediation analyses suggest that sexual self-reflection partially mediates the relation between sexual self-objectification and risky sexual behaviors. These results are similar to the results of Allison (2009), who found a positive relation between sexual self-reflection and risky sexual behaviors, and that sexual self-reflection mediated the relation between surveillance and risky sexual behaviors. This pattern of results suggests that women may be thinking about their sexuality in an objectified manner, which is then linked to risky sexual behaviors. As previously mentioned, sexual self-reflection doesn't necessarily measure healthy self-

reflection due to the unbiased manner in which the items are worded. By finding ways to assess sexual self-reflection that differentiates between healthy and unhealthy sexual self-reflection, researchers can better tease out the relation between sexual self-reflection and risky sexual behaviors.

Lastly, analyses demonstrated that risky sexual behaviors were positively related to interpersonal sexual objectification. This relation is both direct and indirect, through its effect on sexual self-objectification. These results suggest that women who understand and experience their sexuality through the lens of interpersonal sexual objectification experiences are more likely to engage in risky sexual behaviors.

The relation between interpersonal sexual objectification experiences and risky sexual behaviors can potentially be elucidated through discussion of the "hook up culture". Hook-up culture is a dominant dating script through which young adults and adolescents, especially those on residential college campuses, interact romantically and sexually (Bogle, 2008; England & Jhally, 2011). Hook-up culture refers to the growing frequency of casual "no strings attached" sex among adolescent and young adult males and females. Men and women (who often have previously met) spend time together at bars or parties where alcohol is being consumed, and then engage in sexual activity ranging from kissing to oral and vaginal intercourse. These interactions rarely lead to more significant relationships. Given that casual sex in the hook-up culture is associated with alcohol and substance use (Bogle, 2008; Grello, Welsh, & Harper, 2006), there is an increased likelihood of risky sexual behaviors.

Sexual objectification plays a large role within the hook-up culture. First, the criteria through which individuals choose their hook-up partners are largely based on

appearance, especially when men assess women (Bogle, 2008). Also, research evidence suggests that some women may engage in casual sex in this context in order to validate their attractiveness and sexually desirability (Dines, 2010; England & Jhally, 2011; Grello, Welsh, & Harper, 2006). For example, using qualitative interviews as evidence, Dines (2010) argues that women engage in casual sexual encounters as a way to attract male's attention within a culture that rewards women for being sexually attractive and does not attend to women in other contexts (e.g. government, work, school). For these reasons, some women may seek and enjoy sexual objectification in their sexual encounters. Therefore, given that casual hook-ups are associated with both sexual objectification and risky sex, the association between these variables may be spurious.

More broadly, alcohol use may confound the relation between interpersonal sexual objectification and risky sexual behavior because it is associated with increases in both (Littleton et al., 2005; Wild et al., 2004; Wingood & DiClemente, 1998). Evidence suggests that objectification and self-objectification's are linked to alcohol use in part because they negatively affect women's mood (Breines, Gapinski, Brownell, & LaFrance, 2003; Harper & Tiggemann, 2008). Some women may then use alcohol in order to cope with their negative mood, which then increases their likelihood of engaging in risky sexual behaviors. It is also possible that women who drink are more likely to be in situations where interpersonal sexual objectification experiences occur (e.g. bars) and are more likely to engage in risky sexual behaviors.

Overall, objectification theory variables were less effective in predicting risky sexual behaviors than anticipated. Only 8.4% of the variance in risky sexual behaviors was accounted for by the SEM model. Other variables, such as low social support,

depression, stress, (Mazzaferro et al., 2006), substance use (Wingood & Diclemente, 1998), attitudes towards and beliefs about sex and contraception use (Langer, Warheit, & McDonald, 2001), peers' engagement in risky sexual and other behaviors, and family processes (e.g., parental monitoring and support) (Whitbeck, Conger, & Kao, 1993) may better predict risky sexual behaviors.

Hypothesis 5: Moderation by Relationship Satisfaction and Length

Overall, the hypothesis that relationship satisfaction and length would moderate the effects of objectification theory variables and sexual subjectivity on sexual outcomes was not supported. I had predicted that body shame, general body surveillance, surveillance during sexual activity, entitlement to sexual desire and pleasure, sexual body esteem, and sexual self-reflection would have a decreased effect on sexual functioning and risky sexual behaviors among women in more satisfying and longer relationships because stable and satisfying relationships provide a context for decreased emphasis on appearance, greater trust, and more sexual experiences. This prediction was based on the results of past studies that found that women in satisfying relationships report lower levels of self-consciousness during sexual activity (Meana & Nunnink, 2006; Sanchez & Kiefer, 2007; Steer & Tiggemann, 2008; Wiederman, 2000), higher levels of sexual functioning (Byers, 2001; Regan & Berscheid, 1995; Steer & Tiggemann, 2008; Welsh, Haugen, Widman, Darling, & Grello, 2005), and lower levels of risky sexual behaviors (Impett et al., 2006; Littleton et al., 2005). However, neither relationship satisfaction nor relationship length were moderators of the variables as predicted.

There was one exception. The interaction between relationship length and sexual self-reflection in predicting risky sex was significant. However, the strength of the

relation was marginal and there was no change in R-squared. Therefore, considering the increased likelihood of Type I error due to the large number of analyses completed to test moderation, this interaction may be spurious.

