

**Body Image and Sexual Assertiveness: Assessing the Moderating Effect of Gender**

**Rebecca Richardson**

**A Thesis submitted to Auckland University of Technology in partial fulfilment of the requirements  
for the degree of Master of Arts (Psychology)**

**2025**

**Department of Culture & Society**

## Abstract

Considering the central role that the body plays in sex, past research has identified a link between body image and sexual risk behaviours. Sexual assertiveness is closely related to, and incorporates aspects of, sexual risk behaviours. Despite this, sexual assertiveness as an aspect of sexual risk has been understudied in relation to body image for both males and females. The limited existing research on women, however, has produced mixed results. Acknowledgment of male body image issues has increased recently, and much more exploration into the topic for men is needed. The study involved an online cross-sectional survey of 395 male and female participants. Moderation analyses were conducted to explore if gender would moderate the effect of body image on sexual assertiveness. The current study also explored body image differences by gender, including body confidence during sex and body perception. While findings suggested a tendency that enhanced sexual assertiveness is associated with more positive body image in women and negative body image in men, results regarding assertiveness when refusing unwanted sex were the most conclusive. The current study found that negative body image was associated with lower refusal of unwanted sexual activity in females but was associated with higher refusal in sexual encounters for males. Gendered differences in body image and general sexual initiation and refusal are also discussed.

## Contents

List of Figures and Tables	iv
Attestation of Authorship	v
Acknowledgements	vi
Ethics Approval	vii
Introduction	1
Body Image	1
Factors Affecting the Development of Body Image	2
Media and Body Image	5
Body Image and Gender	7
Measures of Male Body Image	8
Body Image and Sexual Risk and Health	10
Objectification Theory	11
Gender Differences in Body Image and Sexual Risk Behaviours	13
Sexual Scripts	15
Sexual Assertiveness	16
Contraceptive Use	18
Sexual Initiation and Refusal	21
Current Study	24
Hypotheses	25
Method	26
Participants	26
Materials	27
Procedure	31
Results	32
Correlation	32
Moderation	37
Discussion	41
Limitations	52
Future Research	53
Conclusion	56
References	58

### List of Figures

Figure 1	The Relationship Between Body Image and Total Sexual Assertiveness Moderated by Gender and Adjusted for Covariates	38
Figure 2	The Relationship Between Body Image and Sexual Assertiveness Refusal Moderated by Gender and Adjusted for Covariates	39
Figure 3	The Relationship Between Body Image and Sexual Assertiveness Pregnancy/STI Prevention Moderated by Gender and Adjusted for Covariates	40

### List of Tables

Table 1	Correlations for Study Variables	32
Table 2	Moderation of Gender between Body Image and Sexual Assertiveness	37

### **Attestation of Authorship**

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

### **Acknowledgements**

Firstly, I would like to thank Ying Wang and Erik Landhuis for supervising me through the process. Their guidance as well as their insightful critiques and feedback were essential in enhancing the quality of my work.

I would also like to acknowledge the participants who took time to take part in the study. Their time and effort are what made this study possible.

I am also grateful to the Sasakawa Young Leaders Fellowship Fund (Slyff) Association, the financial freedom achieved through receiving the Postgraduate Scholarship allowed me to work diligently on my thesis.

Lastly, I must also express my deepest appreciation to my family and friends who gave unwavering support through the process. Their unconditional love has been the foundation of my resilience.

**Ethics Approval**

Approved by the Auckland University of Technology Ethics committee on the 26 of March 2024,

AUTEC Reference Number 24/33

## Introduction

### Body Image

In 2019, the Mental Health Foundation carried out one of the largest surveys on body image, finding concerning statistics. One in five adults felt shame because of their body image and over a third had concerns about their body image which made them feel anxious or depressed (Mental Health Foundation, 2019). The finding that one in eight adults experienced suicidal ideation because of body image concerns further emphasises the seriousness of the issue. In a New Zealand context, an online survey by YWCA and Pretty Smart found that three in four women felt negatively about their face/body appearance (YWCA, 2020). This concern begins at an early age, with a youth wellbeing survey finding body image to be one of the biggest concerns for New Zealand youth aged 12-24 (Action Station & Ara Taiohi, n.d.). Grogan (2017) defines body image as one's perceptions and judgements about their body. Mendelson et al. (2001) add that there are three key aspects of body image: assessment of one's own appearance, assessment of one's own weight, and beliefs about others' assessments of one's appearance. Positive body image occurs when an individual is able to accept and respect their body however body dissatisfaction (i.e., negative body image) can develop through negative perceptions and judgements of one's own body (Healey, 2022).

Body image has been found to have an impact on mental health and is often discussed in the development of serious conditions such as eating disorders (Auslander et al. 2012). Poor body image has also been linked to negative mental health outcomes such as depression, anxiety, low self-esteem, and sexual dysfunction (Rusticus, 2014). These negative outcomes are more prevalent in individuals who have a tendency to make upward comparisons and internalise unrealistic social beauty standards (Grogan, 2017). This is because upward comparison occurs when an individual feels that they cannot achieve the unrealistic standards set by those they perceive as better, leading to dissatisfaction (Fasoli & Constantinou, 2024). For example, a young female may have a tendency

to self-evaluate using comparators that they consider superior to her, such as an influencer's social media post that depicts their most ideal self (Sherlock & Wagstaff, 2019).

Body image has traditionally been explored via negative body image and body dissatisfaction, but there has been recent exploration into body appreciation as an aspect of positive body image (Tylka & Wood-Barcalow, 2015). Body Appreciation involves acceptance of positive feelings towards, and respect for one's own body (Tylka, 2018). It also incorporates rejection of unrealistic media ideals. Although undoubtedly related, body appreciation is not simply the inverse of body dissatisfaction, as research indicates it is linked to positive well-being, better self-care, less engagement in weight loss behaviours and even better sexual functioning when the effects of negative body image are accounted for (Tylka, 2018). While body appreciation is not considered the perfect antithesis to body dissatisfaction, it is understood that positive body image incorporates appreciation, respect and acceptance of the body while negative body image incorporates shame, dissatisfaction and concerns regarding the body (Fasoli & Constantinou, 2024).

### ***Factors Affecting the Development of Body Image***

Body image is a complex concept that incorporates perceptual, cognitive, affective and behavioural components (Gardner, 2011; Healy, 2022). These aspects are largely intertwined and affect one another. Perceptions and cognitions inform emotions, and behaviours are largely a reaction to contextual thoughts and emotional triggers (Cash, 2012). The perceptual component describes the individual's perception of their body size, shape, and weight compared to their actual body size, shape, and weight (Rusticus, 2020). As Healy (2022) explains, the perception of oneself does not always accurately reflect reality. This disconnect between perception and actuality can lead to body size distortion, a phenomenon where an individual perceives themselves as larger or smaller than they actually are (Gardner, 2011). Because body image dissatisfaction largely develops from the discrepancy between the ideal and actual self (Wykes & Gunter, 2005) It can have significant effects,

for example perceptual distortion is often related to eating disorders and significantly predicts negative outcomes in clinical treatment and outcomes for eating pathology (Gardner, 2011).

These negative outcomes may be explained by Self-Discrepancy Theory which was first developed by Higgins (1987) to explain the gap between an individual's actual self and their ideal or ought self and the emotional vulnerabilities caused by a larger gap. According to Higgins (1987) there are three domains of self; actual self, attributes and qualities you perceive yourself as currently possessing, ideal self, the version of you that possess attributes and qualities you aspire to have, and ought self, the version of yourself with attributes and qualities required for who you ought to be based on your sense of duty, obligations, and responsibilities. According to self-discrepancy theory, a discrepancy between one's actual self and one's ideal self can lead to dejected emotions, such as dissatisfaction and depression, as the individual perceives themselves as not achieving their hopes and desires. Alternatively, a discrepancy between one's actual self and one's ought self can lead to agitated emotions such as anxiety and guilt as they have not lived up to the standards they perceive as being expected of them (Higgins, 1987). When researching self-discrepancy in females' appearance, a figure rating scale is often used with such research finding that it is common for female participants to select a thinner ideal body silhouette than their actual size (Vartanian, 2012). Vartanian (2012) explain that there is ample evidence to suggest women largely view themselves as being less attractive, larger, fatter, and heavier than their ideal. As the theory suggests this actual-ideal discrepancy often leads to dejected emotions such as body dissatisfaction.

The cognitive aspect of body image incorporates thoughts about one's body and can include attitudes as well as distorted thoughts or beliefs about one's body (Menzel et al. 2011). Cognitions driven by an individual's underlying typical dispositions inform their attitudes about body image. Cash (2011) explains that there are two key dimensions when exploring body image attitudes, these are evaluation and investment. Evaluation relates to a person's satisfaction or dissatisfaction as well as their beliefs about their body. Evaluation is when a person judges their own body, however, it is

largely influenced by the ideals of the sociocultural environment. Whereas investment refers to the level of importance the body holds in an individual's self-evaluation.

One's evaluation of their body can be influenced by schemas, that is cognitive generalisations formed from past experiences which influence future processing of information. Appearance related schemas are learnt cognitions regarding one's own physical appearance. Those with more appearance-related schemas tend to be more sensitive to body image-related information (Grogan, 2017) and thus, increased body image issues (Wykes & Gunter, 2005). Internal dialogues, influenced by the individual's schemas, shape the emotions related to body image, leading to the affective component. The affective component of body image largely incorporates emotions surrounding body image such as anxiety, distress, dissatisfaction, and shame (Menzel et al. 2011). Cash (2012) explains that emotions around appearance are not constant. Rather, they are triggered in those dissatisfied with their body by situational reactive thoughts which, as stated, are often induced by appearance related schemas. For example, A person might have a schema where they view their body as unattractive, focusing on perceived flaws. If they are confronted with a situation where they feel compared to someone else who does not possess those same flaws, they may experience reactionary emotions, such as shame, directly related to the situational thoughts (I do not look like them) triggered by the schema.

The perceptual, cognitive, affective aspects are then maintained by body image behaviours (Abbott & Barber, 2010). Wykes and Gunter (2005) explain, particular behaviours can be motivated as a means to reduce the discomfort of body image dissatisfaction, and the low self-esteem often associated with it. The behaviours related to body image are therefore often strategies used to cope with or manage distressing appearance-related thoughts and feelings (Cash, 2012). There are various behaviours one may use to cope with body dissatisfaction, a common example being dieting. Brennan et al. (2010) explain that at any given time 70% of women and 35% of men are dieting. Other common examples of coping behaviours include excessive exercise, cosmetic surgery, diet

pills, or steroids (Brennan et al., 2010). Other behaviours, such as avoidance of social situations due to discomfort with one's body, can have negative effects on interpersonal relationships and social functioning (Tantleff-Dunn & Lindner, 2011).

Research about the association between weight and body image often have a focus on objective actual weight, such as BMI, and subjective perception of weight. When looking at body image and mental health Gillen (2015) found positive body image to be related to positive mental health outcomes irrespective of BMI, noting the importance of how an individual feels about their body over their physical size. Much research and literature assumes that larger body size is inherently connected to body image and body perception however, a study by Brennan et al. (2010) found no correlation between BMI and body esteem scores for with men or women. However, Satinsky et al. (2013) does acknowledge that many women in larger bodies face great weight negativity and sexual objectification and so a connection between actual weight and negative outcomes should not be discounted.

### ***Media and Body Image***

Perceptions and judgements individuals have of their body are often compared to the individual's cultural standards. These ideals and norms are then internalised by individuals thus affecting their satisfaction or dissatisfaction of their body, depending on how closely they adhere to them (Tiggemann, 2011). The influential channels affecting body image identified by Tiggemann (2011) include parents, peers, and media, with media being highlighted as potentially the most prevalent and influential. This is concerning, given that depiction of models, characters, and actors in movies, magazines, and television series are increasingly thin (Grabe & Ward, 2008). For example, it has been found that Victoria's secret models have gotten thinner over time (Maymone et al., 2019). Further, as Devine et al. (2022) explain, the unprecedented rise in appearance-based social media consumption means the issue of the thin ideal persists. In Western societies, the societal norm of beauty is often considered to be slenderness. Particularly for women, the ideal body is slim, while

for men, it is slender and moderately muscular (Grogan, 2017). These ideals come from established societal beliefs, particularly that slenderness is associated with healthiness while being overweight is associated with laziness or a lack of willpower (Grogan, 2017).

Grogan (2021) explains that, when applying self-discrepancy theory to body image, media plays a large role in the formulation of the ideal self. The internalisation of media-depicted idealised body standards can highlight the discrepancy between the actual and ideal body (Möri et al., 2022). Self-discrepancy theory can be thought of as an extension of sociocultural theory in that the ideal self is internalised from socioculturally approved ideals (Thompson et al., 1999). Sociocultural theory, originally posited by Vygotsky, explains that cognitive development is largely affected by social interaction (Vygotsky, 1978). In relation to body image, sociocultural theory emphasises the influence of socialising factors, such as parents, peers and media, in an individual's satisfaction with and perceptions of their body (Frederick & Reynolds., 2022). Frederick and Reynolds (2022) explain that appearance-related pressures from these cultural avenues can be internalised when an individual considers them to be significant, valid and relevant to their own body. In Western cultures, the ideal of beauty transmitted through media, family, and peers is typically thin, which is internalised by many women. But as Tiggemann (2011) explains, these norms are often unachievable and therefore frequently leads to body dissatisfaction. An interesting finding by Bessenoff and Snow (2006) supported the role those cultural ideals have on an individual. They found that the thinner a woman perceived the cultural norm, the thinner their own personal ideal would be. However, personal ideals were always larger than the perceptions held by cultural standards, reflecting an acknowledgment that in women the cultural standards are unachievable and yet still desirable (Bessenoff & Snow, 2006). Mass media, in particular, plays an integral role in the portrayal of ideals that can lead to body dissatisfaction. Sociocultural theory suggests that the more exposure an individual has to mass media depicting idealistic bodies, the more likely they are to engage in negative body evaluations (Brennan et al. 2010).

In critically analysing sociocultural theory and body image, Tiggemann (2011) suggests that all people would be dealing with body dissatisfaction given the inescapable influence of media, family and peers in day-to-day life and unrealistic ideals. However, this is not the case, as other biological and psychological influences greatly affect an individual's susceptibility to these influences. Cafri et al. (2005) found that it was the internalisation of thin ideals that had more of an effect on body image attitudes than mere awareness. This shows that awareness of thin ideals alone is not enough to affect body image. Rather, it is the adoption these ideals as a reference point to compare oneself to that greatly manipulates body image attitudes. Following this argument, Brennan et al. (2010) note that self-perceptions are potentially more relevant than how one's body compares to the cultural ideals. Perceiving yourself as attractive can be an important determinant of positive body image, more so than how others perceive you. Conversely, having an appearance-related self-discrepancy may act as a moderating factor that increases the likelihood of comparing oneself to media ideals (Bessenoff, 2006).

### ***Body Image and Gender***

Many studies on body image have found that men have higher body esteem than women (Brennan et al., 2010; Chae & Lee, 2021) and women report greater body image issues than men (Sanchez & Kiefer, 2007). Satinsky et al. (2013) explain that although body image is not a gendered construct the existing literature on the topic has an inordinate focus on women's experiences. Body image has historically been discussed as an issue that predominantly affects women (Brennan et al., 2010). This has led to a general perception that male body issues are less normative and often handled less sensitively than female body issues (O'Gorman et al. 2020). However, both women and men are exposed to increasingly unrealistic body ideals via influential channels, such as media, which can lead to decreased well-being through body dissatisfaction (Murnen, 2011). In fact, it is frequently hypothesised that media, particularly the rising representation of more muscular body types, is to blame for the rise in men's body image issues (Daniel & Bridges, 2013). In the same way

there is a societal expectation on women to be thin, there is a rising expectation for men to be lean and muscular, showing wide shoulders, larger muscular arms and chest, and a narrow waist (Cunningham et al., 2021). Cunningham (2021) explains that similarly to the increasingly thin female ideal being unrealistic, the lean muscular ideal for men is difficult to accomplish or completely unattainable for some, leading to similar body dissatisfaction when unachieved.

