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M. Meghan Davidson

*University of Nebraska-Lincoln*, [mdavidson2@unl.edu](mailto:mdavidson2@unl.edu)

Sarah Gervais

*University of Nebraska-Lincoln*, [sgervais2@unl.edu](mailto:sgervais2@unl.edu)

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# Violence Against Women Through the Lens of Objectification Theory

M. Meghan Davidson and Sarah J. Gervais

University of Nebraska–Lincoln, USA

*Corresponding author* — M. Meghan Davidson, Department of Educational Psychology, University of Nebraska–Lincoln, 114 Teachers College Hall, Lincoln, NE 68588-0345, USA; email [mdavidson2@unl.edu](mailto:mdavidson2@unl.edu)

## Abstract

The purpose of this research was to examine the effects of violence on body image variables for college women. Undergraduate women participated in an online study assessing sexual violence (SV), intimate partner violence (IPV), self-objectification, body surveillance, and body shame experiences. Findings suggest that both SV and IPV contribute to women's body shame. In addition, the associations between IPV and body shame appear to be explained through self-objectification processes, but not the associations between SV and body shame. Thus, important differences between IPV and SV regarding self-objectification processes emerged. Theoretical and practical implications, as well as directions for future research, are discussed.

**Keywords:** body image, body shame, intimate partner violence, objectification, sexual violence

Violence against women is a significant personal and societal issue. A recent nationally representative survey of over 9,500 adults in the United States found that 10.6% of women reported experiencing forced sex at some time in their lives, whereas 2.5% of women indicated experiencing unwanted sexual activity in the previous 12 months (Basile, Chen, Lynberg, & Saltzman, 2007). Regarding college-aged women in the United States, approximately 20% to 25% have experienced an attempted or completed rape during their college career (Fisher, Cullen, & Turner, 2000). White and Humphrey (1997) conducted a 5-year longitudinal investigation of sexual and physical assault risk among university students in the United States and found that 88% of the women reported at least one incident of physical or sexual victimization between

adolescence and their fourth year of college. Moreover, co-occurrence of both physical and sexual victimization was high; by the conclusion of their fourth year in college, 63% of the women had indicated having experienced both physical and sexual victimization (White & Humphrey, 1997).

In addition, sexual, as well as physical and psychological violence are often perpetrated in the context of an intimate partner relationship. Approximately 4.8 million women experience physical assaults and rapes by an intimate partner each year in the United States (Tjaden & Thoennes, 2000). In a nationally representative survey, 60.4% of female victims in the United States reported being raped before the age of 18, with 30.4% of initial rape experiences occurring within the context of a dating relationship and 20% being perpetrated by an acquaintance (Basile et al., 2007). Relatedly, rates of intimate partner violence (IPV) vary with respect to age. For example, women 16 to 24 years of age are nearly 3 times more vulnerable to IPV than women in other age groups (U.S. Department of Justice, Bureau of Justice Statistics, 2001). In a recent online survey conducted by Fass, Benson, and Leggett (2008), 35.2% of the respondents reported being victims of IPV at least once during college. Regarding psychological abuse, in their study of over 3,300 women involved in the criminal justice system subsequent to an occurrence of IPV, Henning and Klesges (2003) found that 80% had also been psychologically abused (i.e., emotional abuse, controlling behaviors, threats of harm) previously by their partner. It is important to note that these sexual violence (SV) and IPV prevalence figures are likely underestimates as many victims never report such violence and abuse to police, friends, or family (Tjaden & Thoennes, 2000).

In an environment where the bodies of girls and women are locations for violence, particularly SV and IPV, girls and women tend to experience the body as belonging less to them and more to other people (Crouter, Manke, & McHale, 1995; Fredrickson & Roberts, 1997; Impett, Schooler, & Tolman, 2006; Tolman & Porche, 2000). This culturally constructed understanding of the body causes girls and women to be more at-risk for violence, affects the quality of their lives, and has serious mental health consequences (Fredrickson & Roberts, 1997; Moradi & Huang, 2008). For example, most college-aged women acknowledge some amount of shame and dissatisfaction toward their body. This is consistent with the notion of “normative discontent” (Rodin, Silberstein, & Striegel-Moore, 1985), which suggests that body shame and dissatisfaction are common among girls and women.

The goal of the current study was to examine the effects of violence against women, including SV and IPV, on body image variables through the lens of objectification theory. Toward that end, we review theory and research on SV, IPV, and objectification. More specifically, due to the percentages of such violence occurring for women both before and during college, we examined SV and IPV among college women and investigated their respective associations with body image-related variables including self-objectification, body surveillance, and body shame.

## **Definitions and Consequences of SV and IPV**

Violence against women is associated with substantial consequences regarding women's physical, mental, sexual, and reproductive health (A. Campbell, 2002; Heise, 1996;

Joachim, 2000; Mayhew & Watts, 2002). The Centers for Disease Control and Prevention (CDC; 2010b) defines SV as “any sexual act that is perpetrated against someone’s will.” All types of SV involve a lack of consent or the victim’s inability to consent. SV incurs both immediate and long-term physical and psychological problems, as well as results in more engagement in negative health behaviors, including risky sexual behavior, substance use and abuse, and disordered eating (Basile et al., 2006; Champion et al., 2004; Raj, Silverman, & Amaro, 2000). Although SV is associated with a host of adverse consequences, there is scant research on relations between SV and body image outcomes.

According to the CDC (2010a), IPV “describes physical, sexual, or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy.” In addition, IPV varies in both frequency and severity and occurs on a continuum (e.g., one hit to chronic battering). Regardless of the type of abuse (i.e., sexual, physical, emotional/psychological), IPV is associated with a variety of physical and psychological consequences for victims. Similar to women survivors of SV, women who have experienced IPV are more likely to engage in behaviors that are accompanied by negative health consequences (e.g., risky sexual behavior, substance use and abuse, and disordered eating; Heise & Garcia-Moreno, 2002; Plichta, 2004; Raj et al., 2000; Roberts, Auinger, & Klein, 2005) compared with women who do not have a history of IPV. Despite the documented associations between IPV and many negative outcomes, relations between IPV and self-objectification, body surveillance, and body shame have not been studied in the existing literature.

It is important to note that the constructs and experiences of SV and IPV share some similarities; however, they are distinct in their own right. This is evidenced by the discrete definitions for IPV and SV provided by a plethora of international and national organizations, including the CDC (2010a, 2010b) and the World Health Organization (2010). If IPV and SV were to be illustrated by a Venn diagram, there would be a portion of overlap between the two constructs, yet a substantial portion of each circle would be non-intersecting. More specifically, SV may indeed occur in the context of an intimate partner relationship; however, not all SV occurs in this context. Relatedly, some forms of IPV are sexual in nature, but IPV also encompasses psychological and physical components that are not directly sexual in behavioral terms and thus would not classify as SV (J. C. Campbell, 1989). Furthermore, researchers often focus on either SV or IPV, but rarely both in individual studies. As a result, it remains unclear whether SV and IPV uniquely predict different outcomes. Thus, it is imperative for researchers to investigate both SV and IPV as related, but distinct experiences and constructs. The current study begins to fill this gap in the literature by considering both SV and IPV in the same investigation.