Although relationship length and satisfaction were not moderators, analyses did suggest that they play an important role in objectification theory and sexual outcomes. Relationship length was negatively related to interpersonal sexual objectification, surveillance during sexual activity, and sexual self-reflection within the SEM model. In addition to these relations, correlation analyses also demonstrated a small positive relation between modified entitlement and relationship length. Relationship satisfaction was related to both sexual functioning and risky sexual behaviors in the regression analyses. In addition, correlation analyses revealed that relationship satisfaction was negatively related to interpersonal sexual objectification, general surveillance, surveillance during sexual activity, and risky sexual behaviors, and positively related to sexual body esteem, modified entitlement, and sexual functioning. Therefore, although the length of and satisfaction of women's relationship do not alter the effects of body surveillance, body shame, and sexual subjectivity on risky sexual behaviors and sexual functioning, they do affect many of these variables. Therefore, these analyses suggest that relationship length and satisfaction have a more direct rather than moderating effect on women's sexuality. Relationship length and satisfaction may directly affect women's experiences of their bodies and sexual subjectivity, which then effects their sexuality and sexual behaviors. Further analyses must be completed to substantiate this hypothesis.

General Discussion

This study adds to the existent literature in a number of ways. First of all, the current study confirms the results of past studies (e.g., Hirschman et al., 2006; Sanchez & Kiefer, 2007; Steer & Tiggemann, 2008) that demonstrate that objectification theory is an informative lens through which to understand women's sexuality. This study's model was most effective in predicting measures of sexual subjectivity and sexual functioning. When interpersonal sexual objectification experiences are internalized and women treat their bodies with more surveillance and shame, their sense of sexual subjectivity and functioning are negatively impacted. The variables of objectification theory and sexual subjectivity were less effective in predicting variance in risky sexual behaviors. The study showed that women's surveillance behaviors during sexual activity are particularly important in predicting sexual outcomes, thus demonstrating the importance of sexuality-specific behavioral variables in considering the effect of objectification on women's sexuality. Furthermore, with the inclusion of both general surveillance and surveillance during sexual activity, I was able to discern the different effects that different types of surveillance have on women's sexuality. Lastly, the results of this study point to the importance of relationship satisfaction and status in affecting women's sexuality. However, the results demonstrated that relationship length and satisfaction did not moderate the relations between sexual outcomes and the variables of objectification theory and sexual subjectivity.

The results of this study demonstrate that the manner in which objectification theory variables affect women's sexual experiences is more complex than previously anticipated. More specifically, in some instances interpersonal sexual objectification and

surveillance had positive effects on women's sexuality. As previously discussed, these results may reflect how interpersonal sexual objectification experiences may be validating for women in a society that rewards women for being sexual and attractive. Furthermore, they may demonstrate the ways in which woman may self-objectify and surveil in order to gain power and control in a society that offers limited options for women to do so. Lastly, these results may reflect the manner in which women claim sexual subjectivity and empowerment through self-objectification. Therefore, this study demonstrates that interpersonal sexual objectification can have both positive and negative consequences within the context of our society.

The paradoxical effects of sexual objectification have been found in other studies as well. For example, in an experimental study, Tiggemann and Boundy (2008) found that an appearance compliment resulted in improved mood for women. Interestingly, for those women who endorsed high levels of trait self-objectification, the improved mood was also accompanied by increased levels of body shame. Thus, the results of Tiggemann and Boundy's study and the current study demonstrate that it is possible for women to experience both positive and negative effects as a result of sexual objectification experiences. Future research should attempt to clarify the nature of and relation between positive and negative consequences by including measures that assess both positive and negative effects of sexual objectification.

Despite the positive consequences, the use of self-objectification as a strategy in sexual contexts does not come without costs. For one, as demonstrated in the results of this study, sexual objectification and self-objectification are associated with increased body surveillance, body shame, and risky sexual behaviors, and decreased sexual

subjectivity and sexual functioning. Furthermore, it is likely that even the positive consequences captured by this study are associated with negative consequences.

Researchers such as Gill (2008), Paul (2005), and Lamb (2010) question whether or not women's adoption of the image of the sexualized woman is truly empowering. For one, self-objectification practices (e.g. shopping, plastic surgery, hair removal) can be time-consuming, expensive, and sometimes dangerous. Certain physical activities are difficult to do when engaging in self-objectification practices, either because self-objectification practices restrict the body (e.g., wearing tight clothing or high heels) or impair performance (e.g. surveilling while playing tennis). Moreover, these practices indirectly contribute to subordination of women, in that women have less time and energy to devote themselves to pursuits other than their attractiveness (Smolak & Murnen, 2011).

The rigidness of sexualized images restricts women as well. First, by situating one's sexuality as that of a sexual object, women's ability to feel power and pleasure is dependent upon men's desire for and attraction to them. Researchers have pointed out that self-esteem that is contingent on external approval can be problematic in the long-term, despite short-term increases that result from external approval (Crocker & Park, 2004). Furthermore, in order to fit within society's idea of attractiveness, women can only be sexy in very specific ways. This is especially problematic for groups of women who are considered less attractive or sexual. For example, women who are non-heterosexual (unless they are performing for men), older, bigger, or disabled are less able to claim empowerment or sexual subjectivity as a sexual object (although this may free these women to explore other versions of sexual subjectivity) (Gill, 2003; 2008). Social

class also complicates who is able to successfully adopt the image of the empowered sexualized woman. While women with power or status, such as Paris Hilton or Kim Kardashian, are able to benefit financially and socially from taking on this image, women with less status and money receive fewer benefits and are instead treated as "sluts" (Dines, 2010).