These ideals are likely based on differing values placed on male and female bodies, with Abbott and Barber (2010) arguing that males' bodies are valued more functionally, whereas females' bodies are valued more aesthetically. Murnen (2011) agrees that the male ideals of body image reflect masculine societal expectations, emphasising the role of function over aesthetic. Murnen (2011) also notes that the desire for muscularity may reflect societal expectations for a man to be dominant, competitive, and athletic. In their review of literature, McCabe and Ricciardelli (2004) found that the significance of appearance for men was not simply related to aesthetic looks but was more complex, including aspects such as health, fitness and general wellbeing. Despite rising concerns with male body image, there is currently limited research, especially in comparison to female body image. Moreover, what literature does exist has a tendency to focus on adolescent and young adult men with little to no exploration into middle or older age (McCabe & Ricciardelli, 2004).

### ***Measures of Male Body Image***

Similar to the pressure on women to adhere to standards of beauty and thinness, recently, men have been expected to meet cultural ideals of masculinity (Daniel & Bridges, 2013). One possible reason why male body image is less discussed and researched is due to the lack of appropriate measures that cater specifically to men. Current measures designed for female body concerns, specifically thinness and weight loss, overlook concepts related to muscularity seen in many male body image studies (Schooler et al., 2008). For example, although eating disorder rates continue to be higher in females, Schooler and Ward (2006) note that they are similar to those of adolescent boys using anabolic steroids. While women seek thinness, males seem to seek

muscularity as matching the Western standards of beauty and so the use of measures that emphasise thinness may mask the rates of body dissatisfaction in males.

Disordered eating is a major outcome of body image issues, but despite males making up 25% of eating disorder diagnoses, they are represented in less than 1% of eating disorder related empirical research (Cunningham et al., 2021). This has led to a focus on thin-seeking pathology characteristic of women and a lack of understanding around muscularity-oriented behaviours in men. The focus on females in research means that current tools that measure disordered eating behaviours may not be adequate in measuring muscularity concerns of men. For example, items from the EDE-Q, one of the most established measures of disordered eating, such as “Have you had the definite desire to have a flat stomach?” or “Have you had a definite fear that you might gain weight?” may not be appropriate measures for males who are looking to build muscularity (Cunningham et al., 2021). Boute et al. (2011) discovered a widespread belief that there is a singular, homogeneous societal ideal for women, notably thin, while men have more variable acceptable appearance ideals. Thus, it may be difficult to measure male body image because of the more flexible nature of appearance ideals compared to women.

In measuring weight perception, research has repeatedly shown that women tend to believe they are larger than they actually are, whereas many studies have found that males have a tendency to view themselves as smaller than they are and show a desire to be larger (Wykes & Gunter, 2005). This desire may be potentially due to that fact that men tend to overestimate others' attraction for larger and more muscular men (Wykes & Gunter, 2005). Alternatively, some studies have found that males responses vary, with some male participants reporting feeling overweight and some underweight in comparison to their ideal (Grogan, 2021). Grogan (2021) explains that earlier use of silhouette measures, which employed averaging, showed a trend where females tended to want to be smaller than they were. However, this trend was not observed in males, due to the averaging of

varying male participant scores. Focusing solely on discrepancy between the actual self and the ideal self in silhouette measures reveals that a significant number of men display body dissatisfaction.

### **Body Image and Sexual Health and Risk**

The role of body image in sexual health is highly significant due to the heightened focus on the body during sexual intercourse (Auslander et al., 2012). Sexual activity requires close body contact which can emphasise attitudes about one's own body (Schooler & Ward., 2006). Sexual health is not just the absence of disease or illness but rather encompasses physical, mental, and social well-being regarding sex, with findings suggesting that sexual function and satisfaction can have an effect on a person's overall wellbeing (Pavanello Decaro et al., 2024). As with any aspect of general health, sexual health is influenced by an individual's personal circumstances and wider social environment. It is thus affected by aspects such as social status, economics, culture, behaviour and access (Temple-Smith, 2015). Sexual health is a particularly private and personal aspect of health that is largely regulated by the culturally determined taboos and stigmatisation that surround it (Wellings, 2012).

When exploring the connection between body image and sexual health, Sanchez and Kiefer (2007) found that sexual self-consciousness played a role in the way higher body shame is associated to lower sexual arousability. This is because the anxiety caused by self-consciousness may pull the focus from one's ability to relax and enjoy sex as well as reduce attention to one's physiological arousal. Gillen and Markey (2019) suggest there might be multiple ways body image impacts an individual's engagement in sexual behaviour. On the one hand, an individual may avoid sexual behaviour due to feeling ashamed of being unattractive. On the other hand, another individual who feels unattractive may not feel as though their body is worth protecting and therefore engage in more risky sexual behaviours. The examples evidence the two opposing negative outcomes typically found in body image and sexual health research, there is often only one outcome found for individuals with positive body esteem, which is an ability to focus and enjoy sexual experiences as

well as increased comfort in sexual contexts (Gillen et al., 2006). This may be because individuals who have a more positive body image are often more comfortable communicating about sexual issues (Gillen & Markey, 2019).

There has been a myriad of studies on women that have found a connection between negative body image and increased issues of sexual risk such as reduced condom and contraceptive use (Auslander et al., 2012; Akers et al., 2009; Blashill & Safren., 2015; Fergus et al., 2019; Littleton et al., 2005), multiple sexual partners (Fergus et al., 2019; Littleton et al., 2005), early virginity loss (Akers et al., 2009), and substance use during sex (Littleton et al., 2005). According to Blashill and Safren (2015), women who feel unattractive may not think their bodies are valuable and hence take more risks with their sexual behaviour. Whereas positive body image in women is more frequently associated with an enhanced capacity for concentration and enjoyment of sexual experiences, as well as more comfort in sexual settings (Gillen et al., 2006). This is likely because women with better body esteem often feel far more at ease discussing sexual matters (Gillen & Markey, 2019) which may be because of a greater sense of power in a situation where their body is displayed (Gillen et al., 2006).

There may also be a reciprocal nature between body image and sexual health. While body image may affect sexual experiences, it may also be that having one's body sensed and validated in desired sexual situations may increase body image, while having risky sexual experiences may decrease body image (Schooler et al., 2005). In fact, Schooler et al. (2005) note that some women claim that having sex which makes them feel appreciated and valued by their partner, and the responses they get during sex, can have a significant impact on how they feel about their bodies.

### ***Objectification Theory***

Similar to how body image develops, objectification theory explains how outside influences can affect sexual health and risk. Described simply, objectification theory sees things which are not objects made to be an object which can be defined by its physical properties, used, manipulated and

controlled (Calogero, 2012). It is commonly women which are the thing which is objectified.

Objectification theory suggests that sexual objectification occurs when an individual is reduced to an object of sexual pleasure for others, rather than viewing them as whole, which can have a negative effect on the humanity of that person (Pavanello Decaro et al., 2024). Sexual objectification by others then increases the extent in which a woman self-objectifies, considering their identity to be largely dictated by their physical appearance and sexuality (Frederick & Reynolds., 2012). With persistent and pervasive attention called to their bodies women can develop a tendency to evaluate their own bodies in expecting it to be assessed by others (Calogero, 2012). This can lead to frequent body surveillance, that is the chronic monitoring of one's appearance, which has negative outcomes such as increased shame and anxiety as well as links to adverse mental health outcomes such as depression, eating disorders and sexual dysfunction (Kahalon et al., 2023). This was supported in a study by Ramseyer Winter (2017) which found that women who view themselves as objects have lower body appreciation and higher body shame. This shows a link between objectification, body surveillance, and lower body image.

Negative outcomes regarding objectification and sexual risk have also been found. Franz et al. (2016) note the importance of exploring sexual objectification by analysing its relationship with sexual victimisation. They found that body surveillance as a behaviour of self-objectification was related to lower sexual assertiveness and increased risk of sexual victimisation. While not every instance of sexual objectification will lead to sexual assault, women with increased beliefs that one's value is determined by their sexual appeal and that show greater passivity in sexual situations, reflected through increased body surveillance and lower sexual assertiveness, are more at risk.

There has been a large emphasis on objectification of women's bodies but there is a call to explore the extent that male bodies are objectified (Wykes & Gunter, 2005). Research has consistently found that men report lower self-objectification than women, however there are some constructs within the theory that show similarities between genders (Moradi & Huang, 2008). For

example, self-objectification, body surveillance, and body shame are similarly correlated with poor body esteem, self-esteem as well as appearance concern during sex and lower sexual pleasure in both genders (Moradi & Huang, 2008). Thus, showing an importance of the consideration of negative outcomes of male experiences with objectification too. It can however be difficult to apply objectification theory to men because, as Calogero (2012) explains, the male gaze is an important aspect of defining and explaining self-objectification. That is, that media is largely created from the perspective of heterosexual men and has a tendency to depict women in a sexualised and objectified manner and therefore women are more likely to view themselves as objects of gaze (Grogan, 2021). And so, objectification of men by women would be expected to be inherently different.

A study by Aubrey (2007) on the effects of media on self-objectification found interesting gendered differences. Surprisingly their results suggested that the media's effect on body surveillance was potentially stronger in men than women. However, Aubrey explains that it is likely body monitoring experiences are so ingrained in the female experience, predominantly influenced by interpersonal relationships such as family and peers, and so is not so easily influenced by media exposure. These findings suggest that women might be desensitized to the media when it comes to body surveillance as they are constantly dealing with it in real life interactions with the people around them.

### ***Gender Differences in Body Image and Sexual Risk Behaviours***

While studies including female samples have found that poor body image has an obvious effect in increasing sexual risk-taking, same or similar studies with males have found that the connection is not so obvious. In terms of finding similarities between genders, a study by Sanchez and Kiefer (2007) explored whether body shame was related to sexual problems (difficulty with orgasm and arousal) and pleasure among heterosexual men and women. The study found a strong connection between body shame and self-consciousness during sexual activity. They offer that because individuals who experience significant levels of body shame may perceive sex as less

enjoyable and fulfilling due to difficulties and therefore may refrain from engaging in sexual activities. However, some studies including male participants found negative body image to be associated with increased sexual risk behaviours (Akers et al., 2016; Blashill & Safren, 2015, Schooler et al., 2008) and that positive body image relates to less sexual risk (Schooler & Ward, 2006; Schooler et al 2008) yet others found that positive body image was associated with increased sexual risk (Gillen et al., 2006; Ramseyer Winter et al., 2020).

Gender roles likely play a part in this difference. In explaining why positive body image is linked to sexual risk in men, Gillen et al. (2006) posit that physical appearance is inextricably connected with a male's sense of masculinity. They note that a positive view of one's body may further empower a man in a sexual situation as they are already empowered in their masculine role. The confidence may mean they are more likely to ignore their partner's requests and focus predominantly on their own pleasure. This increases the likeliness of risks, such as unprotected sex, especially considering the fact that men are more likely to believe sex is less pleasurable with a condom (Higgins & Wang, 2015; Randolph et al. 2007).

While there is evidence of gender variations in sexual risk outcomes in existing research, it is possible that inadequate measurement is the cause of these gender disparities. Examples of ineffective measures for male body image are evident throughout available literature. In a study on the relationship between body shame and sexual function Sanchez and Kiefer (2007) conclude that, because female participants reported higher levels of body shame and sexual self-consciousness than male participants, that body image issues remain more pronounced and have greater effects on women. However, the measures used for both body shame (OBC) and body image during sex (BISC) in this study were designed for females, which may not fully capture male experiences. So, while their study found higher scores for women in body shame and body image during sex, there is a possibility that this is due to certain items on the scales used more accurately measuring female experiences rather than male.

Using BMI to measure body image in sexual health research has also proved problematic. When exploring gender differences Akers et al. (2016) found that for male adolescents being overweight was associated with more sexual risk. To measure obesity the authors focused on BMI which they note could influence the results found for males as fat and lean body mass as well as stature must be considered in the interpretation of BMI. Male adolescents in the study with higher BMI may actually have more lean muscle and therefore meet cultural standards for physical attractiveness. This may lead to more opportunities for sexual experiences and therefore sexual risk. The authors also acknowledge that underweight adolescent males who do not meet cultural norms for physical attractiveness may not have the same opportunities and consequently participate in less sexual risk behaviours. Perceiving oneself as overweight was associated with more sexual risk for females, but not for males. With the authors offering that this reflects gender and weight based cultural norms of physical attractiveness. The study by Akers et al. (2016) shows that limitations of interpreting BMI as well as showing that objective weight and subjective perception of weight are different concepts which can lead to different outcomes.

### ***Sexual Scripts***

A largely socially influenced ideology is the internalisation of traditional gender roles (Harrington & Maxwell, 2023). Because of this, sexual behaviour is largely influenced by defined gendered norms derived from social scripts (López Alvarado et al. 2020). This originates from scripting theory established by Sociologists that explains the existence of culturally collective guides which require individuals to adhere to specific established social roles. Sexual scripts, therefore, are cognitive models that aid individuals in identifying and navigating social and sexual interactions (Firth & Kitzinger, 2001). Newstrom et al., (2021) further note that these sexual scripts are informed by the surrounding culture, social world, and previous sexual interactions of an individual and are used to organise sexual behaviours. There are three assumptions within sexual script theory (Palermo et al., 2022), which emphasises the male role of initiator of sex in traditional heterosexual

sexual encounters. These are that men consistently want sex, women have less of an interest in sex compared to men, and that women are expected to be the ones to limit sexual interactions (Palermo et al., 2022). These gendered expectations are called sexual double standard (Bordini & Sperb, 2013) and largely tie to key aspects of sexual assertiveness, initiation and refusal, showing the role that gender norms play in sexual assertiveness. Sexual script theory proposes that women are the gatekeepers of sex and thus this rhetoric might influence women's sexual autonomy and confidence when initiating sex. Furthermore, when considering gendered body image ideals, Murnen (2011) explains that there is a societal expectation for women's bodies to attract men, leading to an emphasis on how women's bodies look, whereas for men there is an emphasis on how their bodies should act. The expectation for muscularity for men might reflect an expectation that men should assert strength and dominance and thusly, affect men's assertiveness when refusing sex.

Sexual scripts can be problematic, as Jampel and Addis (2021) explain, because men who endorse masculine norms show a link to hostile sexual aggression towards women. The male gender role can require men to conform to traditional ideals which can have behavioural and cognitive consequences such as inhibition of emotional connection and vulnerability as well as promotion of aggression, sexual violence, and promiscuity (Nicholls, 2021). These scripts are dangerous to women, as victims of sexual assault by men, as well as damaging to men. Rigid conformity to masculine norms is also linked to psychological issues such as higher rates of depression and unwillingness to seek help for mental health problems (Jampel & Addis, 2021).

### **Sexual Assertiveness**

Sexual assertiveness covers an individual's rights to autonomy in sexual experiences and features the aspects of sexual initiation and refusal of unwanted sexual acts, including refusal in relation to STI and pregnancy prevention (Morokoff et al., 1997). Sexual assertiveness is closely related to, and incorporates, aspects of sexual risk behaviours. Despite this, sexual assertiveness is an aspect of sexual risk that has been understudied in relation to body image for both males and

females. In their 2012 study, Auslander et al. note that there is little, if any, exploration into body image and sexual assertiveness. While studies have explored aspects of sexual assertiveness in relation to body image separately, none had explored the full concept of an individual's enforcement of sexual autonomy. In exploring the full concept of sexual assertiveness Auslander et al. (2012) argue this could offer insights into individual's understanding of their rights to sexual autonomy and their conviction to act on those rights. The importance of which is amplified by the fact that sexual autonomy is crucial to decrease dangerous and undesirable sexual experiences and increase happy, fulfilling sexual experiences (Bauchard & Humphreys, 2019).