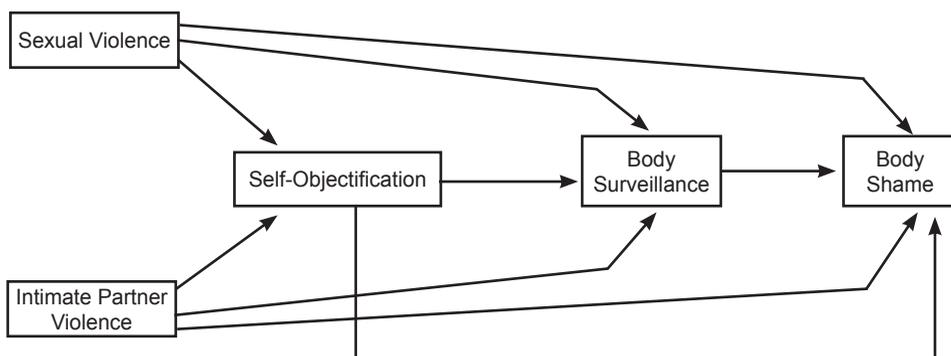
## **Objectification Theory**

In the present work, we examined SV and IPV toward women through the lens of objectification theory (Fredrickson & Roberts, 1997). Fredrickson and Roberts (1997)

presented objectification theory to explain the mental health consequences for women living in a culture permeated by sexual objectification in which women are treated as things rather than people. Specifically, sexual objectification occurs when a “woman’s sexual parts or functions are separated out from her person, reduced to the status of mere instruments, or else regarded as if they were capable of representing her” (Bartky, 1990, p. 35). Sexual objectification experiences in social and interpersonal interactions with other people may range on a continuum with everyday and subtle behaviors (e.g., objectifying gazes, appearance remarks) on one end and violent and extreme behaviors (e.g., sexual harassment and assault) on the other end. Although both women and men may experience sexual objectification, women report experiencing it more than men, including experiences with ogling, unwanted sexual advances, sexual harassment, and sexual assault (e.g., Hill & Fischer, 2008; Kozee, Tylka, Augustus-Horvath, & Denchik, 2007; Moradi, Dirks, & Matteson, 2005; Swim, Hyers, Cohen, & Ferguson, 2001).

Objectification theory (Fredrickson & Roberts, 1997) posits that one consequence of experiencing sexual objectification is self-objectification. When women self-objectify, they internalize a third person’s perspective of their bodies and regard their appearance and sexual functions as more important than other aspects of themselves (e.g., their thoughts, feelings, physical health; Bartky, 1990; Berger, 1972; de Beauvoir, 1952; Fredrickson & Roberts, 1997; McKinley, 1998, 2006; McKinley & Hyde, 1996). For example, women regard their observable physical appearance features (e.g., body measurements) as more important to their self-concept than their non-observable physical competence features (e.g., strength; Noll & Fredrickson, 1998). Self-objectification is manifested oftentimes in persistent body surveillance (Fredrickson & Roberts, 1997; McKinley & Hyde, 1996; Moradi & Huang, 2008), which is “habitual monitoring of the body’s outward appearance” (Fredrickson & Roberts, 1997, p. 180). A host of negative consequences are theorized to result from sexual objectification experiences via self-objectification and body surveillance, including more body shame, heightened appearance anxiety, and reduced capacity for peak motivational states, as well as more risk for eating disorders, depression, and sexual dysfunction (see Calogero, Tantleff-Dunn, & Thompson, 2011c; Moradi & Huang, 2008, for reviews).

In the current research, we examined the links between SV, IPV, self-objectification, body surveillance, and body shame through the model proposed by objectification theory (see Figure 1; Fredrickson & Roberts, 1997). Objectification theory suggests that regarding physical appearance as more important to the self-concept compared with other attributes and persistently inspecting one’s appearance can result in body shame, although neither self-objectification nor body surveillance is necessarily valenced negatively (i.e., focusing on one’s appearance may result in a negative or positive evaluation). Body shame is the emotional response that follows from measuring one’s body against an internalized or cultural standard and perceiving oneself as failing to meet that standard. Because our society promotes a thin body ideal that most women are unable to achieve, more self-objectification and more body surveillance are likely associated with more body shame (Fredrickson & Roberts, 1997; see Figure 1 for proposed relations).



**Figure 1.** Model of proposed relations derived from objectification theory. All relations are expected to be significant and positive.

Although objectification theory posits a host of negative outcomes (e.g., body shame, appearance anxiety, disrupted flow, eating disorders), the impact of sexual objectification experiences on self-objectification, body surveillance, and body shame has been well studied in the context of objectification theory in previous research (see Moradi & Huang, 2008, for review). Moreover, body shame has been linked to more severe clinical outcomes including disordered eating (Calogero, 2009; Tylka & Hill, 2004), depression (Grabe, Hyde, & Lindberg, 2007; Szymanski & Henning, 2007), sexual dysfunction (Calogero & Thompson, 2009; Sanchez & Kiefer, 2007), and substance abuse (Carr & Szymanski, 2011). In addition, shame has been linked to experiences of both SV and IPV (Rhatigan, Shorey, & Nathanson, 2011; Sable, Danis, Mauzy, & Gallagher, 2006; Spangaro, Zwi, & Poulos, 2011; Walker, 1984, 2000, 2009). More specifically, research has demonstrated that traumatic experiences such as SV and IPV frequently provoke self-focused emotions like shame (Wilson, Drozdek, & Turkovic, 2006). Shame in these contexts has been described as an attack on the “core dimensions of the self, identity, ego processes and personality” (Wilson et al., 2006, p. 123) with the survivor seeing the self as bad, unworthy, or inadequate. Although such previous research has revealed relations between shame and SV and/or IPV, these studies have not explored body shame specifically. Thus, in the current study, we focused on self-objectification, body surveillance, and body shame, with body shame as our primary adverse outcome so that we could directly compare our novel consideration regarding violence against women predicting body image-related variables with previous research considering other types of sexual objectification experiences.