Furthermore, although women have the choice to sexualize and objectify themselves and gain power from doing so, many theorists (Dines, 2010; Gill; 2008; Lamb, 2010; Levy, 2005) point out that this type of power is limited in several ways. First, research suggests that women who present in sexualized ways are seen as less competent (Glick et al, 2005; Gurung & Chrouser, 2007), thus impacting these women's ability to succeed in work and other settings. The tendency to view sexualized women more negatively is also apparent in research about the hook-up culture. Men who have sexual intercourse with women during a hook-up are often less interested in pursuing romantic relationships with these women (Bogle, 2008; England & Jhally, 2011; Kimmel, 2008). Therefore, although women who adopt the image of the sexualized woman may have access to increased sexual power, this power is dampened by the still powerful double standard which dictates that women who have sex are sluts, while men who have sex are studs (Kimmel, 2008). In order to have access to increased power, women who take on this identity must walk a thin line where they must be sexy and sexually available, but not *too* sexy or sexually available (Liss et al., 2010).

In a society that in some ways sanctions sexual violence, aggression, and coercion towards women, positioning oneself as a sexual object can be risky in other ways. Researchers suggest that sexual objectification of women contributes to violence against

women because women who are objectified are dehumanized; they are seen as having fewer thoughts and feelings (Heflick & Goldenberg, 2009; Kilbourne & Jhally, 2010) and as less deserving of moral treatment (Loughnan, Haslam, Murnane, Vaes, Reynolds, & Suitner, 2010). Furthermore, some research suggests that women who present in sexualized ways are blamed for sexual aggression against them (e.g. Whatley, 2005; Workman & Freeburg, 1999). Therefore, women who self-sexualize may be at increased risk for sexual violence and harassment.

The fact that self-objectification and –sexualization practices are seen as self-chosen and pleasurable shields the inequalities that women experience as a result of these practices (Gill, 2003; 2008; Lamb, 2010). Dines (2010) points out how the "lie" that conforming to this sexy image will provide power to women causes women to not focus on methods of gaining more tangible forms of power. In line with her argument, research has demonstrated that acceptance of self-sexualizing behaviors and attitudes are positively related to sexist beliefs and adherence to more traditional feminine norms (with the exception of feminine norms of fidelity) among women, and that self-sexualizing behaviors are positively related to more traditional feminine norms (Liss et al., 2010; Nowatzki & Morry, 2009). Thus, although women gain some rewards through self-objectification, women enact their own oppression in a world of faceless power and help to reproduce dominant power imbalances between men and women.

Limitations and Future Directions

There are several limitations to consider in interpreting these findings. First, the nature of the sample limits the ability to generalize these results to other young adults. This sample is comprised of young adults from a Northeastern, urban environment.

Although I attempted to collect data from diverse women, some groups were overrepresented. Specifically, our sample was limited in regards to racial and ethnic background. Sixty-five percent of the sample identified as White (without endorsement of other racial/ethnic identities), and women of color, including Black (9.8%), Latina (10.5%), Asian (12%), Alaskan Native/Native American/Indigenous (2.1%), Pacific Islander/Native Hawaiian (.8%), and multi-racial (3.7%), consisted of 35% of the sample. Previous studies have suggested that young women's experiences of sexual and self-objectification (e.g., Frederick et al., 2007; Hebl et al., 2004) and sexual relationships (e.g., Bogel, 2008; Littleton et al., 2005) vary by ethnicity and race. Therefore, these results cannot necessarily be generalized to women of color, especially those from groups with smaller representation in the current sample. Furthermore, given that the sample of this study consisted of women ages 18 to 35 (M = 23.53, SD = 4.07), the results of this study can not be generalized to older women. Research suggests that women's experiences of sexual objectification, self-objectification, their bodies, and their sexuality change as women age (e.g. Anderson, Wilson, Doll, Jones, & Barker, 1998; McKinley, 2006; Tiggemann & Lynch, 2001). In addition, this study did not examine the relationship between age, sexual orientation, race, culture, or socioeconomic class and either sexual objectification or sexuality experiences. These factors were used only as control variables within this study. Therefore, future studies should examine between- and within- group differences, both of which have been demonstrated to be important in affecting the variables of objectification theory (e.g., Bay-Cheng et al., 2002; Hebl et al., 2004). The consideration of these issues is necessary in order to more fully understand the meaning of sexual objectification within the lives of diverse women. Furthermore,

given growing evidence that men experience negative outcomes as a result of sexual objectification experiences and self-objectification (Moradi & Huang, 2008), future studies should also examine how sexual objectification and self-objectification affect men's experiences of their sexuality.