Sexual assertiveness has been linked to very serious issues such as sexual assault. Walker et al. (2011) found that women who had multiple partners and also low sexual assertiveness reported higher rates of sexual victimisation, while high sexual assertiveness seemed to act as a buffer for such negative outcomes associated with multiple partners. The study was interested in distinguishing the individual aspects of sexual assertiveness, specifically refusal assertiveness and relational sexual assertiveness, to explore the multifaceted nature of the construct. Similar to Walker et al. (2011), Franz et al. (2016) posit that sexual assertiveness is associated with less experiences of sexual coercion. They found that sexual assertiveness mediated the relationship between sexual objectification, specifically body evaluation, and sexual assault. That is, there is a potential risk that body evaluation of women by men could result in sexual assault when vulnerabilities are triggered that make it difficult for the victim to recognise and effectively reject unwelcomed sexual advances. However, not all studies have found this association. For instance, Auslander et al. (2012) found no association between body esteem and aspects of sexual assertiveness (e.g. refusal). Thus, more research is needed to better understand the role of sexual assertiveness in potential victimisation from unwanted sexual advances.

### ***Contraception Use***

As seen in the above studies, sexual assertiveness includes confidence in refusing sex when it is unwanted, sexual assertiveness also includes advocating for contraception use during sex especially as a means of STI and pregnancy prevention. Although condom use has increased since the global AIDS pandemic there is still an ongoing issue of transmission of STI infections which could be prevented with correct condom use, reflected by 375 million globally reported preventable infections in 2020 (World Health Organisation, 2024).

Despite the known benefits of condom use, consistent use is still an ongoing issue. For example, a study by Connor et al. (2013) highlighted the issues regarding condom use in New Zealand. In their study on tertiary students, they found that only about half of their participants used a condom the last time they had sex. Similarly, a study on adolescent females by Schooler (2013) found that of the older adolescent participants who were sexually active, only 47% reported consistent condom use. There are methods of contraception beyond condoms, the Centres for Disease Control and Prevention (CDC; n.d.) explain that similar to male condoms there are barrier methods designed for women such as diaphragms, female condoms and spermicides. There are also hormonal methods such as oral contraception, hormonal implants, and intrauterine devices (IUD). The effectiveness of contraceptive methods can range with methods such as female condoms and spermicide having a failure rate of 21% while IUD's have a typical failure rate of 0.1-0.4% (CDC; n.d.).

In explaining prevalence of STI and pregnancy prevention Balassone (1991) notes that contraceptive use is affected by environmental factors such as the availability of education, information, services and role models. There are also cognitive influences which affect contraceptive use including an individual's decision-making processes as well as their perception of the need for contraceptives and the consequences of not using contraceptives. Blashill and Safren (2015) also discuss condom use self-efficacy as being influenced by socially learnt concepts. This can include social norms and expectancies surrounding condom use, as well as available knowledge of STI's

which largely affect an individual's decision in using a condom during sex (Blashill & Safren., 2015). These socially learnt norms guide a process in which the individual evaluates the advantages and disadvantages of condom use, even in more complicated sexual situations, which then informs their confidence in insisting the use of a condom- i.e., their sexual assertiveness when it comes to contraception use. For example, a study on sexual assertiveness in Chinese females found particularly high condom use, noting that this was likely due to a myriad of sociocultural influences such as emphasis on reputation, education, economic conditions, discouragement of premarital pregnancy and the severe consequences of unintended pregnancy in China (Dai et al., 2021). Also worth noting is the lack of racial and ethnic diversity in body image research (Ramseyer Winter et al., 2016) which is especially relevant to the relationship between body image and condom use as there is a variation on barrier contraception use by race. In western cultures, Black and Asian women were less likely to report non-barrier contraceptive use (pill/IUD) compared to white women. The authors posit that this is likely due to access issues.

The one aspect of sexual assertiveness that appeared to be related to body image in Auslander et al.'s (2012) study was pregnancy and STI prevention. The study found that female participants who were less satisfied in their body were less likely to insist on the use of a condom during sex. The fact that Auslander et al. found this result is not surprising as the relationship between body image and condom use is one of the more studied aspects of sexual assertiveness. A study by Ramseyer Winter et al. (2018) found a positive association between positive body image and contraceptive use, specifically dual method of barrier and hormonal, in female participants. Akers et al. (2010) found that adolescent girls who perceived themselves as overweight or who had overweight misperceptions (i.e., low body image or body dissatisfaction) were less likely to report having used a condom during last sexual intercourse. The relationship was also supported by findings of a meta-analysis of 11 studies by Blashill and Safren (2012) which showed an association between body dissatisfaction and condom use self-efficacy, finding that as body dissatisfaction increases condom self-efficacy decreases.

For women, one factor that may play a role in the relationship between low body image and reduced condom use is fear of rejection by their sexual partner if they were to negotiate condom use (Blashill and Safren, 2015). In fact, many studies posit that this connection between poor body image and lesser contraception use is due to limited communication or negotiation with partners (Akers et al., 2016). The reason being that the individual may not feel comfortable speaking up for themselves during sex as they experience feelings of inadequacy linked to poor body esteem (Auslander et al., 2012). Similarly, Moon et al. (2023) found that more positive or liberal sexual attitudes led to safer sexual behaviours and that increased condom use was associated with more communication between partners. Widman et al. (2014) emphasise the importance of communication as a determinant of contraceptive use and safe sex noting that it has been consistently found to increase condom use in both males and females at various stages throughout a lifespan. As an alternative explanation Blashill and Safren (2012) note the likeliness that those with higher body dissatisfaction may have less motivation to protect their bodies from negative outcomes prevented by condom use.

A study on New Zealand adolescents found a more complicated relationship between body image and contraceptive use dependant on gender (Larson et al., 2012). They found that females who were satisfied with their weight would be more likely to discuss STI prevention with their sexual partners and use contraception, while these same results were not found for male participants. Suggesting possible gender differences in the STI and pregnancy prevention aspect of sexual assertiveness.

However, literature has largely found that both women and men with higher body image find it easier to communicate about sexual topics with their partners (Gillen & Markey, 2019). In a study of males by Schooler and Ward (2006) higher sexual assertiveness scores were associated with increased comfort in communication regarding sexual techniques, fantasies and feelings. A study by Schooler and Ward (2006) aimed to explore the under researched aspect of men's body attitudes in

relation to media and sexuality. Men in this study who were more comfortable in their own real body, including comfort regarding not only the typically studied aspects of weight and shape but also sweat, body hair and odours, also reported increased sexual assertiveness. The authors concluded that men who are uncomfortable with their bodies fail to effectively communicate sexual needs and interests as they likely feel shame in sexual experiences when the parts of their body they are self-conscious about are revealed.

Schooler et al. (2008) conducted a mixed method study which explored the relationship between body image and sexual health in adolescent boys. Qualitative interviews of 8 adolescent males found that those with higher body image were more comfortable and clearer in their sexual communication as well as consistent with condom use. The males with lower body image were less clear about what they wanted sexually and were less consistent with condom use if sexually active. The qualitative findings were supported by a secondary quantitative study which found that adolescent males with higher body image were also likely to report greater sexual agency, comfort in sexual communication, and confidence in negotiating condom use (Schooler et al., 2008).

A meta-analysis by Widman et al. (2014) confirms the connection between communication and condom use. However, communication topic seemed to moderate the relationship. It seems that communication specifically regarding condom use largely affected condom use while general sexual communication, such as sexual history, had a lesser effect. Moon et al. (2023) found that communication is also affected by perception of sex roles, with results showing that those with less traditional views of sex roles were more likely to communicate around sexual issues with their partner, which in turn is related with increased condom use.

### ***Sexual Initiation and Refusal***

No connection between sexual initiation and body image for young women was found in Auslander et al.'s (2012) study. They mention that other factors, such as overall self-esteem, may play a larger role in a woman's belief that they have a right to initiate sex. Auslander et al. mention

that majority of their participants were in steady relationships, which is interesting because, unlike Bouchard and Humphreys (2019), they did not find a high level of initiation. Bouchard and Humphreys (2019) found that being in a committed relationship related to higher sexual initiation. They argue that while sexual double standards continue to exist in casual sex, committed relationships offer a more comfortable and fostering space for female sexual expression, particularly in initiation. A similar idea is posited by Green and Faulkner (2005), who theorise that in some established relationships, the couples will question or alter traditional culturally prescribed scripts. When shifting the established role of the man as the initiator, there is opportunity to communicate about and negotiate sexual activity differently.

As previously mentioned, initiation of sex is largely related to gendered sexual scripts, with cultural expectations being that a woman should not initiate sex, whereas initiation of sex is expected of men to fit their role as the dominant and assertive partner (Harrington & Maxwell, 2023). Men, somewhat viewed as the more knowledgeable partner regarding sexual activity, are expected to assertively initiate sex, while women are expected to passively comply with that initiation (Greene & Faulkner., 2005). This was supported by Harrington and Maxwell's (2023) study results that woman with traditional female role and traditional male role beliefs had lower comfort in initiating sex, and similarly in a study by Greene and Faulkner (2005), less belief in traditional double standards was related to increased sexual initiation in women. Harrington and Maxwell (2023) interestingly found that men with traditional beliefs of feminine roles had lower comfort in initiating sex. In explanation they offer that the more traditional views of women as 'pure' and sexually unknowledgeable may reduce men's ability to communicate during sex which may in turn reduce women's sexual pleasure leading men to question their sexual competency.

While there is limited exploration of body image and initiation, a study by Ackard et al. (2000) found that women's body image did play a significant role in predicting the frequency of initiating sex. They specifically found a relationship between women with a more positive body

image and increased initiation, with positive body image also predicting increased satisfaction and comfortability in sexual activities. It was indicated by female participants in a qualitative study by Weaver and Byers (2018) that they would be more likely to initiate sex if they had more positive feelings about their body and that body dissatisfaction can act as a mood-killer which discourages them from initiating. An interesting finding in Weaver and Byers' (2022) later qualitative study was that some female participants who felt insecure in their body indicated feeling as though they had to initiate sex because their partner was not. Weaver and Byers (2022) explain that women may perceive their partner initiating sex as confirming their desirability and so initiating sex despite body insecurity may be an attempt to reinforce their desirability when their partner does not take the initiative.

Auslander et al. (2012) also failed to find a connection between body image and the aspect of sexual assertiveness, sexual refusal. In justifying these findings, the authors argue the result was affected by the sample. This was because the individuals who participated in the study were predominantly young women, the majority of whom were in steady relationships, with a high level of reported assertiveness specifically regarding refusal. Similarly with initiation, refusal of sex is largely influenced by gendered sexual scripts. According to more traditional masculinity beliefs men should have a higher sex drive and should not turn sex down (Harrington & Maxwell, 2023)

Refusal of sex can be complicated for women because, on the one hand, they are expected to care for their partner, should be passive and submissive in nature, with the perception that male sexual arousal is 'unstoppable' (Bouchard & Humphreys., 2009). But are also considered the 'gatekeepers' of sex, if males are constantly wanting sex, then women are the voice of reason which limits it. These contradictory expectations may be explained by the idea of 'token resistance' where women are expected to put up the appearance of refusal to fulfil social expectations of purity, despite the contradictory traditional idea that women should give in to men's needs even at the expense of their own (Harrington & Maxwell, 2023).

There is also limited past research on body image and refusal of unwanted sex, majority of research which does exist is specifically with women. A study by Jaconis et al. (2020) found that positive body image in women was related to higher assertiveness in refusing unwanted sexual advances. Likewise, a study by Yamamiya et al. (2006) did find that negative body image was associated with a lack of confidence in their ability to refuse sex. Also finding that women who were more self-conscious of their body during sex were more ambivalent in their decision whether or not to engage in sex. There are general findings that those with lower body image, and that assume others perceive them negatively, are more likely to engage in self-harmful behaviours with Gillen et al. (2006) drawing a link to risky sexual behaviours. Specifically, they argue that those with lower body image may not refuse sexual advances as a way of achieving positive feedback about their body.

### **Current Study**

Taken together, past research has shown a somewhat robust connection between body image and sexual risk behaviour. There has been a myriad of studies on women that have found a connection between negative body image and increased issues of sexual risk such as reduced condom and contraceptive use (Auslander et al., 2012; Akers et al., 2009; Blashill & Safren., 2015; Fergus et al., 2019; Littleton et al., 2005), multiple sexual partners (Fergus et al., 2019; Littleton et al., 2005), early virginity loss (Akers et al., 2009), and substance use during sex (Littleton et al., 2005). However, far less research has been conducted on sexual assertiveness as an aspect of sexual risk. The research that does exist primarily focuses on female participants, finding that women with negative body image may view their body as less valuable and hence show lower assertiveness in discussing STI/pregnancy prevention during sex (Auslander et al., 2012; Blashill & Safren, 2015) and that positive body image in women is more frequently associated with increased initiation assertiveness (Ackard et al., 2000; Weaver & Byers., 2022) as well as increased assertiveness in refusing unwanted sex (Jaconis et al., 2020).

Up until now, research on males has been largely neglected, despite existing knowledge that males are concerned with their body image (Daniel & Bridges, 2013) and increasingly so (Cunningham et al., 2021). Thus, the current study examines the relationship between body image and sexual assertiveness in men and women. In particular, the current study pays attention to the ways in which both body image and sexual assertiveness are measured in male participants utilising the Body Appreciation Scale-2, a measure validated for both genders which was specifically developed to avoid sex specific language in its questions for use with both male and female participants (Tylka & Wood-Barcalow, 2015) and the Sexual Assertiveness Scale reworded to measure men's sexual agency and autonomy (Morokoff et al., 1997).

### ***Hypotheses***

There is emerging interest and research on male body image, which recognises that, despite body image being previously regarded as a 'woman's issue', men are similarly influenced by societal ideals dictated by peers, culture, and media. The use of body image measures developed for women, along with previous limited regard for muscularity measures, may have led to the appearance that men do not experience body image issues like women. Body image will be similar between genders.

*H1: It is hypothesised that body image will not differ by gender.*

However, research has repeatedly shown that women tend to believe they are larger than they actually are, while men generally believe the opposite. Men often desire to be larger and perceive themselves as thinner than their actual size. It is also found that men overestimate others' attraction to larger and more muscular men (Wykes & Gunter, 2005). Body image is an issue for both genders, however the way it manifests in different aspects of body image (i.e., body image self-consciousness during sex and body perception) may differ due to different societal expectations.

*H2: It is hypothesised that body confidence during sex would differ by gender.*

*H3: It is hypothesised that women will perceive themselves as larger than their ideal, men will perceive themselves as smaller.*

Sexual scripts and gendered expectations are closely tied to key aspects of sexual assertiveness, initiation, and refusal, highlighting the role that gender norms play in sexual assertiveness.

*H4: It is hypothesised that sexual refusal and initiation will differ by gender. Female participants will have higher refusal and lower initiation, male participants will have higher initiation and lower refusal.*

Previous studies have found that for females negative body image was associated with more sexual risk-taking behaviours, and consequently positive body image was associated with less risk-taking behaviours. For males, negative body image was also found to be associated with more sexual risk, but where males differ is that positive body image was found to be associated with both increased and decreased sexual risk behaviours.

*H5: It is hypothesised that gender would moderate the effect of body image on sexual assertiveness.*

## **Method**

### **Participants**

The initial sample included 438 participants. Participation was open to all individuals over the age of 16 and participation was voluntary. From the original sample, data from 43 participants were excluded as they completed less than 30% of the survey. A total of 395 participants were included in the final analysis.

There were more female participants ( $n = 243$ , 61.5%) who volunteered to participate than male participants ( $n = 128$ , 32.4%) with 24 (6.1%) participants identifying as non-binary/gender diverse/other. Non-binary/gender diverse/other participants were included in the correlation but excluded from the remainder of the analysis due to a focus on binary gender. The ages of participants ranged from 16 to 65 with a mean age of 26.57 ( $SD = 8.86$ ).

261 participants identified as heterosexual (66.1%), 132 identified as LGBTQ+ (33.4%), 2 participants preferred not to answer. The majority of participants had had sexual intercourse before ( $n = 330$ , 83.5%) with 65 participants having not had sexual intercourse before (16.5%). Questions pertaining to sexual intercourse had included the following instruction 'If you have never engaged in sexual activity, please imagine how you would feel during sexual intercourse to inform your answer.' Therefore, participants who had not had sexual intercourse before were included in the analysis.