The first focus of the present research was to examine the relationship between SV and body image-related variables. SV is an extreme form of sexual objectification in which a sexual act is perpetrated against a woman’s will. When people commit SV, they literally treat a woman as a sexual thing. Her sexual parts or functions are separated out from her person for the use of the perpetrator and regarded as more

important than her consent. Given that SV is a form of sexual objectification, objectification theory suggests that SV will be associated with self-objectification, body surveillance, and body shame (Fredrickson & Roberts, 1997). However, despite these theoretical assertions and the rich literature regarding linkages between childhood sexual abuse and adverse body image–related consequences (e.g., Lundberg-Love, 2006; Ross, 2009; Smolak, 2011; Steiger et al., 2010), there is a dearth of research on similar conceptual and empirical links for adults between more extreme forms of sexual objectification and these negative consequences (Calogero, Tantleff-Dunn, & Thompson, 2011a). Of the few studies that have considered the links between SV and these body image–related variables, most are consistent with the notion that SV is positively associated with self-objectification, body surveillance, and body shame. In their study investigating substance abuse in relation to sexual objectification, Carr and Szymanski (2011), for example, also assessed whether college women’s reported frequency of everyday sexual objectification experiences, including body evaluation and unwanted explicit sexual advances, and extreme sexual objectification experiences, including sexual assault, were related to body surveillance and body shame. Consistent with objectification theory, body evaluation, unwanted explicit sexual advances, and sexual assault were each positively associated with both body surveillance and body shame. The current study differs from this investigation by Carr and Szymanski in that IPV is included as a sexual objectification experience in addition to SV, and substance abuse is not explored as a primary outcome.

The second focus of the present work was to examine the relations between IPV and body image–related variables. Although a few published studies have examined the association between sexual objectification experiences in the context of relationships and objectification-related variables (e.g., Sanchez & Broccoli, 2008), to our knowledge, none has specifically examined relationship violence. Despite the scant literature in this area, the research focused on emotional and physical abuse in childhood and their associated impacts on body image and disordered eating (e.g., Burns, Fischer, Jackson, & Harding, 2012; Fischer, Stojek, & Hartzell, 2010; Steiger et al., 2010; Treuer, Koperdak, Rozsa, & Furedi, 2005) supports the relevance of examining IPV in relation to objectification and related body-focused variables. In addition, supporting our suggestion that IPV will be related to body image factors, one study found that those who had experienced more extreme IPV (i.e., sexual and physical violence) reported more negative body image compared with women who had experienced less extreme IPV (physical violence only; J. C. Campbell, 1989).

## Overview and Hypotheses of the Present Work

To consider whether SV and/or IPV are associated with self-objectification, body surveillance, and body shame, two separate path analyses were conducted examining SV and IPV, respectively, and the correlations with self-objectification, body surveillance, and body shame were estimated. Next, to consider the conceptual and empirical overlap between SV and IPV, we simultaneously included both types of violence in a path analysis so that we could evaluate their unique explained variance in self-objectification,

body surveillance, and body shame. We examined the applicability of relations posited by objectification theory (Calogero, Tantleff-Dunn, & Thompson, 2011b; Fredrickson & Roberts, 1997; Moradi & Huang, 2008) utilizing SV and IPV as experiences of objectification and included the hypothesized mediating role of self-objectification and/or body surveillance to women's body shame. Figure 1 depicts this model with both SV and IPV, outlining the direct and indirect relations among SV, IPV, self-objectification, body surveillance, and body shame. Specifically, the models test the following hypotheses:

**Hypothesis 1:** Sexual violence (SV) will have positive direct and indirect relations predicting self-objectification, body surveillance, and body shame.

**Hypothesis 1a:** The indirect relations will include mediation by self-objectification of the association between SV and body surveillance.

**Hypothesis 1b:** The indirect relations will include mediation by self-objectification of the association between SV and body shame.

**Hypothesis 1c:** The indirect relations will include mediation by body surveillance of the association between SV and body shame.

**Hypothesis 1d:** The indirect relations will include mediation by both selfobjectification and body surveillance of the association between SV and body shame.

**Hypothesis 2:** Intimate partner violence (IPV) will have positive direct and indirect relations predicting self-objectification, body surveillance, and body shame.

**Hypothesis 2a:** The indirect relations will include mediation by self-objectification of the association between IPV and body surveillance.

**Hypothesis 2b:** The indirect relations will include mediation by self-objectification of the association between IPV and body shame.

**Hypothesis 2c:** The indirect relations will include mediation by body surveillance of the association between IPV and body shame.

**Hypothesis 2d:** The indirect relations will include mediation by both selfobjectification and body surveillance of the association between IPV and body shame.

## Method

### *Participants*

A total of 572 undergraduate women from a large Midwestern university participated in this study. After accounting for invalid data (see below), 503 participants were included in the final data set. Participant ages ranged from 17 to 38 years ( $M = 19.89$ ,  $SD = 2.09$ ). Regarding racial demographics, the majority described themselves as White (89%). Asian Americans constituted 3% of the sample, and 2.3% were Latino, 2% were African American, 4% were biracial or multiracial, 0.1% were Native American, and 0.3% designated "Other." In terms of the SV and IPV experienced by these participants, 36 (7%) indicated experiencing SV without reporting IPV, 140 (28%) reported experiencing IPV without reporting SV, 221 (44%) indicated experiencing both SV and IPV, 92 (18%) reported no experiences of either SV or IPV, and 14 (3%) had missing data for SV and/or IPV. These frequencies are consistent with conceptualizations indicating that SV and IPV are related, but separate experiences.

## *Procedures and Instruments*

Institutional Review Board (IRB) approval was obtained prior to study recruitment. Participants were recruited from undergraduate psychology classes and sorority chapters. The study was described as an online survey on psychology, life experiences, and violence, and participants were informed that some items might be of a sensitive nature. Regarding recruitment from undergraduate psychology classes, study information appeared on the psychology department subject pool web page (via Experimentrix) where descriptions of all studies seeking participants are contained. Students who signed up through Experimentrix for the present investigation were then emailed a link and a personal identification number (PIN) to complete the study. Regarding recruitment from sorority chapters, the first author provided study information to sorority chapter presidents at a meeting of all presidents. Then, sorority chapter presidents were responsible for sharing study information with their membership, and sorority members who were interested in participating emailed a research assistant who provided a link and a PIN for the study. Of the total 1,162 women from the sorority chapters who were potentially approached by their chapter presidents, 224 (19.28%) participated in the current study. Thus, approximately 39% of the women in the study were recruited from sorority chapters, whereas 61% were from undergraduate psychology courses.

Informed consent was provided by participants, and instruments were completed with order counterbalanced online via Survey Monkey. Validity items (e.g., "Please answer 'always' for this item.") were interspersed throughout the online survey with one validity item included on each screen of the survey. If participants responded to these items incorrectly, their data were deemed invalid and not included in the analyses. Participants received course credit or were entered into a raffle for US\$20 gift certificates. Instructions to contact the researchers, the IRB office, and/or the university counseling center with any questions or concerns were provided.