Other variables, such as body shame, self-objectification, and self-esteem, should also be examined as moderators. Previous research suggests that experiences of sexual objectification, sexism, and surveillance vary as a result of these variables. For example, Tiggemann and Boundy (2008) found that an appearance compliment resulted in improved mood and increased body shame for women who reported higher levels of self-objectification, but only improved mood for women with lower levels of self-objectification. In another study, Breines and colleagues (2008) found that surveillance had a positive impact on women's well-being when women reported higher self- esteem and were highly invested in their appearance, but not for women with lower self-esteem or for women with higher self-esteem who were not highly invested in their appearance. Another study demonstrated that the relation between psychological distress and sexist experiences was significant for women with low self-esteem, but non-significant for women with high self-esteem (Moradi & Subich, 2004). Therefore, women with worse body images, higher levels of self-objectification, and lower self-esteem may respond to objectifying experiences with more body shame and surveillance. The possibility that these women experience worse outcomes should be examined in relation to women's sexual experiences.

The results of this study's analyses also suggest that future analyses should be completed separately with samples of women who have and have not engaged in sexual

activity. Past research has suggested that the relation between certain variables (e.g. sexual subjectivity and surveillance) varies among women who have had sexual intercourse and have not have sexual intercourse (e.g., Allison, 2009; Higgins, 2010). For example, women who have poor body image tend to engage in fewer sexual interactions, therefore masking the potential relation between risky sexual behaviors and body image when both samples of women are included in analyses (Schooler et al., 2005). Therefore, separating these women into two samples or examining engagement in sexual activity as a moderator may help to clarify the relations between variables.

Another limitation of this study is missing data. Selective sample attrition, as described in the methods section, may have biased the estimates of the impact of interpersonal sexual objectification, self-objectification, surveillance, and shame on women's sexual experiences. Participants who had not had sexual intercourse, identified as lesbian or bisexual, were in a long-distance relationship, and reported fewer interpersonal sexual objectification experiences in the past month were less likely to finish the survey. Therefore, the results of this study may not adequately capture these women's experiences. Furthermore, the measure of entitlement was missing one item due to a clerical error. This omission restricts the ability to draw any conclusions from results involving the modified entitlement measure. Thus, future studies must be completed replicating the results of this study.

A third significant limitation of the current study is the use of post-hoc analyses. I utilized model modification statistics to refine the model. These types of post-hoc tests inflate Type I error rates (Tabatchnik & Fiddell, 2001). This problem is compounded by

the large sample size in the current study. Therefore, it is important that the model created in this study is validated with another sample in order to confirm its accuracy.

This study is also limited in its ability to suggest causality. With respect to the study design, I tried to model a causal process using SEM. However, it remains impossible to be sure about the direction of causation. It is very likely that sexual experiences affect sexual subjectivity, body experiences, and self-objectification, or that these variables have reciprocal relations. Longitudinal data (that again models causation) and experimental data are necessary to confirm causation. A second wave of data has been collected with the current sample. Approximately 300 of the original 1271 women have filled out a survey with the same independent and dependent variables. This data will help ascertain the direction of causation. Data with less attrition, three or more waves of data, and experimental data would further contribute the resolution of this issue.

Other methodological limitations also restrict the interpretation of findings. The data used for this study were limited to self-report measures. This is particularly problematic in regards to the measures of interpersonal sexual objectification and risky sexual behaviors, both of which assess frequency of events. Individuals may respond inaccurately because responses rely on recollections of past events, which are influenced by individual and contextual factors. Women's reports of risky sexual behaviors may also be influenced by social desirability and threat of self-disclosure (Turchik, 2007).

Researchers examining the relation between sexual objectification and women's sexuality should consider including additional variables in the future studies. First, the inclusion of a variable that assesses sexual shame may be useful. Psychologists have long considered the role of shame about one's sexuality in affecting individuals' sexual

relationship, attitudes, and behaviors (e.g., Freud, 1905; McClintock, 2006). Sexual shame, in addition to body shame, likely plays an important role in predicting sexual subjectivity.

Furthermore, researchers should find alternate measures of sexual subjectivity. Like much of feminist research about women's sexual subjectivity (Lamb, 2010), the current study dichotomizes sexual objectification and subjectivity; it equates good sex to subjectivity and bad sex to sexual objectification. However, in a world in which where are few models of subjectivity for women, this dichotomy makes subjectivity difficult, if not impossible, for young women to attain. Moreover, as previously discussed, self-objectification and self-sexualization are presented as models of sexual subjectivity in popular culture. Therefore, sexual subjectivity and self-objectification are unlikely experienced as dichotomous by individual women. Thus, this study does not accurately capture sexual subjectivity. Qualitative research, such as that done by Tolman (1999), may be helpful in determining ways to assess individual women's experience of sexual subjectivity and to better develop quantitative measures. Researchers may find it useful to develop multiple measures of sexual subjectivity in order to capture different types. For example, one measure may assess sexual subjectivity based on enjoyment of sexualization (Liss et al., 2010), while another may focus on entitlement to sexual desire and pleasure (Horne, 2005).