170 participants (43%) were single and 225 (57%) were in a relationship. Of those participants in a relationship 45 (11.4%) were in a relationship for less than a year, 144 (36.5%) were in a relationship between 1 and 10 years, and 32 (8.1%) were in a relationship for over 10 years.

Of the 395 participants the majority identified as NZ European/European/White ( $n = 255$ , 65%), 100 participants (25%) identified as Asian/Indian, 47 participants (12%) identified as Māori, 23 (6%) identified as Pasifika, 16 (4%) identified as Hispanic, 7 (2%) identified as African, 5 (1%) identified as Middle Eastern, and 15 participants (4%) identified as other ethnicity (e.g., First Nation Australian/Aboriginal, Serbian).

## **Materials**

### ***Demographic Information***

Participants were asked to provide their age, gender, ethnicity, sexual orientation, relationship status, and whether or not they had previously engaged in sexual intercourse.

Participants in relationships were asked the length of their current relationship by noting whether it

was less than a year or by filling out the estimated number of years they have been in their current relationship.

### **Measures**

**Body Image.** To assess general body image the Body Appreciation Scale-2 (BAS-2; Tylka & Wood-Barclow, 2015) was used. The scale included 10 items with an example of an item from the scale being 'I feel good about my body'. Items were answered on a 5-point scale (1 = never, 2 = seldom, 3 = sometimes, 4 = often, 5 = always). The final score was produced by averaging the participant's responses to items 1-10. A high score indicated more positive body image. Tylka and Wood-Barclow (2015) found that the BAS-2 showed high internal consistency in both men ( $\alpha = .96$ ) and women ( $\alpha = .97$ ). The scale also reports sound three-week test-retest reliability ( $\alpha = .90$ ). Our reliability analysis indicated that the BAS-2 had excellent internal consistency ( $\alpha = .93$ ).

**Body Image During Sex.** Body image during sex was measured using the Body Image Self-Consciousness Scale (BISC; Wiederman, 2000) as well as the male alternative, the Male Body Image Self-Consciousness Scale (M-BISC; McDonagh et al., 2008). The original BISC was developed for women and included 15 items with an example item being 'during sexual activity, I am (would be) concerned about how my body looks to my partner'. The M-BISC included 16 items, 10 of which are consistent with items from the original BISC. The items that were consistent between the BISC and M-BISC were shown to all participants. Those who identified as female were shown the remaining 5 gender-specific items from the BISC. An example of a female specific item being 'While having sex I am (would be) concerned that my hips and thighs would flatten out and appear larger than they actually are'. Those who identified as male were shown the remaining 6 gender-specific items from the M-BISC. An example of a male specific item being 'During sex, I would worry that my partner would think my chest is not muscular enough'. Participants who identified as non-binary or other gender were only shown the 10 non-gender specific items consistent between the BISC and M-BISC. Items are answered on a 6-point scale (1 = Strongly disagree to 6 = Strongly Agree). The total score is

produced by averaging the participant's responses to items 1-15 (female) or 1-16 (male). The total score of the ungendered questions were calculated for all participants. The scores were reversed for analysis so that a high score would indicate higher body image during sex. Wiederman (2000) found The BISC had internal consistency, convergent validity and discriminant validity. The M-BISC showed good scale reliability and scale construct validity (McDonagh et al., 2008). Reliability analysis found responses to Item 1 of the BISC scale 'I would never feel very nervous if a partner were to explore my body before or after having sex' were inconsistent with the rest of the items in the scale for both males ( $\alpha = -.19$ ) and females ( $\alpha = -.24$ ). Therefore, the item was excluded from analysis. After item 1 was excluded, the reliability analysis indicated excellent internal consistency for the 9-item ungendered BISC ( $\alpha = .92$ ) as well as both the 14-item female BISC ( $\alpha = .95$ ) and 15 item male BISC ( $\alpha = .93$ ).

**Body Perception.** To measure body-size perception the Contour Drawing Rating scale (Thompson & Gray, 1995) was used. The participants were shown 9 silhouettes of both male and female bodies. The figures started from very thin (silhouette 1) and increased in size with the largest being silhouette 9. The participants are asked to indicate the silhouette that best represents their current size, and which silhouette represents their ideal size. The discrepancy between current and ideal silhouette is calculated (current-ideal). A discrepancy score of 0 indicates that the participant is satisfied with their body while a score of  $\geq 5$  indicates that the participant is highly dissatisfied with their body. The scale has an acceptable test-retest reliability of .78. Validity of the Contour Drawing Rating scale was supported by a strong correlation between contour drawing selections and reported weight as well as BMI.

**Sexual Assertiveness.** A commonly used scale to assess sexual assertiveness is the Sexual Assertiveness Scale (SAS) for Women (Morokoff et al., 1997) however, as the name suggests, this scale was created specifically to measure sexual assertiveness in women while the current study was interested in investigating outcomes for both men and women. The scale was adjusted to use

gender-neutral language for effective use with any gender. This required a change from any references of 'breasts' to 'bottom'. The SAS included 18 items separated into three sections which cover initiation ('I begin sex with my partner if I want to'), refusal ('I give in and kiss if my partner pressures me, even if I already said no'), and pregnancy/STI prevention ('I have sex without a condom or latex barrier if my partner doesn't like them, even if I want to use one'). Items were answered on a 5-point scale (1 = 'never, 0% of the time', 2 = 'sometimes, about 25% of the time' 3 = 'about 50% of the time', 4 = 'usually, about 75% of the time', and 5 = 'always, 100% of the time'). The total score was produced by averaging the participant's responses to items 1-18. A lower total score indicated lower sexual assertiveness. Morokoff et al. (1997) found that internal consistency of the scale was supported by a good Cronbach alpha of .84. Test-retest reliability of the SAS was supported by moderately stable scores over six-month ( $r = .78$ ) and one-year ( $r = .69$ ) time periods. The SAS correlates well with items assessing general assertiveness and sexual assertiveness. Our reliability analysis indicated that the 18 item SAS had good internal consistency ( $\alpha = .82$ ). Acceptable to good internal consistency was found for the initiation subscale ( $\alpha = .75$ ), refusal subscale ( $\alpha = .81$ ) and pregnancy/STI prevention subscale ( $\alpha = .82$ ).

The SAS does not cover communication between sexual partners (Loshek & Terrell, 2015); therefore, the Sexual Assertiveness Questionnaire (SAQ), which includes items that measure communication, was also used. The SAQ also does not include questions regarding condom use as the authors argue that condom insistence may not be applicable to people at all life stages and various relationship statuses. The SAQ is an 18-item scale. Three of the items in the SAQ were taken directly from the SAS so were removed to avoid repetition. Items were answered on a 7-point scale (1 = Strongly disagree to 7 = Strongly Agree). Five of the items were reverse-coded. A lower total score indicated lower sexual assertiveness. The SAQ contains three subscales: the ability to initiate and communicate about desired sex (items 1 through 8), the ability to refuse unwanted sex (items 9 through 13), and the ability to communicate about sexual history and risk (items 14 through 18). The scale showed acceptable to good internal consistency in the satisfaction ( $\alpha = .79$ ), refusal ( $\alpha = .78$ ),

and risk/history ( $\alpha = .81$ ) subscales. Our reliability analysis indicated that the 18 item SAQ had good internal consistency ( $\alpha = .86$ ). Acceptable to good internal consistency was found for the initiation subscale ( $\alpha = .82$ ), refusal subscale ( $\alpha = .71$ ) and sexual history communication subscale ( $\alpha = .84$ ).

***Self-Esteem.*** To measure self-esteem the Rosenberg Self-esteem Scale was used (RSE; Rosenberg, 1965). The 10-item scale measures positive ('On the whole, I am satisfied with myself') and negative ('At times I think I am no good at all') feelings about the self. Items are answered on a 4-point scale (strongly disagree to strongly agree). Five items were reverse scored. The sum of all 10 items was calculated and higher scores indicated higher self-esteem. Internal consistency of the scale was supported by a high Cronbach alpha of .81. Excellent scale stability was shown through 2-week test-retest correlations of .85 and .88. Our reliability analysis indicated that the RSE had good internal consistency ( $\alpha = .89$ ).

## **Procedure**

The study was conducted online using a Qualtrics survey. The study was advertised on the researcher's personal social media accounts (Facebook and Instagram) and on New Zealand-based Facebook communities. Advertisements were placed in target locations such as university campuses and gyms. Advertisements with information about the study were sent via email to select lecturers at Auckland University of Technology, with some agreeing to post the advertisement on the Canvas pages for their courses. Participants were given unlimited time to fill out the questionnaire which included the demographic questions and the six included scales. The online questionnaire ended on a debriefing page with appropriate resources for any discomfort that arose during the study.

Participants were able to opt-in to go in the draw to win a Prezzy gift card after completion of the survey. There were 2 x NZD \$100, 3 x NZD \$50, and 20 x NZD \$25 gift cards to be won. Information of this giveaway was included in the advertisements and information sheet of the study. This study was approved by the Auckland University of Technology Ethics Committee (application number 24/33).

## Results

**Table 1.**  
*Correlations for Study Variables*

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
1 Self-esteem	-																			
2 Body Image	.70**	-																		
3 Ungendered Body Image during Sex	.42**	.44**	-																	
4 Female Body Image during Sex	.58**	.56**	.99**	-																
5 Male body image during sex	.33**	.42**	.94**	-	-															
6 Body perception	-.37**	-.54**	-.40**	-.47**	-.40**	-														
7 Sexual Assertiveness total (SAS)	.11	.09	.08	.21**	.22	-.03	-													
8 Sexual assertiveness initiation (SAS)	.19**	.21**	.23**	.23**	.00	-.19**	.48**	-												
9 Sexual Assertiveness Refusal (SAS)	-.02	-.01	-.03	.15*	.02	.03	.77**	.12*	-											
10 Sexual Assertiveness STI/Pregnancy prevention (SAS)	.04	.03	-.08	-.05	-.07	.04	.78**	.13*	.42**	-										
11 Sexual Assertiveness total (SAQ)	.21**	.23**	.29**	.35**	.32*	-.10	.40**	.32**	.30**	.15*	-									
12 Sexual assertiveness initiation (SAQ)	.34**	.36**	.49**	.56**	.57**	-.25**	.26**	.50**	.10	-.09	.68**	-								
13 Sexual Assertiveness Refusal (SAQ)	.07	.11	.14	.24*	.01	-.07	.63**	.18*	.67**	.38**	.73**	.33**	-							
14 Sexual Assertiveness Communication (SAQ)	.07	.08	.03	.06	.07	.45	.27**	.15	.19*	.18*	.79**	.23**	.49**	-						
15 Age	.06	.00	.17**	.16*	.24*	.10	-.08	-.03	-.09	-.11*	-.04	.10	-.07	-.11	-					
16 Binary Gender <sup>a</sup>	-.09	-.06	-.24**	-	-	.18**	.22**	-.12*	.31**	.18**	.08	-.04	.11	.18*	-.07	-				
17 Sexual Orientation <sup>b</sup>	-.18*	-.15**	-.20**	-.05	-.22*	.02	.09	.00	.17**	.06	-.10	-.14	-.05	-.05	-.12*	.09	-			
18 Virginity <sup>c</sup>	-.05	-.09	.15**	.19**	.25**	.04	-.17**	-.06	-.03	-.30**	.04	.28**	-.05	-.15	.25**	.15**	-.03	-		
19 Relationship status <sup>d</sup>	-.03	-.06	.09	.15*	.20*	-.02	-.03	-.04	.05	-.13*	.21**	.30*	.11	.06	.13*	.18**	-.04	.36**	-	
20 Relationship length <sup>e</sup>	.12	-.00	.13	.08	.15	.11	-.11	.02	-.19**	-.04	.03	.07	-.05	.05	.54**	-.101	-.12	.15*	-	-

Note.  $p < .05$ , \*\* $p < .001$ . <sup>a</sup> 1 = male, 2 = female. <sup>b</sup> 1 = heterosexual, 2 = LGBTQ+. <sup>c</sup> 1 = Never had sex, 2 = has had sex. <sup>d</sup> 1 = Single, 2 = in a relationship. <sup>e</sup> 1 = less than a year, 2 = more than one year.

## Correlation

A Pearson's correlation was conducted on the five scales as well as the factors of binary gender, sexual orientation, previous sexual intercourse, relationship status, and relationship length as seen in Table 1.

**Self-Esteem.** There was a significant strong positive correlation between self-esteem scores and body image, female body image during sex, and a significant moderate correlation with male body image during sex as well as general body image during sex for both genders. This means, as expected, that participants with higher self-esteem were more likely to be appreciative of their bodies wholistically and whilst during sex (as reflected in the positive correlations with the BA scale and both male and female BISC scores). It was also found that participants with high self-esteem tended to score higher in sexual assertiveness overall and in particular when that assertiveness was about initiation during sex, however these correlations were small to moderate in nature. Further, Self-esteem had a weak negative correlation with sexual orientation, suggesting that those who identify as LGBTQ+ had a tendency to score lower in self-esteem.

**Body image.** As expected, a more positive overall body image was related to more comfort in one's body image during sex, as shown by the positive correlation between BAS2 scores and general BISC scores as well as the gendered BISC scales. Body Image also had a weak correlation with the total SAQ score and a weak to moderate correlation with the initiation subscales of the SAS and SAQ. Similar to self-esteem, there appears to be a weak to moderate relationship between body image and sexual assertiveness, particularly with sexual initiation assertiveness.

**Body size perception.** Contour rating scale scores showed a moderate correlation with increased self-esteem and body image. Meaning that for participants, less variance between their actual and ideal body was understandably linked to more positive views of their self and their body. It was also predictably found that larger variance between actual and ideal body was associated with less confidence in one's body during sexual activities. Higher body perception scores also showed a

weak positive correlation with gender, indicating more variance between actual and ideal in female participants. Weak correlations were also found between body size perception and both sexual assertiveness initiation subscales suggesting that those less variance between their actual and ideal body have more confidence initiating sexual activities.

**Body image During Sex.** Scores on the general BISC scale, which included the 10 items shown to all participants, correlated very strongly with the female and male body image during sex. The strength of correlation highlighting the efficacy of use of the 10 question non-gendered scale for further analysis. Body image during sex had a weak correlation with total SAQ scores, as well as both the SAS and SAQ initiation scores. This suggests that higher confidence in one's body during sex is somewhat associated with increased comfort in initiating sex. Higher BISC scores also showed a weak negative correlation with gender and sexual orientation, indicating that female participants and LGBTQ+ participants had a tendency for lower body image self-confidence during sex. There was a weak correlation between BISC scores and previous sexual intercourse, showing that participants who had had sex before felt more comfortable in their body image during sex than those who had not. Age also weakly correlated with the BISC, showing that older participants scored higher in body image during sex scores than younger participants.

**Female Body image During Sex.** Female body image during sex was weakly correlated with SAS total scores, and the SAS initiation and refusal subscale scores. It was also moderately correlated with total SAQ scores, SAQ initiation subscale scores and weakly correlated with SAQ refusal. It appears that female body image during sex correlates with most aspects of sexual assertiveness other than the SAS pregnancy/STI prevention subscale and the SAQ communication subscale. However, the results do offer that females with higher body image during sex show greater overall sexual assertiveness, and more comfort in initiation and refusing sexual activity. There are weak correlations between female body image during sex and age, previous sexual intercourse, and

relationship status suggesting that female body image during sex was higher for those older in age, those who had had sexual intercourse before and participants currently in a relationship.

**Male Body image During Sex.** Male body image during sex was moderately correlated with scores in the SAS initiation subscale. There was also a moderate correlation with SAQ total scores and SAQ initiation scores. A weak correlation was also found with the SAQ refusal subscale. There are also weak correlations between male body image during sex and age, previous sexual intercourse, and relationship status suggesting that, similarly with female participants, male body image during sex was higher for those older in age, those who had had sexual intercourse before and participants currently in a relationship.