*Sexual Experiences Survey–Short Form Victimization (SES-SFV)*. This scale is a 10-item questionnaire that measures categories and frequency of sexual victimization. Each behavior is rated in terms of frequency of experiencing specific behaviors using a 5-point scale ranging from 0 to 4+ (Koss et al., 2007). The SES-SFV utilizes definitions of SV that are behaviorally specific and asks participants to indicate whether the event did or did not occur, as well as the frequency of occurrence. More specifically, the sexual victimization experiences measured by the SES-SFV include unwanted sexual contact (e.g., "Someone fondled, kissed, or rubbed up against the private areas of my body [lips, breast/chest, crotch or butt] or removed some of my clothes without my consent [but did not attempt sexual penetration]"), attempted coercion (e.g., "Even though it did not happen, someone TRIED to have oral sex with me, or make me have oral sex with them without my consent by telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to"), coercion (e.g., "Someone had oral sex with me or made me have oral sex with them without my consent by telling lies, threatening to end the relationship, threatening to spread

rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to"), attempted rape (e.g., "Even though it did not happen, a man TRIED to put his penis into my vagina, or someone tried to stick in fingers or objects without my consent by taking advantage of me when I was too drunk or out of it to stop what was happening"), and rape (e.g., "A man put his penis into my vagina, or someone inserted fingers or objects without my consent by using force, for example, holding me down with their body weight, pinning my arms, or having a weapon"), representing classifications along a continuum of the least to the most severe (Koss, Gidycz, & Wisniewski, 1987). The SES-SFV (Koss et al., 2007) assesses SV since age 14 and within the last 12 months; these timeframes were collapsed to consider SV during the participant's entire life since age 14.

Because the authors of this most recent revision of the Sexual Experiences Survey treat the measure as categorical, they did not report reliability estimates (Koss et al., 2007). However, scores on previous versions of the Sexual Experiences Survey have demonstrated internal consistency reliability among adolescent women in the lower range of acceptability with Cronbach's alpha in the low .70s (see Cecil & Matson, 2006). One-week test-retest reliability ( $r = .93$ ) and correlations with interview responses ( $r = .73$ ) among college students have yielded good validity estimates (Koss & Gidycz, 1985). SES-SFV scores for the current study showed good internal consistency reliability ( $\alpha = .93$ ).

We created a continuous variable of SV as an indicator of the frequency and severity of SV experiences. As stated previously, the five areas assessed by the SES-SFV (i.e., unwanted sexual contact, attempted coercion, coercion, attempted rape, and rape) reflect experiences of increasing severity. Due to this range of severity, researchers have developed methods of scoring that involve weighting items or categories according to severity. Consistent with previous approaches used by Arata and Lindman (2002) and Fortier et al. (2009), the frequency of experiences for each of the five categories of the SES-SFV were weighted in order of severity and then summed for a total continuous score. More specifically, the total frequency of (a) unwanted sexual contact was multiplied by 1, (b) attempted coercion was multiplied by 2, (c) coercion was multiplied by 3, (d) attempted rape was multiplied by 4, and (e) rape was multiplied by 5. The five weighted categories were then summed to form a total SV continuous score, with zero representing no SV and higher numbers representing greater frequency and more severity of SV. See Table 1 for means, standard deviations, and ranges for all variables.

*Abusive Behavior Inventory—Partner Form (ABI-PF).* The ABI-PF (Shepard & Campbell, 1992) measures the frequency of abusive behaviors occurring in the context of an intimate relationship. The 30-item measure assesses abusive behaviors across psychological and physical domains, which comprise the two subscales of the ABI-PF. Each behavior is rated in terms of frequency of experiencing specific behaviors using a 5-point scale ranging from 1 (*never*) to 5 (*very frequently*). Internal consistency reliability for total scale scores has been shown to range from  $\alpha = .70$  to  $.92$ , with internal consistency reliability for physical abuse subscale scores ranging from  $\alpha = .80$  to  $.92$

**Table 1.** Descriptive Statistics and Correlations for All Variables.

	<i>M (SD)</i>	Range	1	2	3	4
1. SV ( <i>n</i> = 499)	18.75 (39.20)	0-271	—			
2. IPV ( <i>n</i> = 503)	5.57 (7.27)	0-48	.55**	—		
3. Self-object ( <i>n</i> = 371)	1.11 (12.79)	-25-25	.05	.15**	—	
4. Body surveillance ( <i>n</i> = 502)	4.84 (1.09)	1.14-7.00	.12**	.20**	.41**	—
5. Body shame ( <i>n</i> = 502)	3.66 (1.17)	1.14-7.00	.25**	.24**	.27**	.57**

Range indicates the range of scores for the current sample. SV = sexual violence scores; IPV = intimate partner violence scores; self-object = self-objectification scores. \*\**p* < .01.

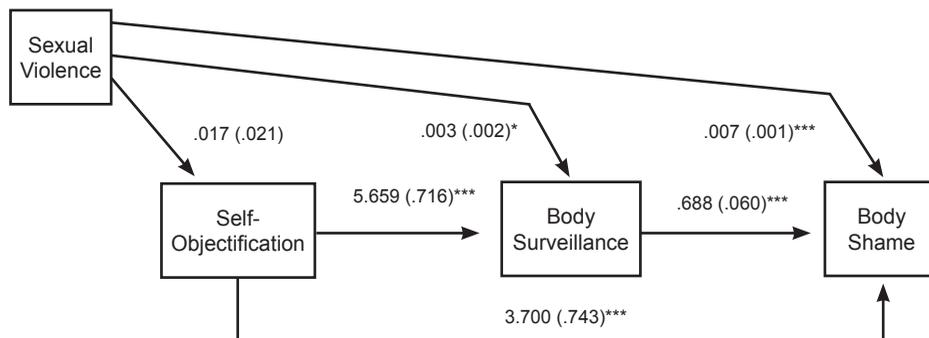
and psychological abuse subscale scores ranging from  $\alpha = .76$  to  $.91$  among adult men and women (Shepard & Campbell, 1992). Shepard and Campbell (1992) also examined the ABI-PF in relation to clinical assessment of abuse, client assessment of abuse, and previous arrest for domestic abuse, and found evidence for good construct validity. A number of previous researchers have modified the ABI-PF for the respective purposes of their investigations (e.g., Mills & Malley-Morrison, 1998; Yorke, Friedman, & Hurt, 2010). Thus, for the purposes of the current study, the ABI-PF was modified to include eight items representative of psychological, physical, and sexual abuse. The eight items selected were those that demonstrated the highest item factor loadings and those that represented a range of psychological, physical, and sexual abuse on the ABI-PF (Shepard & Campbell, 1992): “called you names and/or criticized you”; “tried to keep you from doing something you wanted to do (e.g., going out with friends, going to meetings)”; “threatened to hit or throw something at you”; “pushed, grabbed, or shoved you”; “said things to scare you (examples: told you something bad would happen, threatened to commit suicide)”; “slapped, hit, punched, or kicked you”; “checked up on you (e.g., listened to your phone calls, checked the mileage on your car, called you repeatedly at work)”; and “pressured you to have sex in a way that you didn’t like or want.” Consistent with previous research (e.g., Burch & Gallup, 2000; Neufeld, McNamara, & Ertl, 1999), participants were asked to respond to each item regarding their entire dating history. For the current study, scores on the modified ABIPF demonstrated good internal consistency reliability ( $\alpha = .88$ ).