Implications of Study Results

The results of this study shed light upon ways in which psychologists and other clinicians can develop programs to more effectively prevent or decrease the negative consequences of sexual and self-objectification. For one, knowledge about the effects of

sexual and self-objectification on women's sexuality can be integrated into contextualization schemas. Contextualization schemas are a prevention strategy that involves drawing attention to instances of and the effects of sexual objectification and then contextualizing sexual objectification as a problem within society in order to prevent women from internalizing the effects (Tylka & Augustus-Horvath, 2011). Through emphasis on the ways in which interpersonal sexual objectification and self-objectification affect women's sexual subjectivity, risky sexual behaviors, and sexual functioning, contextualization schemas may help women to externalize the blame for and understand any negative effects that occur, which then may help decrease their impact. Furthermore, by emphasizing both the positive and negative effects of self-objectification, contextualization schemas may help women to better understand and externalize blame when they engage in self-objectifying or -sexualizing behaviors (Tylka & Augustus-Horvath, 2011). In doing so, contextualization schemas may serve as a conduit through which women gain more control over the effects of their behaviors when they do choose to self-objectify. In addition, the process of contextualization and education may help women to develop sexual subjectivities and identities that deviate from the limited and problematic versions of women's sexuality available in popular culture.

This study also points to the importance of providing more information to women about their sexuality. Given the problematic representations of women's sexual subjectivity available in popular culture, women need alternate sources of information. For example, sexual education in schools may encourage women to think about what it means to be a sexual subject with needs, desires, and rights within our culture. For

instance, *Streetwise to Sex-wise*, a sexual education curriculum developed for high risk teens, has students consider the ways in which traditional gender messages may constrain women's ability to protect themselves, experience sexual pleasure, and explore their own sexuality (Brown & Taverner, 2001). Similarly, *Our Whole Lives*, a religious education curriculum developed by the Unitarian Universalist Association, includes lessons encouraging students to think about the ways in which gender socialization (e.g. sexual double standard, standards for body shape, power in romantic relationships) and heterosexism affect men and women's sexual development (Goldfarb & Casparian, 2000). Unfortunately, these curricula are the exception rather than the norm. Many sexual education curricula used in schools present sexual activity as dangerous, ignore female sexual pleasure, and are homophobic (e.g., Fine & McClelland, 2006), thus stifling students' deeper consideration of their sexuality. Through better education about sexuality, women can come to value themselves in various ways as sexual beings and develop alternate models of sexual subjectivity.

Lastly, this study points to the importance of changing the culture of sexual objectification. In many ways, our culture condones and encourages the sexual objectification of women. In order to counter this, psychologists should participate in the development of media education and cultural campaigns that foster the understanding that being seen and treated as an object is hurtful. Both men and women should be taught that it is ethically wrong to objectify other people. The Mentors in Violence Prevention is a good example of this type of program. This program uses role plays of different types of abuse and harassment of woman in order to help individuals to see the effects of sexual objectification, violence, and sexism on women and others, and to feel empowered to

intervene as a bystander. The integration of ethics into sexual education may also achieve this task. Lamb and colleagues (in development) are currently developing a sexual ethics curriculum to complement more traditional health-based sexual education curriculum. Through the consideration of ethical issues tied to sexuality, this type of curriculum can foster a sense of sexual self that includes respect for one's sexual partner and consideration of their needs and desires. For example, lessons in this curriculum have students consider the ethical implications of sexual objectification, both in the media and in interpersonal relationships. These types of programs can help promote an understanding of sexuality that is counter to sexual objectification. With further research and inquiry, psychologists will have the tools to develop prevention and intervention programs and advocate for women's healthy sexual development.

APPENDIX

Table 12

Summary of Hierarchical Regression Analysis for Interaction between Relationship Satisfaction and Shame Predicting Sexual Functioning (N = 1271)

Variable	*B*	*SE B*	ß
Step 1			
Age	-.27	.14	-.10*
Education	.93	.55	.08
White	.85	.98	.04
Parent status	-1.15	1.81	-.03
Heterosexual	-.38	1.20	-.01
Family Income	.08	.26	.01
Step 2			
Shame	-.967	.421	-.089*
Relationship Satisfaction	3.992	.412	.369***
Step 3			
Interaction	-.220	.411	-.020

Note. R^2 = .01 for Step 1; Δ R^2 = .15 for Step 2; Δ R^2 = .00 for Step 3.

*p < .05, ** p < .01, ***p < .001

Table 13

Summary of Hierarchical Regression Analysis for Interaction between Relationship Satisfaction and Surveillance during Sexual Activity Predicting Sexual Functioning (N = 1271)

Variable	*B*	*SE B*	ß
Step 1			
Age	-.271	.144	-.102
Education	.926	.576	.083
White	.846	1.021	.037
Parent status	-1.145	1.897	-.028
Heterosexual	-.384	1.258	-.013
Family Income	.075	.272	.012
Step 2			
Relationship satisfaction	3.428	.428	.317***
Surveillance during sexual activity	-2.742	.427	-.25***
Step 3			
Interaction	-.443	.398	-.043

Note. R^2 = .01 for Step 1; Δ R^2 = .20 for Step 2; Δ R^2 = .00 for Step 3.

*p < .05, ** p < .01, ***p < .001

Table 14

Summary of Hierarchical Regression Analysis for Interaction between Relationship Satisfaction and Entitlement Predicting Sexual Functioning (N = 1271)

Variable	*B*	*SE B*	ß
Step 1			
Age	-.27	.14	-.10*
Education	.93	.55	.08
White	.85	.98	.04
Parent status	-1.15	1.81	-.03
Heterosexual	-.38	1.20	-.01
Family Income	.08	.26	.01
Step 2			
Relationship satisfaction	3.89	.40	.36***
Entitlement	2.39	.41	.22***
Step 3			
Interaction	.00	.41	.00

Note. R^2 = .01 for Step 1; Δ R^2 = .18 for Step 2; Δ R^2 = .00 for Step 3.