***Sexual assertiveness and other factors.***

**Gender.** Gender showed more correlation with SAS scores than SAQ scores. There was a positive correlation between gender and total SAS scores as well as SAS refusal and SAS STI/pregnancy prevention subscale scores. This suggests that female participants had more general sexual assertiveness, sexual assertiveness in terms of refusal, and STI/pregnancy preventative behaviours. The one aspect of the SAS which negatively correlated with gender was the initiation scale, suggesting that male participants had slightly higher sexual assertiveness in regards to initiation of sexual activity. The only correlation seen between gender and the SAQ is with the communication subscale. The weak positive correlation suggests female participants were slightly more likely to show assertiveness in communicating with a partner about sexual risk.

**Age.** The only correlation found between sexual assertiveness and age was with the SAS pregnancy and STI prevention subscale inferring a higher tendency for younger participants to communicate use of condom/barrier contraception use during sex.

**Sexual Orientation.** The only correlation found between sexual assertiveness and sexual orientation was with the SAS refusal subscale. The weak positive correlation suggested that LGBTQ+ participants were slightly more likely to refuse unwanted sexual activity.

**Previous Sexual Intercourse.** Previous sexual intercourse showed a weak negative correlation with total SAS scores and pregnancy/ STI prevention subscale scores, suggesting higher overall sexual assertiveness and more sexual assertiveness around STI and pregnancy preventative behaviours in participants who had not had sex previously. There was a weak positive relationship between previous sexual intercourse and the SAQ initiation subscale.

**Relationship Status and Length.** The SAS pregnancy and STI prevention subscale showed a weak negative correlation with relationship status inferring a tendency for single participants to score higher in pregnancy/STI prevention assertiveness. Relationship status also positively correlated with SAQ total scores and the SAQ initiation subscale. This suggests a weak relationship between longer relationships and higher general sexual assertiveness and sexual assertiveness in initiation according to the SAQ. Relationship length only negatively correlated with the SAS refusal subscale showing increased sexual refusal in shorter term relationships.

## Moderation

**Table 2.**

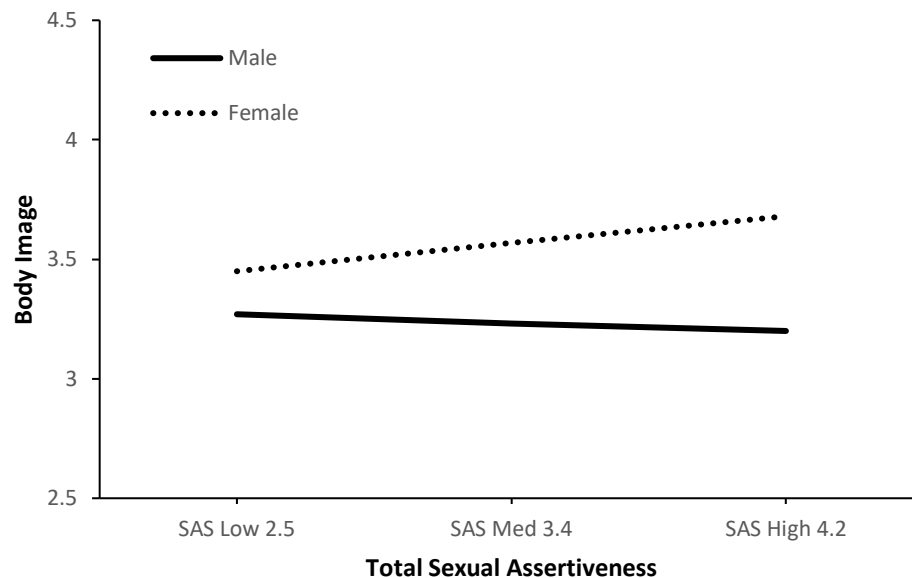
*Moderation of Gender between Body Image and Sexual Assertiveness*

Variables	Unadjusted					Adjusted						
	<i>b</i>	<i>SE</i>	95% CI		<i>p</i>	<i>R</i> <sup>2</sup>	<i>b</i>	<i>SE</i>	95% CI		<i>p</i>	<i>R</i> <sup>2</sup>
			LL	UL					LL	UL		
Model 1 – Sexual Assertiveness Total						.07**						.09**
Body Image	-.27	.17	-0.60	0.05	.10		-.22	.17	-0.56	0.11	.19	
Gender	-.40	.33	-1.05	0.25	.23		-.27	.35	-0.95	0.41	.44	
Body Image * SA	.21	.10	0.03	0.40	.03		.18	.10	-0.02	0.37	.07	
Model 2 – Sexual Assertiveness Refusal						.11**						.13**
Body Image	-.55	.22	-0.99	-0.11	.01*		-.44	.23	-0.90	0.01	.06	
Gender	-.51	.45	-1.39	0.37	.26		-.41	.47	-1.33	0.52	.39	
Body Image * Refusal	.33	.13	0.08	0.58	.01*		.30	.14	0.03	0.56	.03*	
Model 3 – Sexual Assertiveness Initiation						.06**						.07*
Body Image	.06	.16	-0.25	0.38	.70		.13	.17	-0.20	0.45	.44	
Gender	-.35	.32	-0.99	0.28	.27		-.18	.34	-0.84	0.48	.59	
Body Image * Initiation	.06	.09	-0.12	0.24	.52		.01	.10	-0.18	0.20	.92	
Model 4 – Sexual Assertiveness Pregnancy/STI Prevention						.04*						.07*
Body Image	-.43	.27	-0.97	0.10	.11		-.38	.28	-0.93	0.18	.18	
Gender	-.54	.55	-1.62	0.53	.32		-.34	.57	-1.47	0.79	.55	
Body Image * P/STI	.29	.16	-0.02	0.60	.07		.24	.16	-0.08	0.56	.15	

*Note.* \* $p < .05$ , \*\* $p < .001$ . Adjusted Model included the covariates of Self-Esteem, Age, Sexual Orientation, and Relationship Status.

**Figure 1.**

*The Relationship Between Body Image and Total Sexual Assertiveness Moderated by Gender and Adjusted for Covariates*

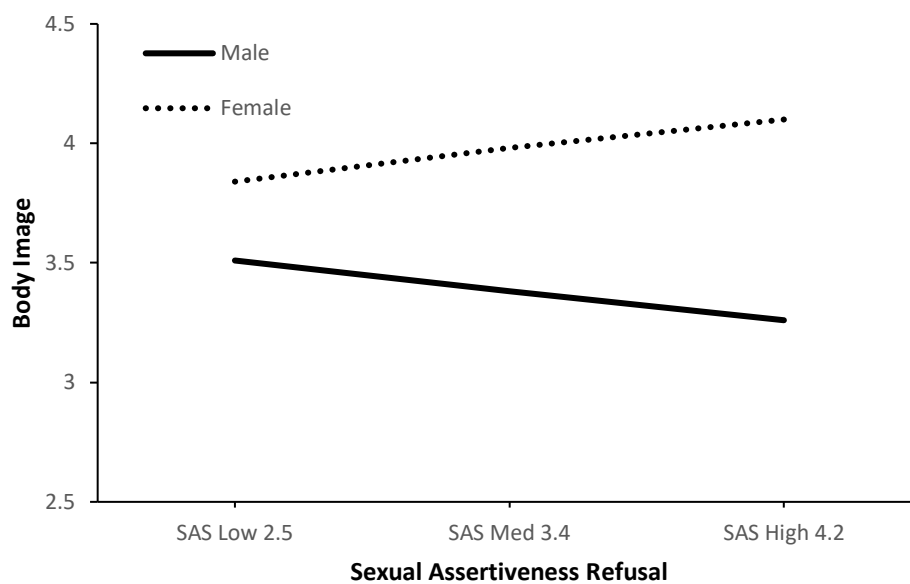


All moderation analyses were conducted using SPSS's PROCESS macro (Hayes, 2013). Model 1 tests whether the relationship between body image and sexual assertiveness depends on participants' gender. As seen in Table 2 the overall model was significant and explains 7% of the variance in sexual assertiveness ( $F(331) = 8.68, p = .00$ ). The results show that whilst body image and gender did not independently predict sexual assertiveness, there was a significant interaction between the two variables. This indicated that the effect of body image on sexual assertiveness was moderated by gender. After adjusting for Self-Esteem, Age, Sexual Orientation, and Relationship Status the model remained significant ( $F(314) = 4.30, p = .00$ ). However, the interaction was only marginally significant. As reflected in Figure 1, the simple slope of body image on sexual assertiveness was marginally significant for female participants ( $b = 0.14, SE = 0.07, t = 1.84, p = 0.07$ ) but not for male participants ( $b = -.04, SE = 0.09, t = -0.50, p = 0.62$ ). Overall male sexual

assertiveness stays relatively consistent despite their body image. For females there is a trend that as body image becomes more positive so does the individual's reported sexual assertiveness.

**Figure 2.**

*The Relationship Between Body Image and Sexual Assertiveness Refusal Moderated by Gender and Adjusted for Covariates*



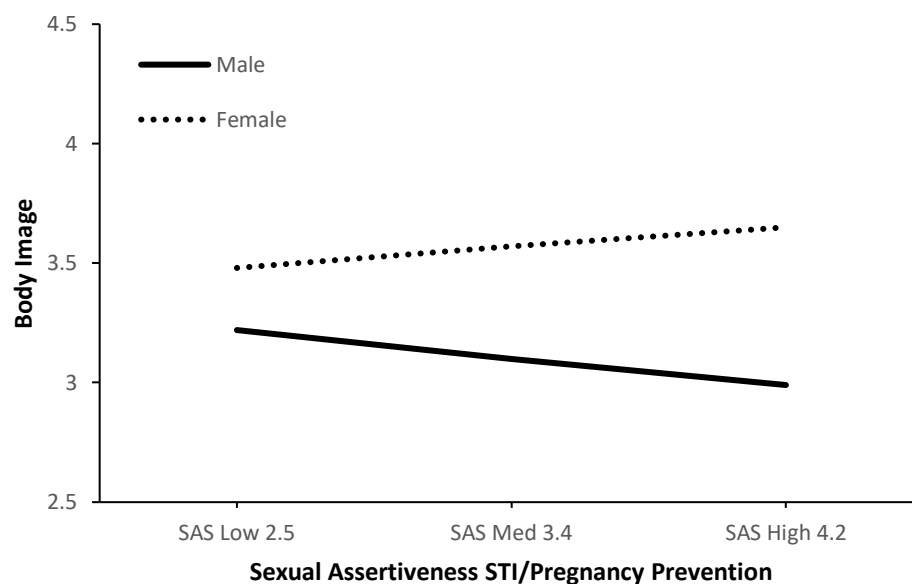
Model 2 tests if gender moderates the relationship between body image and participants' reported willingness to refuse undesired sex. As seen in Table 2 the overall adjusted model was significant and explained 11% of the variance ( $F(331) = 13.96, p = .00$ ). There was a main effect of body image but this was qualified by a significant interaction between body image and sexual assertiveness refusal, indicating that the relationship between body image and willingness to refuse undesired sex depended on gender. The model ( $F(314) = 6.55, p = .00$ ) and interaction remained significant when adjusted for covariates. As seen in figure 2, for males more positive body image was related to less refusal of undesired sex ( $b = -0.15, SE = 0.12, t = -1.23, p = 0.22$ ) but for females a more positive body image was related to more refusal of undesired sex ( $b = 0.15, SE = 0.10, t = 1.51, p = 0.13$ ).

Model 3 tests if gender moderates the relationship between body image and participants' reported capacity to initiate desired sex. Whilst the overall adjusted ( $F(331) = 6.46, p = .00$ ) and unadjusted ( $F(314) = 6.55, p = .00$ ) models were significant, the moderation analysis found no significant main effects or interaction with gender.

**Figure 3.**

*The Relationship Between Body Image and Sexual Assertiveness Pregnancy/STI Prevention*

*Moderated by Gender and Adjusted for Covariates*



Model 4 tests if gender moderates the relationship between body image and participants' reported insistence on condom/barrier use for STI/pregnancy prevention. The overall model for both unadjusted and adjusted is significant and explains 4% ( $F(330) = 5.10, p = .00$ ) and 7% ( $F(313) = 3.11, p = .00$ ) of the variance, respectively. The interaction between Body image and sexual assertiveness regarding STI/Pregnancy prevention was on the cusp of significance, however the interaction was nonsignificant when introducing covariates. This indicates that the relationship between body image and sexual assertiveness STI/Pregnancy prevention was not moderated by gender. However, as seen in Figure 3., the trend does appear similar to the previous moderation analyses where higher body

image is associated with more sexual assertiveness STI/pregnancy prevention for females, whereas higher body image is associated with lower sexual assertiveness STI/pregnancy prevention in males.

### **Discussion**

Previous studies have established an association between sexual risk behaviours and body image (e.g., unprotected sex, multiple partners). Previous studies of women's body image and sexual assertiveness, a component of sexual risk, has yielded conflicting findings. Recent years have seen a rise in the recognition of male body image issues, underscoring the need for more research in this area. The purpose of the current study was to investigate if gender moderates the relationship between sexual assertiveness and body image. The research investigated if body image and sexual assertiveness are related, as well as how the variables, and the link between these two, varies between men and women.

#### **H1- Body Image will not differ by gender**

It is largely established in past research that males feel significantly better about their bodies than women (Abbott & Barber, 2010; Brennan et al., 2010; Quittkat et al., 2019). However, the results of the current study instead support the hypothesis that body image would not differ by gender. Use of a body appreciation measure rather than body dissatisfaction may explain the similarities in male and female reports of body image in the current study. Traditional body image research often focused on body dissatisfaction, which consistently showed higher levels in women than men (Sanchez & Kiefer, 2007). Karazsia et al. (2017) argue that this is further limited by the common use of assessments which use highly gendered measures focusing on thinness. However, because of increasing interest in male experiences of body image, newer research often uses more gender-inclusive scales and questions. The current study used the BAS-2, a gender-inclusive body image measure that was specifically developed to avoid sex-specific language in its questions, ensuring it is suitable for both male and female participants (Tylka & Wood-Barcalow, 2015). As expected, the current study found no significant difference in body appreciation between genders.

The hypothesis was proposed due to increased attention and exploration of male body image, reflecting newer arguments that there is a rising expectation for men to reach unrealistic standards of leanness and muscularity (Cunningham et al., 2021). This shift is attributed to new and more visible sociocultural ideals and media representations of the male body (Burlew & Shurts, 2013).

A second possibility is that gendered differences found in past studies on body image resulted from the study sample's age. There have been findings that gendered differences in body image increase during adolescence and then reduce during adulthood (Feingold & Mazzella, 1998). A meta-analysis by He et al., (2020) found that the gender difference in body appreciation decreased as age increased. Moreover, it seems female body appreciation increases with age while male appreciation stays stable leading to the difference in gender reducing with age (He et al. 2020; Quittkat et al., 2019). Quittkat et al., (2019) actually found that with higher age, women had higher body appreciation than men, potentially reflecting a shift away from appearance-focused concerns, while men may be more affected by functional issues that come with aging. The current study had a higher average age of 27 and more diverse age range, including participants aged from 16 to 65, than a number of previous studies using the BAS-2 (Alcaraz-ibáñez et al., 2017; Gillen & Dunaev, 2017; Gongora et al. 2020). This may be why the current study does not report the gendered body image differences found in most past studies.

Lastly, it is possible that increased body image in females may be due to a rise in body positivity movements over the last decade (Fosoli & Constantinou., 2024). Body positive movements involve content within social media campaigns and platforms that encourage body acceptance and challenges the standardisation and pursuit of prevalent appearance ideals (Rodgers et al., 2022). A study by Fasoli and Constantinou (2024) found that while exposure to body-positive imagery increased body satisfaction in both women and men, women were more likely to engage with body positivity on social media whereas male participants were disinclined to engage with any social media posts which portrayed other men. Relating to the current study's results, where in the past it

was often found that men had greater body image, the difference in body image between genders may be affected by an increased engagement in emerging body positivity, which as suggested by Fasoli and Constantinou's study, is more prevalent in females.