A continuous variable of IPV as an indicator of the frequency and severity of IPV experiences was created. As stated previously, the eight ABI-PF items used in this study assess psychological, physical, and sexual IPV, and these reflect experiences of increasing severity. Borrowing from the logic utilized by Arata and Lindman (2002) and Fortier et al. (2009) for weighting SV items on the SES-SFV with non-physical experiences being weighted less than physical/sexual tactics, a method of scoring that involved weighting items or categories according to severity was applied to the ABI-PF items. More specifically, the items of the ABI-PF were categorized into psychological IPV, physical IPV, and sexual IPV (see J. C. Campbell, 1989, for similar IPV severity conceptualization).

The frequency of experiences for each of the three categories was weighted in order of severity similar to previous methods (e.g., Arata & Lindman, 2002; Fortier et al., 2009) and then summed for a total continuous score. Thus, the total frequency of (a) psychological IPV was multiplied by 1, (b) physical IPV was multiplied by 2, and (c) sexual IPV was multiplied by 3. The three weighted categories were then summed to form a total IPV continuous score, with zero representing no IPV and higher numbers representing greater frequency and more severity of IPV.

**Self-Objectification Questionnaire (SOQ).** The SOQ (Noll & Fredrickson, 1998) measures the degree to which participants rank five observable aspects of their physical appearance (i.e., weight, physical attractiveness, muscular definition, measurements, and sex appeal) as important to their self-concept compared with five non-observable aspects of their physical competence (i.e., strength, energy, health, fitness, and coordination). Scores on the SOQ have demonstrated reliability, as well as convergent validity, with other body-related items among college women (Noll, 1996; Noll & Fredrickson, 1998; see also Calogero, 2011). Following Noll and Fredrickson (1998), participants who did not utilize a ranking scale (e.g., assigned the same ranking to two items) were coded as missing, and rankings of the non-observable, competence items and observable, appearance items were separately summed. Consistent with previous research (Calogero & Jost, 2011; Hill & Fischer, 2008), physical appearance scores were negatively correlated with physical health scores ( $r = -.27, p < .0001$ ). Nonobservable, competence scores were subtracted from observable, appearance scores, with higher scores indicating more self-objectification.

**Body surveillance and body shame.** The Objectified Body Consciousness Scale (OBCS; McKinley & Hyde, 1996) measures body surveillance, body shame, and control beliefs. Consistent with previous research, participants completed only the body surveillance and body shame subscales (Gervais, Vescio, & Allen, 2011; Muehlenkamp & Saris-Baglama, 2002; Tiggemann & Kuring, 2004; Tiggemann & Slater, 2001). Specifically, participants completed the eight-item body surveillance (e.g., “I am more concerned with what my body can do than how it looks”—reverse coded) and the eight-item body shame (e.g., “I would be ashamed for people to know what I really weigh”) subscales of the OBCS. Participants rate the degree to which they agree with each statement using a 7-point scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*) with a not applicable option. Scores on the OBCS have demonstrated acceptable internal consistency reliability for college women on body surveillance ( $\alpha = .76$ ) and body shame ( $\alpha = .70$ ; McKinley, 1998; McKinley & Hyde, 1996), as well as convergent validity with body esteem (Moradi & Huang, 2008). Following McKinley and Hyde’s (1996) instructions, not applicable responses were coded as missing and negatively worded applicable items were reverse coded. Good internal consistency reliability was found for both the body surveillance ( $\alpha = .85$ ) and body shame ( $\alpha = .86$ ) subscale scores, and mean scores for each subscale were calculated with higher numbers indicating more body surveillance and more body shame.



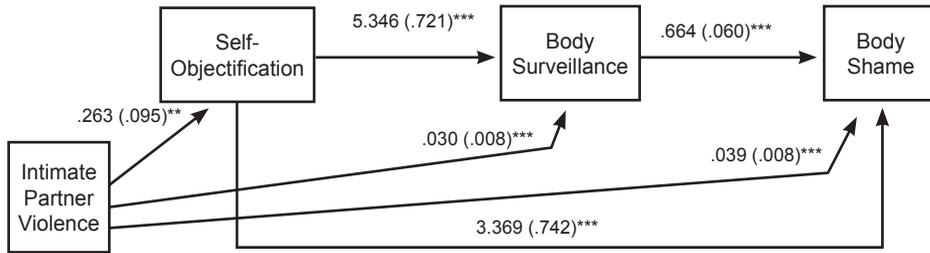
**Figure 2.** Empirical model of sexual violence relations derived from objectification theory. Values represent the unstandardized coefficients and standard errors. \* $p < .05$ . \*\*\* $p < .0001$ .

## Results

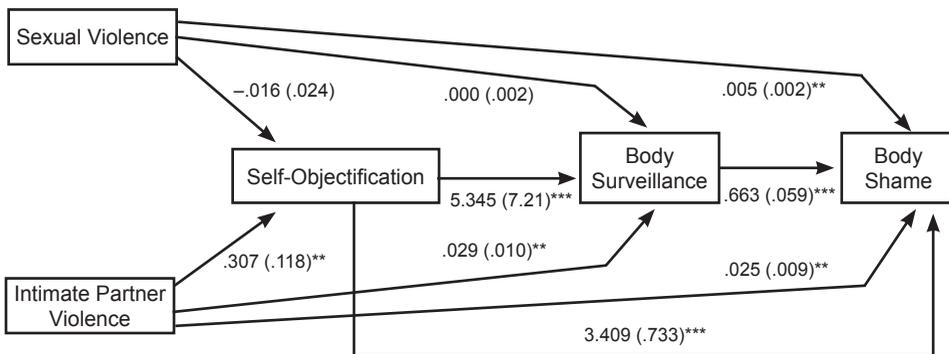
SV and IPV were significantly and positively correlated with self-objectification, body surveillance, and body shame (see Table 1) with one exception: SV was unrelated to self-objectification. In addition, self-objectification, body surveillance, and body shame were positively correlated with one another.