*p < .05, ** p < .01, ***p < .001

Table 15

Summary of Hierarchical Regression Analysis for Interaction between Relationship Satisfaction and Sexual Body Esteem Predicting Sexual Functioning (N = 1271)

Variable	*B*	*SE B*	ß
Step 1			
Age	-.271	.137	-.102*
Education	.926	.546	.083
White	.846	.969	.037
Parent status	-1.145	1.800	-.028
Heterosexual	-.384	1.194	-.013
Family Income	.075	.258	.012
Step 2			
Relationship satisfaction	3.792	.409	.350***
Sexual body esteem	1.776	.410	.164***
Step 3			
Interaction	.610	.393	.058

Note. R^2 = .01 for Step 1; Δ R^2 = .16 for Step 2; Δ R^2 = .01 for Step 3.

*p < .05, ** p < .01, ***p < .001

Table 16

Summary of Hierarchical Regression Analysis for Interaction between Relationship Satisfaction and Sexual Self-Reflection Predicting Sexual Functioning (N = 1271)

Variable	*B*	*SE B*	ß
Step 1			
Age	-.271	.137	-.10***
Education	.926	.546	.083
White	.846	.969	.037
Parent status	-1.145	1.800	-.028
Heterosexual	-.384	1.194	-.013
Family Income	.075	.258	.012
Step 2			
Relationship satisfaction	4.152	.402	.384***
Sexual self-reflection	2.077	.411	.192***
Step 3			
Interaction	.233	.390	.022

Note. R^2 = .01 for Step 1; Δ R^2 = .17 for Step 2; Δ R^2 = .00 for Step 3.

*p < .05, ** p < .01, ***p < .001

Table 17

Summary of Hierarchical Regression Analysis for Interaction between Relationship Satisfaction and General Surveillance Predicting Sexual Functioning (N = 1271)

Variable	*B*	*SE B*	ß
Step 1			
Age	-.271	.137	-.102*
Education	.926	.549	.083
White	.846	.974	.037
Parent status	-1.145	1.809	-.028
Heterosexual	-.384	1.200	-.013
Family Income	.075	.260	.012
Step 2			
Relationship satisfaction	4.104	.416	.379***
General surveillance	.260	.418	.024
Step 3			
Interaction	-.431	.441	-.038

Note. R^2 = .01 for Step 1; Δ R^2 = .14 for Step 2; Δ R^2 = .00 for Step 3.

*p < .05, ** p < .01, ***p < .001

Table 18

Summary of Hierarchical Regression Analysis for Interaction between Relationship Length and Surveillance during Sexual Activity Predicting Sexual Functioning (N = 1271)

Variable	*B*	*SE B*	ß
Step 1			
Age	-.271	.141	-.102
Education	.926	.565	.083
White	.846	1.002	.037
Parent status	-1.145	1.861	-.028
Heterosexual	-.384	1.234	-.013
Family Income	.075	.267	.012
Step 2			
Relationship length	-.006	.468	-.001
Surveillance during sexual activity	-3.540	.432	-.33***
Step 3			
Interaction	-.90	.49	-.06

Note. R^2 = .01 for Step 1; Δ R^2 = .11 for Step 2; Δ R^2 = .00 for Step 3.

*p < .05, ** p < .01, ***p < .001

Table 19

Summary of Hierarchical Regression Analysis for Interaction between Relationship Length and Entitlement Predicting Sexual Functioning (N = 1271)

Variable	*B*	*SE B*	ß
Step 1			
Age	-.271	.134	-.102*
Education	.926	.535	.083
White	.846	.948	.037
Parent status	-1.145	1.761	-.028
Heterosexual	-.384	1.168	-.013
Family Income	.075	.253	.012
Step 2			
Relationship length	.170	.454	.016
Entitlement	2.696	.430	.249***
Step 3			
Interaction	.690	.446	.060

Note. R^2 = .01 for Step 1; Δ R^2 = .06 for Step 2; Δ R^2 = .00 for Step 3.

*p < .05, ** p < .01, ***p < .001

Table 20

Summary of Hierarchical Regression Analysis for Interaction between Relationship Length and Sexual Body Esteem Predicting Sexual Functioning (N = 1271)

Variable	*B*	*SE B*	ß
Step 1			
Age	-.271	.133	-.102*
Education	.926	.531	.083
White	.846	.942	.037
Parent status	-1.145	1.750	-.028
Heterosexual	-.384	1.161	-.013
Family Income	.075	.251	.012
Step 2			
Relationship length	.200	.454	.018
Sexual body esteem	2.368	.421	.219***
Step 3			
Interaction	.836	.468	.069

Note. R^2 = .01 for Step 1; Δ R^2 = .05 for Step 2; Δ R^2 = .00 for Step 3.