## **H2 – Body confidence during sex would differ by gender**

Despite there being no difference between genders in body image scores the current study did find a difference in body image self-consciousness during sex and body perception between genders. This supports the idea that body image may be similar across genders, but specific aspects may differ due to sociocultural influences, as it is widely recognized that aspects within body image can manifest differently in men and women (Karazsia et al., 2017). As expected, the present study found that males had more confidence in their body image during sexual activity while females were significantly more self-conscious. This finding is supported by past research which found women experience their body significantly more negatively during sex than men (Brennan et al. 2010).

The measure used, the BISC, focuses on how the body is perceived during sex rather than how the body performs. The difference in results by gender may be explained by masculine and feminine cultural expectations which dictate women's bodies are more highly regarded for their aesthetic qualities, whereas men's bodies are more highly valued for their practical qualities (Abbott & Barber, 2010). According to Murnen (2011), male ideals of body image emphasise function above aesthetics and are a reflection of masculine cultural expectations. Women might feel more pressure to maintain an idealized appearance in sexual situations, where bodily imperfections are more visible and intimate, as reflected in higher BISC scores. In contrast, men's body confidence during sex may stem more from a focus on aspects of sexual performance, such as strength and stamina, rather than appearance alone.

Media may play a role in the difference found in body confidence during sex between genders. A past study by Aubrey (2007) found that body surveillance partially predicted the relationship between sexually objectifying media, specifically television and magazines, and body

image self-consciousness during sex. This may explain some of the gender difference found in the current results because, as reflected by an analysis of portrayal of heterosexual sex in popular Netflix shows, Oschatz et al., (2024) found that female characters were almost exclusively portrayed with skinny bodies with male characters showing slightly more diverse array of body types.

Objectification theory may give insight into why lower body image during sex may be concerning for women. The theory dictates that women are socialised to self-objectify, viewing themselves as objects, leading to body surveillance (Kahalon et al., 2023). Kahalon et al. (2023) further explain that this can lead to women experiencing sex as a 'spectator', observing sex with a focus on external appearance. The cognitive load of focusing on the body potentially negatively affects sexual functioning by reducing attention to internal bodily arousal cues (Pujols et al., 2010). Increased self-objectification has been linked to lower sexual well-being in women and risk of less enjoyable sexual experiences (Gillen & Markey, 2019). The increased focus and insecurity regarding the body during sex, found in female participants within this study, supports the need for interventions which reduce objectification, media influence on gendered sexual dynamics, and promote female sexual comfort and pleasure.

### **H3 – Women will perceive themselves as larger than their ideal, men will perceive themselves as smaller.**

As commonly found in past research, the current study also found that women typically chose an ideal body smaller than their own (Vartanian, 2012). Use of contour rating scales is common in studies regarding self-discrepancy theory and sociocultural theory to explore the effects of socioculturally approved ideals on the ideal self. In their study Brennan et al. (2010) found that women showed higher internalisation of sociocultural appearance standards than men. Additionally, He et al. (2020) note the homogenous young, thin, and attractive ideals for women. Thus, it seems logical that women would more strongly strive for the single-standard ideal of thinness as reflected in the current study's results. Discrepancy in the perception of one's body has been linked to media,

as past research shows that the thinner the perceived media ideal, the thinner an individual's ideal becomes (Bessenoff & Snow, 2006; Möri et al., 2022). The discrepancy found between female participants' actual versus ideal body is concerning given that self-discrepancies are posited to lead to negative emotions such as shame (Bessenoff & Snow, 2006).

Where these findings differ from expected is with the male results. While women on average did strive for a smaller ideal body than men, men on average still chose an ideal body smaller than their own. This contradicts past knowledge that men typically perceive themselves as thinner, desire to be larger, and misjudge women's preference for a heavier figure (Wykes & Gunter, 2005). This may be due to outdated research, with newer studies finding that, while a drive for muscularity is common in men, leanness and low fat are also prevalent ideals for males (Möri et al., 2022). Wykes and Gunter (2005) explain past findings of men desiring to be larger by noting that, in order to uphold the conventional masculine image and set themselves apart from notions of femininity, men strive to embrace physical strength, hardness, and power of a larger body. McCabe and Ricciardelli (2004) note that while adolescent males do seem to have a drive toward increasing muscle size, adult men actually appear more focused on weight loss and muscle tone. While not desiring to be as thin as the ideal expected for women, men may still prefer a lean and toned ideal that is smaller than their actual size.

There are known issues with using body perception measures with men. While it is typically found that most women report a smaller body ideal, for men there is a likelihood to both strive for a thinner and leaner ideal or a larger and more muscular ideal. These variations can lead to the impression of minimal body self-discrepancy in men (Vartanian, 2012). It is common to assess body perception using figure rating scales due to the visual nature of body image with the Contour Drawing Rating Scale, used in the current study, being one of the most common scales (Vartanian, 2012). However, the development of newer, less established body perception measures that explore aspects such as muscularity with greater complexity could provide additional insights.

**H4- Sexual refusal and initiation will differ by gender. Female participants will have higher refusal and lower initiation, male participants will have higher initiation and lower refusal**

When looking simply at the gender differences in sexual assertiveness, as expected, the current study found that females showed higher refusal and lower initiation in a sexual context while males showed higher initiation and lower refusal. A number of past studies have found similar results which support dominant sexual scripts in that men are more likely to initiate sexual activity (Vannier & O'Sullivan, 2011) have high and constant sexual desire (Murray, 2018) and are viewed as sexually dominant and assertive (Jozkoski & Peterson, 2013) while women are viewed as 'gatekeepers' of sex (Jozkoski & Peterson, 2013; Sakaluk et al).

These gender differences, much like body image and sexual assertiveness, can be explained through objectification theory and sociocultural theory. An exploration of heterosexual gendered scripts in television shows found that references to sexual scripts appeared frequently. It was further noted that the statements of male and female sexuality made in these programs largely affect male ability to refuse sex and female ability to initiate (Kim et al. 2007). It has also been found that frequent consumption of portrayals of sexual scripts on TV increases endorsement of traditional scripts in women (Seabrook et al., 2017).

Gendered expectations may explain why the current study's results reflect traditional sexual scripts. Recent qualitative explorations into sexual scripts have explored the reasons underlying prevailing norms. Murray (2018) found that while majority of male participants agreed with the assumption that men consistently want sex, some acknowledged that their sexual desire was not always persistent. Rather, it only appeared that way due to perceived social pressure to exhibit particular behaviours that were in line with conventional sexual scripts and norms. Some further noting that they felt obliged to initiate sexual activities and were fearful of how their female partner may react if they went against norms by refusing sex or not regularly initiating sex (Murray, 2018). Interestingly, Dworkin and O'Sullivan (2005) explain the gap between male expressions of wanting to

change to more egalitarian scripts and their tendency to perpetuate traditional sexual scripts. They note that, despite viewing gendered expectations as constraining, these expectations may not outweigh the privilege and dominance that comes with such norms.

Wiederman (2005) explains the restrictive role that women play in sexual scripts as the gatekeepers of sex. They explain that while the male role allows for a more unrestrained nature, females are expected to limit sex for the benefit of both partners. Despite wanting sex, women may fear initiation of sex or agreeing to sex too quickly due to negative connotations such as being considered a 'slut' (Jozkowski & Peterson, 2013). When refusing unwanted sex, Wiederman (2005) further explains how this may become problematic as the competitive and achievement-oriented nature of the masculine gender role means that some males may view a woman's limitation of sex as a barrier to be overcome. Aspects of sexual scripts, such as 'token resistance', encourage such behaviour. Due to such scripts, women may seem at fault for experiencing forced sex because they did not resist strongly enough (Jozkowski & Peterson, 2013). Klein et al. (2019) also found that women whose behaviour did not align with traditional scripts were more likely to face backlash and were viewed less positively and considered less attractive. This informs why female participants may enact sexual scripts despite their problematic and restrictive nature and whether or not they match their actual sexual desire.

##### **H5- Gender would moderate the effect of body image on sexual assertiveness**

Auslander et al. (2012) note in their study of body image and sexual assertiveness that further research is needed on the relationship between sexual assertiveness and body image, for example with males. The current study therefore aimed to explore the moderating effect of gender on body image and sexual assertiveness. Results for the current study found that the relationship between body image and sexual assertiveness was somewhat contingent on gender. There was a trend in female participants where more positive body image related to higher overall sexual assertiveness, whereas male sexual assertiveness stayed fairly constant despite their body image.

The positive relationship between body image and sexual assertiveness in women is expected because increased female body image has been consistently found to be associated with comfort during sex (Ackard et al., 2000; Gillen & Markey, 2019). The result not being as strong as expected due to differences when breaking sexual assertiveness down into its components.

For male participants, overall sexual assertiveness staying somewhat stable regardless of body image exhibits the contradictory nature of past research into male sexual health. Some past studies on men have found that positive body image is linked to increased sexual assertiveness and more effective communication (Schooler & Ward, 2006; Schooler et al., 2008). However, other research has found that positive body image in men can lead to increased sexual risk, particularly regarding condom use (Gillen et al., 2006; Ramseyer-Winter et al., 2020). Explanation of the current study's results on male body image and overall sexual assertiveness is restricted by limited existing research on the topic.

Due to limited knowledge on the topic, Auslander et al.'s (2012) study aimed to explore the relationship between female body satisfaction and sexual assertiveness. They found that body satisfaction was related to sexual assertiveness regarding STI and pregnancy prevention measures. While there was a similar trend for female participants in the current study, that is, that a more positive body image was associated with higher sexual assertiveness regarding STI and pregnancy prevention, the findings were not as decisive as those previously found by Auslander et al. in their sample of young women.

The varying results on the STI/pregnancy prevention scale could be due to previously noted limitations with the subscale. All questions in the subscale refer to use of condoms or latex barriers (e.g., I have sex without a condom or latex barrier if my partner doesn't like them, even if I want to use one). Loshek and Terrell (2015) note that condom use is only one component of using contraceptives appropriately and can be dependent upon factors such as life stage and relationship status. Bouchard and Humphreys (2019) expand on this, noting that for women who are trying to

conceive, are in monogamous relationships, or do not engage in penetrative sex, condom use may not always be applicable. These women would be considered as having lower sexual assertiveness despite assertively deciding against condom use. Even though, as Bouchard and Humphreys (2019) emphasise, a woman may actually show assertiveness by insisting on their preference for not using a condom. It should also be noted that one third of the females in the current sample identified as LGBTQ+ and therefore use of contraceptives for pregnancy prevention or for STI prevention in monogamous relationships is not relevant.

For male participants there was a slight trend in the current study suggesting less assertiveness regarding STI/Pregnancy prevention by men with more positive body image. This is similar to past research, which explains this trend by positing that increased confidence in sexual situations may cause males to ignore their partner's needs and prioritize their own pleasure (Gillen, 2006; Ramseyer-Winter et al., 2020). This behaviour is encouraged by a common belief among males that sex is more pleasurable without a condom (Gillen, 2006). However, no relationship was found between body image and STI/pregnancy prevention assertiveness when also considering men's self-esteem, age, sexual orientation, and relationship status. Further research into mediating or moderating effects of other variables in the relationship between body image and STI/pregnancy prevention in males is needed for a fuller understanding of this outcome.

Our study did not find gender to moderate the relationship between body image and sexual initiation assertiveness. This may be reflected in the limited available research on this topic. Body image is justifiably connected to sexual assertiveness (Auslander et al., 2012) and yet a key component, initiation of sex, has limited support in its connection with body image. There is past qualitative research with women which has found the relationship between positive body image and increased initiation (Weaver & Byers, 2018). However, Weaver and Byers (2022) also explain how women may initiate sex to reinforce desirability despite negative body image. Little to no research

regarding body image and initiating sex has been conducted on men, making it difficult to explain the similarities between genders.

The most significant finding from the moderation analyses of the subscales was that gender moderated the effect of body image on refusal of unwanted sex. That is, negative body image was associated with lower refusal in females but was associated with higher refusal in males during sexual encounters. This is interesting given that when comparing gender scores on sexual assertiveness refusal, not considering body image, men had lower scores than women, as expected due to sexual scripts. The relationship between body image and refusal in sexual situations seems to complicate the straightforward nature of traditional sexual scripts. There is a gender difference in the trend but a commonality in that both genders with low body image show refusal behaviours which fall outside of the traditional sexual scripts. While scripts dictate that men should always want sex, the finding suggests that when males are less appreciative of their bodies, they are more likely to refuse sex or feel more comfortable doing so. For women, refusing sex is often viewed as empowering, whereas for men, it may be perceived as emasculating.

The drive to conform to masculinity may explain the current study's finding that refusal of unwanted sex was less common in males with high body image. Growing lean and muscular ideals placed on men means that men's bodies are becoming increasingly central to their masculine identity (Drummond, 2002). Gillen et al. (2006) posit that male physical appearance is intrinsically tied to a man's sense of masculinity which encourages them to take part in behaviours which maintain or enhance their masculine role. In this case, this means engaging in sexual activity if their partner wants to, even if it does not align with their own sexual wants. Aspects that affirm a man's masculinity, such as frequency of sex, may consequently take priority over reasons for refusing sex.

Explaining increased refusal of unwanted sex in male participants with lower body image is difficult as there is very little existing research on male refusal of sex or non-enjoyment of sex (Beres et al., 2019). However, in contrast to those with high body image, the inability to reach muscular

male body ideals may threaten masculinity of men. If males who are confident in their bodies are more likely to fulfil their masculine role (Gillen et al., 2006), then lower body confidence may lead to a perceived lack of masculinity. This, in turn, could encourage men to shift toward more egalitarian sexual scripts. Alternatively, men may find masculinity in other ways. As Beres et al. (2019) note, when a man does not meet or rebels against cultural masculine expectations, they often make up for this by use of alternative forms of sense-making, an example from their study being control. While refusal of sex by men is not considered traditional to sexual scripts, men as the partner in control of sex does align with masculine expectations. The finding shows that much more research on male sexual refusal is needed to better understand what role body image and masculinity play in this result.

The findings for female participants align with past research into female body image and refusal. Past studies show that positive body image is linked to greater confidence in refusing unwanted sexual advances (Jaconis et al., 2020), while negative body image is associated with less confidence and more uncertainty about engaging in sex (Yamamiya et al., 2006). Improved body image in women may empower them in situations where their body is displayed and has been found to be connected to improved ability to concentrate, enjoy and find more comfort in sexual settings (Gillen et al., 2006). This is likely because women with better body esteem often feel far more at ease discussing sexual matters (Gillen & Markey, 2019)

Women with lower body image may struggle when asserting refusal of unwanted sex because they may not perceive their bodies as valuable (Blashill & Safren, 2015). In emphasising the importance of sexual assertiveness, a study by Darden et al. (2019) found that women low in sexual assertiveness were more likely to comply with engaging in sexual activity despite low sexual want. From their study's findings, Darden et al. (2019) concluded that high sexual assertiveness aids a woman in refusal of unwanted sexual advances, while low sexual assertiveness may lead to increased risk of sexual victimisation. In exploring body image's role in this connection, Franz et al.

(2016) found that body surveillance and sexual assertiveness act as mediating factors in a link between sexual objectification and an increased risk of sexual assault. That is, higher sexual objectification, specifically body evaluation, predicted increased risk of sexual victimisation via increased body surveillance and lower sexual assertiveness. There is a potential risk that men's sexual objectification of women is more likely to culminate in sexual assault when the situation triggers vulnerabilities that interfere with the woman's ability to identify and effectively refuse unwanted advances (Franz et al., 2016). The link between sexual assertiveness and sexual victimisation, identified in both Darden et al. (2019) and Franz et al.'s (2016) studies, highlights the importance of further research on the topic as around 35% of females and 12% of males in New Zealand have experienced sexual assault at some point in their lives (Ministry of Justice, 2022).