Three multivariate regressions were estimated via path modeling using maximum likelihood estimation within Mplus Version 6.0 (Muthen & Muthen, 1998-2010) to examine direct effects. Next, path modeling utilizing maximum likelihood estimation within Mplus Version 6.0 (Muthen & Muthen, 1998-2010) was used to estimate three path analyses including (a) SV, (b) IPV, and (c) SV and IPV simultaneously with self-objectification, body surveillance, and body shame, respectively. This allowed us to consider the relations among variables with SV alone, with IPV alone, and the unique variance explained by each variable when SV and IPV were included simultaneously. Similar to structural equation modeling, path analysis includes a structural model; however, it does not include a measurement model. In addition, testing model fit or examining fit indices is inappropriate as the model is fully saturated. The path models were estimated with 10,000 bootstrap samples to examine the significance of indirect effects as recommended in current research on testing mediation (Mallinckrodt, Abraham, Wei, & Russell, 2006). The bootstrapped unstandardized indirect path coefficients and errors and 95% bias-corrected confidence intervals are reported (Williams & MacKinnon, 2008). Indirect effects are deemed significant and indicate mediation when the 95% confidence interval does not contain zero (see Mallinckrodt et al., 2006). Direct effects, that is, unstandardized parameter estimates and errors, are presented in Figures 2, 3, and 4, and indirect effects are summarized in Tables 2 and 3.

Positive direct relations emerged between SV and both body surveillance and body shame in the regression model examining SV as the only predictor; however, SV was not associated with self-objectification (see Figure 2). In addition, when SV was examined



**Figure 3.** Empirical model of intimate partner violence relations derived from objectification theory. Values represent the unstandardized coefficients and standard errors.



**Figure 4.** Empirical model of sexual violence and intimate partner violence relations derived from objectification theory. Values represent the unstandardized coefficients and standard errors. \*\* $p < .01$ . \*\*\* $p < .0001$ .

simultaneously with IPV, positive direct relations emerged between SV and body shame, but not body surveillance (see Figure 4).

Regarding the examination of IPV as the only predictor in the regression model, positive direct relations emerged between IPV and self-objectification, body surveillance, and body shame (see Figure 3). In addition, when IPV was examined simultaneously with SV, the same pattern of direct effects emerged (see Figure 4).

Given that objectification theory posits that self-objectification and body surveillance mediate the relationship between sexual objectification experiences and more adverse outcomes (e.g., body shame; Calogero, 2011; Fredrickson & Roberts, 1997), the indirect effects between both SV and IPV and body shame through self-objectification and/or body surveillance were tested via path analyses. Regarding the examination of SV as the single predictor, an indirect effect emerged between SV and body shame through body surveillance, and this mediated relation approached significance

**Table 2.** Bootstrap Analysis of Magnitude and Significance of Indirect Effects for SV Model and IPV Model, Respectively.

Hypothesis	Predictor	Mediator	Criterion	B	SE	95% Confidence	
						Lower bound	Upper bound
1a	SV	SO	BodySurv	.00	.00	-.001	.002
1b	SV	SO	BodyShame	.00	.00	.000	.000
1c	SV	BodySurv	BodyShame	.00	.00†	.000	.003
1d	SV	SO/BodySurv	BodyShame	.00	.00	.000	.001
2a	IPV	SO	BodySurv	.01	.00**	.002	.015
2b	IPV	SO	BodyShame	.00	.00	-.002	.003
2c	IPV	BodySurv	BodyShame	.01	.00**	.004	.020
2d	IPV	SO/BodySurv	BodyShame	.01	.00**	.001	.009

SV = sexual violence scores; IPV = sexual violence scores; SO = self-objectification scores; BodySurv = body surveillance scores; BodyShame = body shame scores. †  $p = .052$  ; \*\*  $p < .01$ .

**Table 3.** Bootstrap Analysis of Magnitude and Significance of Indirect Effects for Simultaneous SV and IPV Model.

Hypothesis	Predictor	Mediator	Criterion	B	SE	95% Confidence	
						Lower bound	Upper bound
1a	SV	SO	BodySurv	-.00	.00	-.001	.001
1b	SV	SO	BodyShame	.00	.00	.000	.000
1c	SV	BodySurv	BodyShame	.00	.00	-.001	.002
1d	SV	SO/BodySurv	BodyShame	.00	.00	-.001	.001
2a	IPV	SO	BodySurv	.01	.00*	.002	.018
2b	IPV	SO	BodyShame	.00	.00	-.002	.003
2c	IPV	BodySurv	BodyShame	.01	.01*	.000	.020
2d	IPV	SO/BodySurv	BodyShame	.01	.00*	.001	.010

SV = sexual violence scores; IPV = sexual violence scores; SO = self-objectification scores; BodySurv = body surveillance scores; BodyShame = body shame scores. \* $p < .05$ .

( $p = .052$ ; see Table 2). No other significant indirect effects were observed. When SV was examined with IPV simultaneously, no significant indirect effects of self-objectification and/or body surveillance emerged for relations between SV and body shame (see Table 3).

With respect to examining IPV as the single predictor, three significant indirect effects emerged. More specifically, body surveillance significantly mediated the relation between IPV and body shame. As well, self-objectification significantly mediated the

relation between IPV and body surveillance. Finally, the combined effect of selfobjectification and body surveillance significantly mediated the relation between IPV and body shame (see Table 2). No significant indirect effect was observed for selfobjectification mediating the relation between IPV and body shame. Regarding the examination of IPV with SV simultaneously, the same three indirect effects emerged as significant for IPV (see Table 3).

## Discussion

The purpose of the present study was to examine the effects of SV and IPV on self-objectification, body surveillance, and body shame for college women through the lens of objectification theory (Fredrickson & Roberts, 1997). The findings of the current study are presented below, as well as the theoretical and practical implications, limitations to the investigation, and considerations for future research.

Consistent with Hypothesis 1, SV was positively associated with body surveillance and body shame when examined as the only objectification experience, but inconsistent with this hypothesis, SV was not associated with self-objectification. In addition, when SV was examined simultaneously with IPV as two separate predictors, SV was positively associated only with body shame and showed no association with either self-objectification or body surveillance. As well, in examining indirect effects, when SV was tested as the single predictor, body surveillance emerged as a potential mediator of SV and body shame, although this effect was marginal ( $p = .052$ ). However, inconsistent with Hypothesis 1, no significant indirect effects of self-objectification and/or body surveillance emerged for relations between SV and body shame when both SV and IPV were included in the path analyses. This pattern of results is consistent with Fredrickson and Roberts' (1997) suggestion, indicating that some more extreme types of sexual objectification may lead directly to adverse psychological outcomes, bypassing the self-objectification process altogether. In addition, similar to our findings, Hill and Fischer (2008) found that SV was not related to self-objectification or body surveillance. These findings also suggest that the impact of IPV is stronger with regard to self-objectification processes compared with the impact of SV.