*p < .05, ** p < .01, ***p < .001

Table 21

Summary of Hierarchical Regression Analysis for Interaction between Relationship Length and Sexual Self-Reflection Predicting Sexual Functioning (N = 1271)

Variable	*B*	*SE B*	ß
Step 1			
Age	-.271	.132	-.102*
Education	.926	.530	.083
White	.846	.939	.037
Parent status	-1.145	1.745	-.028
Heterosexual	-.384	1.157	-.013
Family Income	.075	.250	.012
Step 2			
Relationship length	.418	.457	.039
Sexual self-reflection	1.934	.433	.179***
Step 3			
Interaction	.554	.434	.050

Note. R^2 = .01 for Step 1; Δ R^2 = .03 for Step 2; Δ R^2 = .00 for Step 3.

*p < .05, ** p < .01, ***p < .001

Table 22

Summary of Hierarchical Regression Analysis for Interaction between Relationship Length and Shame Predicting Sexual Functioning (N = 1271)

Variable	*B*	*SE B*	ß
Step 1			
Age	-.271	.134	-.102*
Education	.926	.534	.083
White	.846	.947	.037
Parent status	-1.145	1.760	-.028
Heterosexual	-.384	1.167	-.013
Family Income	.075	.253	.012
Step 2			
Relationship length	.265	.464	.024
Shame	-1.300	.438	-.12***
Step 3			
Interaction	-.512	.477	-.042

Note. $R^2 = .01$ for Step 1; $\Delta R^2 = .01$ for Step 2; $\Delta R^2 = .01$ for Step 3.

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

Table 23

Summary of Hierarchical Regression Analysis for Interaction between Relationship Length and General Surveillance Predicting Sexual Functioning (N = 1271)

Variable	*B*	*SE B*	ß
Step 1			
Age	-.271	.133	-.102*
Education	.926	.533	.083
White	.846	.944	.037
Parent status	-1.145	1.754	-.028
Heterosexual	-.384	1.163	-.013
Family Income	.075	.252	.012
Step 2			
Relationship length	.271	.466	.025
General surveillance	-.309	.433	-.029
Step 3			
Interaction	.271	.466	.025

Note. $R^2 = .01$ for Step 1; $\Delta R^2 = .00$ for Step 2; $\Delta R^2 = .01$ for Step 3.

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

Table 24

Summary of Hierarchical Regression Analysis for Interaction between Relationship Satisfaction and Shame Predicting Risky Sex (N = 1271)

Variable	*B*	*SE B*	ß
Step 1			
Age	-.007	.008	-.044
Education	.002	.031	.003
White	-.002	.055	-.001
Parent Status	-.052	.102	-.021
Heterosexual	-.105	.068	-.060
Family Income	.021	.015	.059
Step 2			
Shame	.012	.025	.019
Relationship Satisfaction	-.156	.024	-.24***
Step 3			
Interaction	.005	.024	.007

Note. R^2 = .01 for Step 1; Δ R^2 = .06 for Step 2; Δ R^2 = .00 for Step 3.

*p < .05, ** p < .01, ***p < .001

Table 25

Summary of Hierarchical Regression Analysis for Interaction between Relationship Satisfaction and Surveillance during Sexual Activity Predicting Risky Sex (N = 1271)

Variable	*B*	*SE B*	ß
Step 1			
Age	-.01	.01	-.04
Education	.00	.03	.00
White	-.00	.06	-.00
Parent status	-.05	.11	-.02
Heterosexual	-.11	.07	-.06
Family Income	.02	.02	.06
Step 2			
Relationship satisfaction	-.17	.03	-.27***
Surveillance during sexual activity	-.06	.03	-.09*
Step 3			
Interaction	.00	.03	.01

Note. R^2 = .01 for Step 1; Δ R^2 = .07 for Step 2; Δ R^2 = .00 for Step 3.

*p < .05, ** p < .01, ***p < .001

Table 26

Summary of Hierarchical Regression Analysis for Interaction between Relationship Satisfaction and Entitlement Predicting Risky Sex (N = 1271)

Variable	*B*	*SE B*	ß
Step 1			
Age	-.007	.008	-.044
Education	.002	.031	.003
White	-.002	.056	-.001
Parent Status	-.052	.103	-.021
Heterosexual	-.105	.068	-.060
Family Income	.021	.015	.059
Step 2			
Relationship Satisfaction	-.164	.024	-.25***
Entitlement	.084	.025	.130**
Step 3			
Interaction	-.004	.025	-.005

Note. R^2 = .01 for Step 1; Δ R^2 = .07 for Step 2; Δ R^2 = .00 for Step 3.

*p < .05, ** p < .01, ***p < .001

Table 27

Summary of Hierarchical Regression Analysis for Interaction between Relationship Satisfaction and Sexual Body Esteem Predicting Risky Sex (N = 1271)

Variable	*B*	*SE B*	ß
Step 1			
Age	-.007	.008	-.044
Education	.002	.031	.003
White	-.002	.055	-.001
Parent Status	-.052	.102	-.021
Heterosexual	-.105	.068	-.060
Family Income	.021	.015	.059
Step 2			
Relationship Satisfaction	-.168	.025	-.26***
Sexual Body Esteem	.069	.025	.108**
Step 3			
Interaction	-.027	.024	-.043

Note. R^2 = .01 for Step 1; Δ R^2 = .07 for Step 2; Δ R^2 = .00 for Step 3.