While the link between refusal and sexual victimisation has been made for women, due to sexual scripts, Davis and Boden (2012) explain that it is often difficult for people to comprehend males as victims of sexual assault coerced by a dominant female, or for the man to be unwilling at the opportunity for sex. It would be interesting to explore if males with lower sexual assertiveness refusing unwanted sex, despite the discovered link to higher body image, are similarly at risk. While some studies have been conducted on body image and refusal in women (Jaconis et al., 2020; Yamamiya et al., 2006), there is little research for men. A greater understanding of sexual refusal may offer a way to intervene and reduce sexual assault of men.

### **Limitations**

Due to technical difficulties, a portion of participant data on the SAQ was unusable. This issue was discovered part way through data collection, meaning that only a partial sample of 164 was used. The SAQ was chosen to be included due to its adjustments to the STI/Pregnancy subscale to reduce language around condom use and for its inclusion of a communication subscale. Given the difference found in the current study regarding STI/pregnancy prevention compared to past studies,

the SAQ could have offered more insight into communication about past sexual history. It could have also explored whether this communication was related to an individual's body image.

Sampling method of snowball convenience may have limited the generalisability of results. Many participants were recruited via the researchers personal, as well as their family and friends, social media advertisements. The sampling method used was chosen due to its affordability and ease of finding an appropriate number of participants in a restricted time period, however non-probability sampling such as this is biased and cannot be considered as representative to the general population (Stratton., 2021). A majority of participants were also recruited via advertisement posters places around two Universities located in Auckland, New Zealand.

One third of the sample identified as LGBTQ+ yet the current study analysed all participants through a heteronormative lens. Research with LGBTQ+ participants have found differences from heterosexual participants, for example, that gay men are more at risk of negative body image than straight men (Peplau et al., 2009), highlighting that gendered findings, like those from the current study, cannot be generalised to those from the LGBTQ+ community. Traditional sexual scripts are inherently heterosexual but given the associations between sexual scripts and initiation and refusal assertiveness it would be interesting to explore how the scripts manifest, or do not, in same sex couples. In the limited qualitative research that does exist lesbian and bisexual women note a familiarity with heteronormative sexual scripts but explain a lack of defined scripts within same sex relationships (Bouchard & Humphreys, 2019).

## **Future Research**

### ***Menstruation***

There is emerging research on the role that menstruation plays in female body image and sexual health. Given the importance of menstruation in female sexual health, further research into this topic may aid in the explanation of gender differences. Schooler et al. (2005) found that women

who feel more comfortable with menstruation are more likely to experience body comfort which then results in greater sexual assertiveness, more sexual experience, and less sexual risk.

Alternatively, more negative attitudes towards menstruation were associated with less sexual assertiveness in women. Specifically, women who experienced shame about menstruation and their bodies were more likely to be uncomfortable and reserved about initiating sex and to have difficulty asserting and protecting themselves when confronted with unwanted sexual encounters. These findings suggest that menstruation may need to be considered alongside body image and sexual assertiveness interventions for women. Future studies should also consider menstruation as a variable when exploring these topics.

### ***Diverse Genders***

Non-binary, gender diverse, and other gender identities were not represented in the current study due to a focus on binary gender roles. However, research on body image issues in non-binary and gender diverse individuals is important, as they are at higher risk of eating disorders and related body image concerns (Heiden-Rootes et al., 2023). Gender dysphoria is a common experience for many gender-nonconforming individuals. Burstall et al., (2024) found that for many non-binary individuals, certain body characteristics which do not align with their sense of self or societal expectations can lead to negative cognitions and emotions. Knowledge of body image cannot be generalised to non-binary individuals due to the complex nature of gender dysphoria, and therefore, much more research is needed on the topic. Research on the sexual health of non-binary individuals is also limited. A study by Van Schuylenbergh et al. (2018) found an alarmingly increased prevalence of HIV in transgender and non-binary people, likely linked to stigma, discrimination, and lack of knowledge and education about safe sex or sex outside of normative gender roles. While there is currently no research on sexual assertiveness on gender nonconforming individuals, research on sex education may offer insight into why such research is needed. Haley et al., (2019) found that non-binary youth had unique sexual health needs, which were not covered in available sexual health

avenues, leading to a lack of competent education and resulting in negative outcomes with STIs, pregnancy, body shame and shame around sexual desires. Wright and Greenberg (2024) explain limitations in consent education for non-binary youth, a shortcoming that must be addressed considering the high rates of sexual and dating violence in non-binary youth.

### ***Deviations from Traditional Scripts***

As well as deviations from traditional scripts on LGBTQ+ relationships, further research into why traditional sexual scripts prevail is needed, as existing qualitative research finds that traditional scripts persist. This is despite the increasing representation of women as sexually assertive and autonomous (Jozkoski & Peterson, 2013), and the emerging knowledge that many men desire to deviate from gendered scripts (Masters, 2013; Murray, 2018; Vannier & O'Sullivan, 2011).

Bouchard and Humphreys (2019) reach a similar conclusion on their research with women, noting that women may show low refusal of unwanted sex due to not wanting their partner to feel rejected, feeling obligated, or due to the perception of persistent or 'unstoppable' male sexual arousal. Furthering research on sexual scripts is essential, as Jozkoski and Peterson (2013) explain, because traditional gendered scripts can be restrictive and force individuals into specific roles, which can perpetuate rape culture.

### ***Education***

Studies on education in schools and by parents may offer more insight into body image, sexual assertiveness, and gender differences by looking at how these variables develop. This could provide a more in-depth exploration into how the underlying sociocultural, objectification, and sexual scripts theories affect the development of complex interactions between body image and sexual assertiveness later in life. Given the findings regarding prevalence of traditional sexual scripts and body image's effect on a person's refusal of unwanted sex in the current study, there is opportunity for research on sexual health education, specifically regarding sexual consent. Existing

research about sexual consent education is predominantly from a U.S. perspective, with the majority focusing on programs targeting young females, and little exploration into male education or education of sexually diverse, ethnically diverse, or other marginalised communities.

In terms of body image, it has been found that parents' negative perceptions of their own bodies influence their children's body image. A study by Lowes and Tiggemann (2003) found that children as young as 5 showed body dissatisfaction due to internalisation of their mother's own negative body image. While there is existing literature on parental influence on development of negative body image, there is limited research on the development of positive body image (Carbonneau et al., 2019). There is also predominantly literature on maternal influence with little exploration in how fathers affect their child's body image.

## **Conclusion**

The current research aimed to explore the relationship between body image and sexual assertiveness as well as investigate if these aspects, and the association between them, are affected by gender. This research was necessary given that the relationship between body image and sexual assertiveness is not fully understood. Some studies suggest that low sexual assertiveness, especially in women, can lead to an increased risk of sexual victimization, while high assertiveness helps in refusing unwanted sexual advances. However, other studies have shown mixed results. Additionally, the role of male body image in this context was under-researched. The current study found that body image, which has commonly been thought of as a 'women's issue', also affects men, likely due to the rise of the lean muscular male body ideal. The way that aspects of body image manifests can differ by gender, with differences still being found in body image during sex and body size perception. These aspects still reflect that females have lower self-confidence in their bodies during sex and exhibit a larger variation between their actual and ideal bodies, likely due to the objectification of women and media influence. The current study also found persistent traditional sexual scripts. The idea of males as the initiator and females as the gatekeeper of sexual intercourse

was reflected in the results, also likely influenced by sociocultural influence. There was a slight trend regarding the moderating effect of gender in the relationship between body image and sexual assertiveness. There appears to be a trend that higher body image in women, while lower body image in men, is related to increased overall sexual assertiveness. This is particularly true regarding assertiveness in refusing unwanted sex. This reflects an opportunity to further explore the relationship between gender expectations, body image, and refusal.

## References

- Abbott, B. D., & Barber, B. L. (2010). Embodied image: Gender differences in functional and aesthetic body image among Australian adolescents. *Body Image, 7*(1), 22–31.  
<https://doi.org/10.1016/j.bodyim.2009.10.004>
- Ackard, D. M., Kearney-Cooke, A., & Peterson, C. B. (2000). Effect of body image and self-image on women's sexual behaviors. *International Journal of Eating Disorders, 28*(4), 422–429.  
[https://doi.org/10.1002/1098-108x\(200012\)28:4<422::aid-eat10>3.0.co;2-1](https://doi.org/10.1002/1098-108x(200012)28:4<422::aid-eat10>3.0.co;2-1)
- Action Station, & Ara Taiohi. (n.d.) *Ngā Kōrero Hauora o Ngā Taiohi (Youth Wellbeing)*.  
[https://drive.google.com/file/d/1kY1\\_t3xYVVeIP\\_sQZFgmHks536ipQiem/view](https://drive.google.com/file/d/1kY1_t3xYVVeIP_sQZFgmHks536ipQiem/view)
- Akers, A. Y., Lynch, C. P., Gold, M. A., Chang, J. C.-C., Doswell, W., Wiesenfeld, H. C., Feng, W., & Bost, J. (2009). Exploring the Relationship Among Weight, Race, and Sexual Behaviors Among Girls. *Pediatrics, 124*(5), e913–e920. <https://doi.org/10.1542/peds.2008-2797>
- Akers, A. Y., Cohen, E. D., Marshal, M. P., Roebuck, G., Yu, L., & Hipwell, A. E. (2016). Objective and Perceived Weight: Associations with Risky Adolescent Sexual Behavior. *Perspectives on Sexual and Reproductive Health, 48*(3), 129–137. Portico. <https://doi.org/10.1363/48e11416>
- Alcaraz Ibáñez, M., Cren Chiminazzo, J. G., Sicilia, Á., & Teixeira Fernandes, P. (2017). Examining the psychometric properties of the Body Appreciation Scale-2 in Brazilian adolescents. *Psychology, Society & Education, 9*(3), 505–515. <https://doi.org/10.25115/psye.v9i3.1101>
- Aubrey, J. S. (2007). The Impact of Sexually Objectifying Media Exposure on Negative Body Emotions and Sexual Self-Perceptions: Investigating the Mediating Role of Body Self-Consciousness. *Mass Communication and Society, 10*(1), 1–23.  
<https://doi.org/10.1080/15205430709337002>

- Auslander, B. A., Baker, J., & Short, M. B. (2012). The Connection between Young Women's Body Esteem and Sexual Assertiveness. *Journal of Pediatric and Adolescent Gynecology*, 25(2), 127–130. <https://doi.org/10.1016/j.jpag.2011.11.008>
- Balassone, M. L. (1991). A social learning model of adolescent contraceptive behavior. *Journal of Youth and Adolescence*, 20(6), 593–616. <https://doi.org/10.1007/bf01537364>
- Beres, M. A., Terry, G., Senn, C. Y., & Ross, L. K. (2017). Accounting for Men's Refusal of Heterosex: A Story-Completion Study with Young Adults. *The Journal of Sex Research*, 56(1), 127–136. <https://doi.org/10.1080/00224499.2017.1399978>
- Bessenoff, G. R. (2006). Can the Media Affect Us? Social Comparison, Self-Discrepancy, and the Thin Ideal. *Psychology of Women Quarterly*, 30(3), 239–251. <https://doi.org/10.1111/j.1471-6402.2006.00292.x>
- Bessenoff, G. R., & Snow, D. (2006). Absorbing Society's Influence: Body Image Self-Discrepancy and Internalized Shame. *Sex Roles*, 54(9–10), 727–731. <https://doi.org/10.1007/s11199-006-9038-7>
- Blashill, A. J., & Safren, S. A. (2015). Body dissatisfaction and condom use self-efficacy: A meta-analysis. *Body Image*, 12, 73–77. <https://doi.org/10.1016/j.bodyim.2014.10.002>
- Bordini, G. S., & Sperb, T. M. (2012). Sexual Double Standard: A Review of the Literature Between 2001 and 2010. *Sexuality & Culture*, 17(4), 686–704. <https://doi.org/10.1007/s12119-012-9163-0>
- Bouchard, L., & Humphreys, T. P. (2019). Asserting sexual (dis)interest: How do women's capabilities differ? *The Canadian Journal of Human Sexuality*, 28(2), 226–241. <https://doi.org/10.3138/cjhs.2019-0012>

- Brennan, M. A., Lalonde, C. E., & Bain, J. L. (2010). Body Image Perceptions: Do Gender Differences Exist? *Psi Chi Journal of Psychological Research*, *15*(3), 130–138.  
<https://doi.org/10.24839/1089-4136.jn15.3.130>
- Buote, V. M., Wilson, A. E., Strahan, E. J., Gazzola, S. B., & Papps, F. (2011). Setting the bar: Divergent sociocultural norms for women's and men's ideal appearance in real-world contexts. *Body Image*, *8*(4), 322–334. <https://doi.org/10.1016/j.bodyim.2011.06.002>
- Burlew, L. D., & Shurts, W. M. (2013). Men and Body Image: Current Issues and Counseling Implications. *Journal of Counseling & Development*, *91*(4), 428–435. Portico.  
<https://doi.org/10.1002/j.1556-6676.2013.00114.x>
- Burstall, J., Tan, K. J., De La Piedad Garcia, X., & Anderson, J. R. (2024). Experiences of body image in the gender non-binary community: A qualitative analysis. *Body Image*, *51*, 101762.  
<https://doi.org/10.1016/j.bodyim.2024.101762>
- Cafri, G., Yamamiya, Y., Brannick, M., & Thompson, J. K. (2005). The influence of sociocultural factors on body image: A meta-analysis. *Clinical Psychology: Science and Practice*, *12*(4), 421–433.  
<https://doi.org/10.1093/clipsy.bpi053>
- Calogero, R. M. (2012). Objectification Theory, Self-Objectification, and Body Image. In T. F. Cash, (Ed). *Encyclopedia of Body Image and Human Appearance* (2<sup>nd</sup> Ed; pp. 574–580). Academic Press.
- Carbonneau, N., Hamilton, L., & Musher-Eizenman, D. R. (2021). From dieting to delight: Parenting strategies to promote children's positive body image and healthy relationship with food. *Canadian Psychology / Psychologie Canadienne*, *62*(2), 204–212.  
<https://doi.org/10.1037/cap0000274>
- Cash, T. F. (2012). Cognitive-behavioral perspectives on body image. In T. F. Cash (Ed.), *Encyclopedia of body image and human appearance* (pp. 334–342). Elsevier Academic Press.

Centers for Disease Control and Prevention (n.d.). *Contraception and Birth Control Methods*.

<https://www.cdc.gov/contraception/about/index.html>

Connor, J., Psutka, R., Cousins, K., Gray, A., & Kypri, K. (2013). Risky Drinking, Risky Sex: A National Study of New Zealand University Students. *Alcoholism: Clinical and Experimental Research*, 37(11), 1971–1978. <https://doi.org/10.1111/acer.12175>

Cunningham, M. L., Nagata, J. M., & Murray, S. B. (2021). Muscularity-oriented disordered eating in boys and men. In J. M. Nagata, S. B. Murray, & D. M. Lavender (Eds.), *Eating Disorders in Boys and Men* (pp. 21–35). Springer.

Dai, F., Fongkaew, W., Lirtmunlikaporn, S., Viseskul, N., & Chaloumsuk, N. (2021). Predictors of the Sexual Assertiveness Among Chinese Female College Students: A Cross-sectional Study. *Pacific Rim International Journal of Nursing Research*, 25(4), 626–638.