Regarding Hypothesis 2, IPV was directly associated with self-objectification, body surveillance, and body shame. Moreover, these direct relations emerged when IPV was examined as the sole predictor as well as when it was considered simultaneously with SV. Consistent with Hypothesis 2a, self-objectification significantly mediated the relation between IPV and body surveillance in both path analyses. Inconsistent with Hypothesis 2b, self-objectification did not mediate the relation between IPV and body shame in either path model. However, in line with Hypothesis 2c, body surveillance significantly mediated the relation between IPV and body shame, and consistent with Hypothesis 2d, the combined effect of self-objectification and body surveillance also significantly mediated the relation between IPV and body shame in both path analyses. These findings support the tenet of objectification theory that self-objectification and body surveillance are some of the mechanisms through which IPV experiences are

associated with adverse mental health outcomes like body shame. In addition, these findings provide some indications that IPV has stronger associations with regard to self-objectification processes compared with SV.

To our knowledge, this is the first research to examine the relations between IPV and body image-related variables through the framework of objectification as no previous studies were found in the published literature. Our findings link IPV to body shame through body surveillance, as well as the combined effect of self-objectification and body surveillance, as theorized by objectification theory (Fredrickson & Roberts, 1997). In addition, these findings extend objectification theory, suggesting that objectifying experiences that are not necessarily *explicitly* sexual in nature, but are still related to violence and dehumanization within the context of a romantic intimate relationship, can predict objectification-related variables. This finding is also consistent with the notion that violence and objectification are linked for people who perpetrate it (Moller & Deci, 2010) as objectification is often a precursor to enacting violence (Haslam, 2006; Johnson, 2005), as well as people who experience it given that being objectified and dehumanized is associated with experiencing violence.

More generally, this research contributes to a growing literature focusing on the consequences of interpersonal sexual objectification experiences. Whereas women are frequently sexually objectified in interpersonal interactions (Fredrickson & Roberts, 1997), most researchers have historically focused on situations in which women are exposed to either sexually objectifying media (Archer, Iritani, Kimes, & Barrios, 1983; Goffman, 1979; Kilbourne & Pipher, 1999; Mulvey, 1975) or heightened appearance pressures (e.g., wearing a swimsuit; Fredrickson, Roberts, Noll, Quinn, & Twenge, 1998; Hebl, King, & Lin, 2004; Quinn, Kallen, Twenge, & Fredrickson, 2006). Of the studies that have examined sexual objectification experiences in actual social and interpersonal interactions, most research has focused on less extreme, more everyday sexual objectification experiences with other people (e.g., Gervais et al., 2011; Kozee et al., 2007; Moradi et al., 2005; cf. Fairchild & Rudman, 2008). Thus, the current investigation contributes to a small but emerging literature focusing on relations between interpersonal sexual objectification experiences and body image outcomes.

A basic tenet of objectification theory is that self-objectification and its manifestations (e.g., body surveillance or adopting a third person's perspective of the body) explain the relations between sexual objectification experiences and adverse psychological outcomes. Consistent with this notion, body surveillance explained the relations between IPV and body shame, and the combined effect of body surveillance and self-objectification also explained the relations between IPV and body shame. However, self-objectification did not explain the relation between SV and body shame when SV was examined alone, and neither self-objectification nor body surveillance explained that relation when SV was examined simultaneously with IPV. When considering the analyses where IPV and SV were examined simultaneously, it might appear surprising that body surveillance explained the relations between IPV and body shame, but not SV and body shame, given the conceptual and empirical overlap between IPV and SV. However, it is possible that the SV variable represented a more severe sexual objectification experience than the IPV variable, therefore bypassing the mechanisms of

self-objectification and body surveillance and having a more immediate effect on body shame (Fredrickson & Roberts, 1997). Consistently, all of the items assessing SV involved coerced, attempted, or completed sexual violation of women's bodies, whereas the items assessing IPV did not necessarily involve bodily violation (e.g., psychological harm). In addition, IPV scores ranged from 0 to 48, whereas SV scores ranged from 0 to 217. It is possible that if IPV scores became more severe, then IPV would bypass self-objectification and/or body surveillance.

An additional explanation for these findings includes the potential for psychological abuse in an intimate partner relationship to attack one's body image. For example, a partner making continuous derogatory remarks about a woman's body (e.g., "you're fat and ugly") may be more strongly associated with self-objectification and body surveillance than a partner perpetrating SV, because derogatory body-related remarks are directly related to a woman's body and appearance. Indeed, in clinical work with women survivors of IPV, it is common to hear stories of abusive partners making derogatory comments about their partners' bodies, including attacks on their weight and comparing them with other women. As well, abusive partners have been noted to use such psychological abuse to tell their partners that they do not "measure up" to the attractiveness of other women, and to threaten that no other man would want them. These types of emotional attacks, therefore, can constitute ongoing psychological abuse that specifically targets women's bodies and sense of their physical selves, which in turn can have profound and long-lasting deleterious ramifications on self-objectification, body surveillance, and body shame. Thus, the prolonged and sustained nature of IPV, particularly the emotional and psychological components that include insults and verbal attacks, may provide an explanation for the differing results regarding IPV and SV.

### *Practice Implications*

The current study's findings regarding the relations between SV and IPV and objectification can have immediate clinical application. For example, understanding that IPV is related to self-objectification, body surveillance, and body shame informs clinicians in exploring and intervening with clients in these respective areas. More specifically, when a client presents to therapy with body image concerns (e.g., persistent body surveillance), clinicians may be more inclined to explore whether there are concomitant IPV experiences. Similarly, when a client presents with experiences of IPV, therapists may be better equipped to consider whether there are related concerns regarding body image. As well, when a client discloses experiences of SV, clinicians may more readily evaluate for potential body shame. Thus, evaluating presenting concerns of SV and IPV in tandem with body image-related issues may allow clinicians to intervene more directly with self-objectification and body surveillance, preventing more clinically problematic manifestations including depression, sexual dysfunction, and eating disorders (Lundberg-Love, 2006; Root, 1991; Wooley, 1994). It is important to note, however, that our data suggest that focusing efforts on reducing self-objectification and body surveillance may be a better intervention for IPV than SV.