*p < .05, ** p < .01, ***p < .001

Table 28

Summary of Hierarchical Regression Analysis for Interaction between Relationship Satisfaction and Sexual Self-Reflection Predicting Risky Sex (N = 1271)

Variable	*B*	*SE B*	ß
Step 1			
Age	-.007	.008	-.044
Education	.002	.031	.003
White	-.002	.055	-.001
Parent Status	-.052	.102	-.021
Heterosexual	-.105	.068	-.060
Family Income	.021	.015	.059
Step 2			
Relationship Satisfaction	-.153	.024	-.24***
Sexual Self-Reflection	.098	.025	.152***
Step 3			
Interaction	-.031	.023	-.049

Note. R^2 = .01 for Step 1; Δ R^2 = .08 for Step 2; Δ R^2 = .00 for Step 3.

*p < .05, ** p < .01, ***p < .001

Table 29

Summary of Hierarchical Regression Analysis for Interaction between Relationship Satisfaction and General Surveillance Predicting Risky Sex (N = 1271)

Variable	*B*	*SE B*	ß
Step 1			
Age	-.007	.008	-.044
Education	.002	.031	.003
White	-.002	.055	-.001
Parent Status	-.052	.102	-.021
Heterosexual	-.105	.068	-.060
Family Income	.021	.015	.059
Step 2			
Relationship Satisfaction	-.156	.025	-.24***
General surveillance	.005	.025	.007
Step 3			
Interaction	.006	.026	.009

Note. R^2 = .01 for Step 1; Δ R^2 = .06 for Step 2; Δ R^2 = .00 for Step 3.

*p < .05, ** p < .01, ***p < .001

Table 30

Summary of Hierarchical Regression Analysis for Interaction between Relationship Length and Body Surveillance during Sexual Activity Predicting Risky Sex (N = 1271)

Variable	*B*	*SE B*	ß
Step 1			
Age	-.007	.008	-.044
Education	.002	.030	.003
White	-.002	.053	-.001
Parent Status	-.052	.099	-.021
Heterosexual	-.105	.066	-.060
Family Income	.021	.014	.059
Step 2			
Relationship Length	.026	.026	.040
Surveillance During Sexual Activity	-.017	.024	-.027
Step 3			
Interaction	.029	.026	.042

Note. R^2 = .01 for Step 1; Δ R^2 = .00 for Step 2; Δ R^2 = .00 for Step 3.

*p < .05, ** p < .01, ***p < .001

Table 31

Summary of Hierarchical Regression Analysis for Interaction between Relationship Length and Entitlement Predicting Risky Sex (N = 1271)

Variable	*B*	*SE B*	ß
Step 1			
Age	-.007	.007	-.044
Education	.002	.027	.003
White	-.002	.049	-.001
Parent Status	-.052	.090	-.021
Heterosexual	-.105	.060	-.060
Family Income	.021	.013	.059
Step 2			
Relationship Length	.025	.024	.039
Entitlement	.070	.023	.108**
Step 3			
Interaction	-.039	.023	-.056

Note. R^2 = .01 for Step 1; Δ R^2 = .01 for Step 2; Δ R^2 = .00 for Step 3.

*p < .05, ** p < .01, ***p < .001

Table 32

Summary of Hierarchical Regression Analysis for Interaction between Relationship Length and Sexual Body Esteem Predicting Risky Sex (N = 1271)

Variable	*B*	*SE B*	ß
Step 1			
Age	-.007	.007	-.044
Education	.002	.027	.003
White	-.002	.048	-.001
Parent Status	-.052	.090	-.021
Heterosexual	-.105	.059	-.060
Family Income	.021	.013	.059
Step 2			
Relationship Length	.026	.024	.041
Sexual Body Esteem	.042	.022	.066
Step 3			
Interaction	-.043	.024	-.060

Note. R^2 = .01 for Step 1; Δ R^2 = .00 for Step 2; Δ R^2 = .01 for Step 3.

*p < .05, ** p < .01, ***p < .001

Table 33

Summary of Hierarchical Regression Analysis for Interaction between Relationship Length and Shame Predicting Risky Sex (N = 1271)

Variable	*B*	*SE B*	ß
Step 1			
Age	-.007	.007	-.044
Education	.002	.027	.003
White	-.002	.048	-.001
Parent Status	-.052	.090	-.021
Heterosexual	-.105	.059	-.060
Family Income	.021	.013	.059
Step 2			
Relationship Length	.027	.024	.042
Shame	.025	.022	.039
Step 3			
Interaction	.002	.024	.003

Note. R^2 = .01 for Step 1; Δ R^2 = .00 for Step 2; Δ R^2 = .00 for Step 3.

*p < .05, ** p < .01, ***p < .001

Table 34

Summary of Hierarchical Regression Analysis for Interaction between Relationship Length and General Surveillance Predicting Risky Sex (N = 1271)

Variable	*B*	*SE B*	ß
Step 1			
Age	-.007	.007	-.044
Education	.002	.027	.003
White	-.002	.048	-.001
Parent Status	-.052	.089	-.021
Heterosexual	-.105	.059	-.060
Family Income	.021	.013	.059
Step 2			
Relationship Length	.026	.024	.040
General surveillance	.025	.022	.039
Step 3			
Interaction	.011	.025	.015

Note. R^2 = .01 for Step 1; Δ R^2 = .00 for Step 2; Δ R^2 = .00 for Step 3.

*p < .05, ** p < .01, ***p < .001

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