### *Limitations and Future Directions*

The use of self-report measures and the non-random, potentially unrepresentative sample are limitations of the current investigation. Self-report data raise questions regarding the truthfulness of responses. As well, undergraduate psychology students and sorority members comprised our sample, and thus care should be taken in applying the study's findings to college women more generally and to non-college women. Furthermore, we do not have information regarding the response rate for undergraduate psychology students, and our response rate for sorority members (approximately 20%) is not necessarily demonstrative of all sorority members at this institution; therefore, it is possible that our data are not completely representative of psychology students and/or sorority members, and our findings could be affected by self-selection. However, during recruitment, we described our study broadly and without particular mention of SV, IPV, or objectification, so it is unlikely that students chose to participate (or not participate) due to the specific nature of this investigation. Nonetheless, future studies should replicate the current work with college women who are neither enrolled in psychology classes nor members of sororities and/or use a random sampling methodology.

Another limitation is the lack of diversity among the participants. The primarily White sample in this investigation limits the ability to apply and generalize the current findings to more racially diverse populations. For example, body image varies across racial/ethnic groups (Hebl et al., 2004); thus, the pattern of relations may vary for racial and ethnic minorities. Black women, for example, endorse more curvaceous body ideals than White women do (Overstreet, Quinn, & Agocha, 2010). As a result, SV and IPV may not be as highly associated with self-objectification, body surveillance, or body shame for African American women compared with European American women. Future research should examine the relations between violence and objectification for women from varying racial/ethnic backgrounds. Relatedly, future research should investigate the current research questions with non-college women, since being enrolled in post-secondary education is a marker of socioeconomic status. Thus, to add greater generalizability to the findings, non-college samples with varying socioeconomic backgrounds should be studied.

Using the SOQ (Noll & Fredrickson, 1998) to assess self-objectification presents some additional limitations. Although the SOQ is the most widely used measure that specifically assesses self-objectification (instead of body surveillance or other related concepts), it has a number of important shortcomings. For example, researchers have noted that the instructions for the SOQ are somewhat confusing; as a result, participants sometimes complete the SOQ incorrectly. Specifically, participants must rank order 10 different attributes, but oftentimes participants provide the same ranking to more than 1 attribute (Calogero, 2011). To wit, 132 of the participants failed to complete the SOQ correctly in the current study. This loss in data may have negatively affected the analyses. For example, due to a lack of statistical power, it is possible that SV did not significantly predict self-objectification, and self-objectification did not explain relations between SV and body surveillance and body shame. Yet even without

the SOQ scores for these individuals, IPV significantly predicted self-objectification, and self-objectification was a significant mediator of the IPV–body surveillance relation. Thus, although it is possible that a lack of statistical power due to missing SOQ data may account for the lack of relations with SV, given the significant relations between the SOQ and IPV, we do not think this is probable. In addition, because of the rank-order response format and scoring system of the SOQ, internal reliability is not well established (Hill & Fischer, 2008). Like other researchers, we suggest that future studies use alternative measures to assess self-objectification (Calogero, 2011; Moradi & Huang, 2008). Related to measurement, an additional limitation of the current study includes the inability of the Abusive Behavior Inventory (ABI) to capture the specific content of psychological abuse the participant experienced. Future research could use a mixed-methods approach utilizing the ABI with blank space allotted following the Likert-type items for qualitative responses from participants in which they describe the specific psychological abuse they incurred.

Additional important directions for future investigations are raised by the present study. Further studies regarding SV, IPV, and body image–related variables need to be conducted. More specifically, the SV and IPV scores used to predict body image–related variables in this study were calculated by creating the product of the frequency with which participants experienced different SV and IPV behaviors and the severity of such behaviors. As a result, participants could have received similarly high scores if they had more frequently experienced less severe violence or less frequently experienced more severe violence. Although these experiences may have been quantitatively similar, it is possible that they may be qualitatively distinct. For example, the experience of one instance of sexual assault may be very different from multiple instances of sexual coercion. Future research should examine these possibilities.

Subsequent research could also examine whether different types of IPV, that is, emotional/psychological, physical, and/or sexual abuse within the context of an intimate relationship, differentially relate to body image–related variables (Gervais & Davidson, 2013). In addition, future research could assess whether psychological abuse related to the body has more adverse objectification-related outcomes than psychological abuse that is unrelated to the body. Relatedly, studies could distinguish and directly compare the impact of body-related psychological abuse and sexual abuse. In addition, future research could examine whether previous experiences with violence predisposes women to be more vulnerable to subsequent sexual objectification experiences. For example, it is possible that people who have experienced SV and/or IPV will have more adverse consequences when they subsequently experience other forms of sexual objectification. A quasi-experimental methodology assessing women's previous experiences with violence and exposing women to additional sexual objectification experiences (e.g., the objectifying gaze, wearing revealing clothing) could be used to examine such research questions. Moreover, a longitudinal study may also help to better document the causal relations between sexual objectification experiences and objectification-related outcomes, as well as more severe mental health outcomes, including eating disorders, depression, and sexual dysfunction.

## Conclusion

This investigation examined the effects of violence against women on body image-related variables using objectification theory as the framework. More specifically, experiences of SV and IPV among college women were investigated with respect to their relations with self-objectification, body surveillance, and body shame. The current study begins to fill critical gaps in the extant literature as this is one of the first investigations to link overt violence against women to objectification-related variables. Moreover, this investigation appears to be the first to study both IPV and SV in the context of objectification theory and variables. In addition, this research contributes to the emergent literature regarding the consequences of interpersonal sexual objectification experiences, providing important information regarding more overt and explicit sexual objectification within actual social and interpersonal interactions. In sum, this research suggests that both SV and IPV contribute to women's body shame. As well, the relations between IPV and body shame appear to be explained through self-objectification processes, whereas the relations between SV and body shame appear somewhat explained through these mechanisms. By understanding the body-related factors associated with violence against women, scientists and practitioners can make strides toward prevention and intervention efforts.

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## Author Biographies

**M. Meghan Davidson**, PhD, is a counseling psychologist and associate professor at the University of Nebraska-Lincoln. She received her doctoral degree from the University of Missouri-Columbia and completed her pre-doctoral internship at the University of Oregon Counseling and Testing Center. She is a licensed psychologist. Her research interests include intimate partner violence, sexual assault, objectification, intervention, and measurement.

**Sarah J. Gervais**, PhD, has a dual doctorate in psychology and women's studies from the Pennsylvania State University. She is currently an associate professor of psychology in the Law and Social Psychology programs at the University of Nebraska-Lincoln. Her research focuses on power, discrimination, objectification, and violence and is funded by the National Science Foundation. She was the recipient of the Gordon Allport Intergroup Relations Prize (Div. 9 of APA) in 2005-2006 and the Georgia Babladelis Best Paper Award (Div. 35 of APA) in 2010-2011.