Daniel, S., & Bridges, S. K. (2013). The relationships among body image, masculinity, and sexual satisfaction in men. *Psychology of Men & Masculinity*, 14(4), 345–351. <https://doi.org/10.1037/a0029154>

Darden, M. C., Ehman, A. C., Lair, E. C., & Gross, A. M. (2019). Sexual Compliance: Examining the Relationships Among Sexual Want, Sexual Consent, and Sexual Assertiveness. *Sexuality & Culture*, 23(1), 220–235. <https://doi.org/10.1007/s12119-018-9551-1>

Devine, S., Germain, N., Ehrlich, S., & Eppinger, B. (2022). Changes in the Prevalence of Thin Bodies Bias Young Women’s Judgments About Body Size. *Psychological Science*, 33(8), 1212–1225. <https://doi.org/10.1177/09567976221082941>

Dworkin, S. L., & O’Sullivan, L. (2005). Actual versus desired initiation patterns among a sample of college men: Tapping disjunctures within traditional male sexual scripts. *The Journal of Sex Research*, 42(2), 150–158. <https://doi.org/10.1080/00224490509552268>

- Fasoli, F., & Constantinou, D. (2024). Does body positivity work for men as it does for women? The impact of idealized body and body positive imagery on body satisfaction, drive for thinness, and drive for muscularity. *Acta Psychologica*, 243, 104126.  
<https://doi.org/10.1016/j.actpsy.2024.104126>
- Feingold, A., & Mazzella, R. (1998). Gender Differences in Body Image Are Increasing. *Psychological Science*, 9(3), 190–195. <https://doi.org/10.1111/1467-9280.00036>
- Fergus, K. B., Copp, H. L., Tabler, J. L., & Nagata, J. M. (2019). Eating disorders and disordered eating behaviors among women: Associations with sexual risk. *International Journal of Eating Disorders*, 52(11), 1310–1315. Portico. <https://doi.org/10.1002/eat.23132>
- Franz, M. R., DiLillo, D., & Gervais, S. J. (2016). Sexual objectification and sexual assault: Do self-objectification and sexual assertiveness account for the link? *Psychology of Violence*, 6(2), 262–270. <https://doi.org/10.1037/vio0000015>
- Frederick, D. A., & Reynolds, T. A. (2021). The Value of Integrating Evolutionary and Sociocultural Perspectives on Body Image. *Archives of Sexual Behavior*, 51(1), 57–66.  
<https://doi.org/10.1007/s10508-021-01947-4>
- Gillen, M. M., Lefkowitz, E. S., & Shearer, C. L. (2006). Does Body Image Play a Role in Risky Sexual Behavior and Attitudes? *Journal of Youth and Adolescence*, 35(2), 230–242.  
<https://doi.org/10.1007/s10964-005-9005-6>
- Gillen, M. M. (2015). Associations between positive body image and indicators of men's and women's mental and physical health. *Body Image*, 13, 67–74.  
<https://doi.org/10.1016/j.bodyim.2015.01.002>
- Gillen, M. M., & Markey, C. H. (2019). A review of research linking body image and sexual well-being. *Body Image*, 31, 294–301. <https://doi.org/10.1016/j.bodyim.2018.12.004>

- Greene, K., & Faulkner, S. L. (2005). Gender, Belief in the Sexual Double Standard, and Sexual Talk in Heterosexual Dating Relationships. *Sex Roles, 53*(3–4), 239–251.  
<https://doi.org/10.1007/s11199-005-5682-6>
- Grogan, S. (2021). *Body image: Understanding body dissatisfaction in men, women and children*. Taylor & Francis Group.
- Haley, S. G., Tordoff, D. M., Kantor, A. Z., Crouch, J. M., & Ahrens, K. R. (2019). Sex Education for Transgender and Non-Binary Youth: Previous Experiences and Recommended Content. *The Journal of Sexual Medicine, 16*(11), 1834–1848. <https://doi.org/10.1016/j.jsxm.2019.08.009>
- Harrington, A. G., & Maxwell, J. A. (2023). It Takes Two to Tango: Links Between Traditional Beliefs About both Men’s and Women’s Gender Roles and Comfort Initiating Sex and Comfort Refusing Sex. *Sex Roles, 88*(11–12), 514–528. <https://doi.org/10.1007/s11199-023-01366-w>
- He, J., Sun, S., Zickgraf, H. F., Lin, Z., & Fan, X. (2020). Meta-analysis of gender differences in body appreciation. *Body Image, 33*, 90–100. <https://doi.org/10.1016/j.bodyim.2020.02.011>
- Healey, J. (Ed.). (2022). *Body image issues*. The Spinney Press.
- Heiden-Rootes, K., Linsenmeyer, W., Levine, S., Oliveras, M., & Joseph, M. (2023). A scoping review of the research literature on eating and body image for transgender and nonbinary adults. *Journal of Eating Disorders, 11*(1). <https://doi.org/10.1186/s40337-023-00828-6>
- Higgins, E. T. (1987). Self-discrepancy: A theory relating self and affect. *Psychological Review, 94*(3), 319–340. <https://doi.org/10.1037//0033-295x.94.3.319>
- Jaconis, M., Boyd, S. J., & Gray, M. J. (2019). History of Sexual Violence and Associated Negative Consequences: The Mediating Role of Body Image Dissatisfaction. *Journal of Loss and Trauma, 25*(2), 107–123. <https://doi.org/10.1080/15325024.2019.1660500>

- Jozkowski, K. N., & Peterson, Z. D. (2013). College Students and Sexual Consent: Unique Insights. *Journal of Sex Research, 50*(6), 517–523. <https://doi.org/10.1080/00224499.2012.700739>
- Kahalon, R., Klein, V., Alon, S., & Shnabel, N. (2024). Self-objectification and sexual dysfunction among women: Testing and extending objectification theory. *European Journal of Social Psychology, 54*(4), 878–891. <https://doi.org/10.1002/ejsp.3056>
- Karazsia, B. T., Murnen, S. K., & Tylka, T. L. (2017). Is body dissatisfaction changing across time? A cross-temporal meta-analysis. *Psychological Bulletin, 143*(3), 293–320. <https://doi.org/10.1037/bul0000081>
- Klein, V., Imhoff, R., Reininger, K. M., & Briken, P. (2018). Perceptions of Sexual Script Deviation in Women and Men. *Archives of Sexual Behavior, 48*(2), 631–644. <https://doi.org/10.1007/s10508-018-1280-x>
- Larson, B. K., Clark, T. C., Robinson, E. M., & Utter, J. (2012). Body satisfaction and sexual health behaviors among New Zealand secondary school students. *Sex Education, 12*(2), 187–198. <https://doi.org/10.1080/14681811.2011.609050>
- Littleton, H., Radecki Breitkopf, C., & Berenson, A. (2005). Body image and risky sexual behaviors: An investigation in a tri-ethnic sample. *Body Image, 2*(2), 193–198. <https://doi.org/10.1016/j.bodyim.2005.02.003>
- Livingston, J. A., Testa, M., & VanZile-Tamsen, C. (2007). The Reciprocal Relationship Between Sexual Victimization and Sexual Assertiveness. *Violence Against Women, 13*(3), 298–313. <https://doi.org/10.1177/1077801206297339>
- López Alvarado, S. L., Van Parys, H., Jerves, E., & Enzlin, P. (2020). Development of sexual assertiveness and its function for human sexuality: a literature review. *Revista Interamericana de Psicología/Interamerican Journal of Psychology, 54*(2), e948. <https://doi.org/10.30849/ripijp.v54i2.948>

- Loshek, E., & Terrell, H. K. (2014). The Development of the Sexual Assertiveness Questionnaire (SAQ): A Comprehensive Measure of Sexual Assertiveness for Women. *The Journal of Sex Research, 52*(9), 1017–1027. <https://doi.org/10.1080/00224499.2014.944970>
- Lowes, J., & Tiggemann, M. (2003). Body dissatisfaction, dieting awareness and the impact of parental influence in young children. *British Journal of Health Psychology, 8*(2), 135–147. Portico. <https://doi.org/10.1348/135910703321649123>
- Maymone, M. B., Laughter, M., Anderson, J. B., Secemsky, E. A., & Vashi, N. A. (2019). Unattainable Standards of Beauty: Temporal Trends of Victoria’s Secret Models from 1995 to 2018. *Aesthetic Surgery Journal, 40*(2), NP72–NP76. <https://doi.org/10.1093/asj/sjz271>
- McCabe, M. P., & Ricciardelli, L. A. (2004). Body image dissatisfaction among males across the lifespan. *Journal of Psychosomatic Research, 56*(6), 675–685. [https://doi.org/10.1016/s0022-3999\(03\)00129-6](https://doi.org/10.1016/s0022-3999(03)00129-6)
- McDonagh, L. K., Morrison, T. G., & McGuire, B. E. (2009). The Naked Truth: Development of a Scale Designed to Measure Male Body Image Self-Consciousness during Physical Intimacy. *The Journal of Men’s Studies, 16*(3), 253–265. <https://doi.org/10.3149/jms.1603.253>
- Mental Health Foundation. (2019). *Body image report - executive summary*.  
[www.mentalhealth.org.uk](http://www.mentalhealth.org.uk); Mental Health Foundation.  
<https://www.mentalhealth.org.uk/explore-mental-health/articles/body-image-report-executive-summary>
- Menzel, J. E., Krawczyk, R., & Thompson, J. K. (2011) Attitudinal Assessment of body image for adolescents and adults. In T. F. Cash & L. Smolak (Eds.). *Body image: A handbook of science, practice, and prevention* (pp. 12-19). Guilford Publications.

- Moon, N., Kang, H., Heo, S. J., & Kim, J. H. (2023). Factors affecting the safe sexual behaviors of Korean young adults by gender: a structural equation model. *Korean Journal of Women Health Nursing, 29*(2), 115–127. <https://doi.org/10.4069/kjwhn.2023.06.16>
- Moradi, B., & Huang, Y.-P. (2008). Objectification Theory and Psychology of Women: A Decade of Advances and Future Directions. *Psychology of Women Quarterly, 32*(4), 377–398. <https://doi.org/10.1111/j.1471-6402.2008.00452.x>
- Möri, M., Mongillo, F., & Fahr, A. (2022). Images of bodies in mass and social media and body dissatisfaction: The role of internalization and self-discrepancy. *Frontiers in Psychology, 13*. <https://doi.org/10.3389/fpsyg.2022.1009792>
- Morokoff, P. J., Quina, K., Harlow, L. L., Whitmire, L., Grimley, D. M., Gibson, P. R., & Burkholder, G. J. (1997). Sexual Assertiveness Scale (SAS) for women: Development and validation. *Journal of Personality and Social Psychology, 73*(4), 790–804. <https://doi.org/10.1037//0022-3514.73.4.790>
- Murnen, S. K. (2011). Gender and Body Images. In T. F. Cash & L. Smolak (Eds.). *Body image: A handbook of science, practice, and prevention* (pp. 173-179). Guilford Publications.
- Murray, S. H. (2017). Heterosexual Men’s Sexual Desire: Supported by, or Deviating from, Traditional Masculinity Norms and Sexual Scripts? *Sex Roles, 78*(1–2), 130–141. <https://doi.org/10.1007/s11199-017-0766-7>
- O’gorman, B., Sheffield, J., Clarke, R., & Griffiths, S. (2020). “Guys don’t talk about their bodies”: A qualitative investigation of male body dissatisfaction and sociocultural influences in a sample of 40 Australian males. *Clinical Psychologist, 24*(2), 123–132. <https://doi.org/10.1111/cp.12198>

- Oschatz, T., Döring, N., Zimmermanns, C., & Klein, V. (2024). Patterns of Heterosexual Sex in Popular Netflix Series: A Content Analysis of Age, Race, Face Attractiveness, and Body Type. *Sexuality & Culture, 28*(6), 2776–2796. <https://doi.org/10.1007/s12119-024-10255-7>
- Pavanello Decaro, S., Anzani, A., Di Sarno, M., Di Pierro, R., & Prunas, A. (2022). Men's sexual distress: the role of body image and vulnerable narcissistic traits. *Sexual and Relationship Therapy, 39*(2), 458–472. <https://doi.org/10.1080/14681994.2022.2124404>
- Peplau, L. A., Frederick, D. A., Yee, C., Maisel, N., Lever, J., & Ghavami, N. (2008). Body Image Satisfaction in Heterosexual, Gay, and Lesbian Adults. *Archives of Sexual Behavior, 38*(5), 713–725. <https://doi.org/10.1007/s10508-008-9378-1>
- Pujols, Y., Meston, C. M., & Seal, B. N. (2010). The Association Between Sexual Satisfaction and Body Image in Women. *The Journal of Sexual Medicine, 7*(2), 905–916. <https://doi.org/10.1111/j.1743-6109.2009.01604.x>
- Quittkat, H. L., Hartmann, A. S., Düsing, R., Buhlmann, U., & Vocks, S. (2019). Body Dissatisfaction, Importance of Appearance, and Body Appreciation in Men and Women Over the Lifespan. *Frontiers in Psychiatry, 10*. <https://doi.org/10.3389/fpsy.2019.00864>
- Ramseyer Winter, V. (2017). Moving beyond body dissatisfaction and risky sexual behaviour. In E. A. Daniels, M. M. Gillen & C. H. Markey (Eds.). *Body Positive: Understanding and Improving Body Image in Science and Practice* (pp. 92-110). Cambridge University Press.
- Ramseyer Winter, V., Ruhr, L., Pevehouse, D., & Pilgrim, S. (2018). Exploring Body Image, Contraceptive Use, and Sexual Health Outcomes Among an Ethnically Diverse Sample of Women. *Archives of Sexual Behavior, 47*(3), 715–723. <https://doi.org/10.1007/s10508-017-1121-3>

- Ramseyer Winter, V., Cook, M., & Hood, A. (2019). Body Image and Sexual Behavior Among Adult Men Who “Hook Up.” *The Journal of Sex Research*, *57*(7), 914–921.  
<https://doi.org/10.1080/00224499.2019.1652237>
- Rodgers, R. F., Wertheim, E. H., Paxton, S. J., Tylka, T. L., & Harriger, J. A. (2022). #Bopo: Enhancing body image through body positive social media- evidence to date and research directions. *Body Image*, *41*, 367–374. <https://doi.org/10.1016/j.bodyim.2022.03.008>
- Rusticus, S. (2021). Body Image. *Encyclopedia of Quality of Life and Well-Being Research*, 485–488.  
[https://doi.org/10.1007/978-3-031-17299-1\\_224](https://doi.org/10.1007/978-3-031-17299-1_224)
- Sanchez, D. T., & Kiefer, A. K. (2007). Body Concerns In and Out of the Bedroom: Implications for Sexual Pleasure and Problems. *Archives of Sexual Behavior*, *36*(6), 808–820.  
<https://doi.org/10.1007/s10508-007-9205-0>
- Schooler, D., Ward, L. M., Merriwether, A., & Caruthers, A. S. (2005). Cycles of shame: Menstrual shame, body shame, and sexual decision-making. *Journal of Sex Research*, *42*(4), 324–334.  
<https://doi.org/10.1080/00224490509552288>
- Schooler, D., & Ward, L. M. (2006). Average Joes: Men’s relationships with media, real bodies, and sexuality. *Psychology of Men & Masculinity*, *7*(1), 27–41. <https://doi.org/10.1037/1524-9220.7.1.27>
- Schooler, D., Impett, E. A., Hirschman, C., & Bonem, L. (2008). A Mixed-Method Exploration of Body Image and Sexual Health Among Adolescent Boys. *American Journal of Men’s Health*, *2*(4), 322–339. <https://doi.org/10.1177/1557988308318508>
- Schooler, D. (2012). Early Adolescent Body Image Predicts Subsequent Condom Use Behavior Among Girls. *Sexuality Research and Social Policy*, *10*(1), 52–61. <https://doi.org/10.1007/s13178-012-0099-9>

- Sherlock, M., & Wagstaff, D. L. (2019). Exploring the relationship between frequency of Instagram use, exposure to idealized images, and psychological well-being in women. *Psychology of Popular Media Culture, 8*(4), 482–490. <https://doi.org/10.1037/ppm0000182>
- Stratton, S. J. (2021). Population Research: Convenience Sampling Strategies. *Prehospital and Disaster Medicine, 36*(4), 373–374. <https://doi.org/10.1017/s1049023x21000649>
- Smolak, L., & Murnen, S. K. (2011). The sexualization of girls and women as a primary antecedent of self-objectification. *Self-Objectification in Women: Causes, Consequences, and Counteractions* (pp. 53–75). <https://doi.org/10.1037/12304-003>
- Swami, V., & Ng, S.-K. (2015). Factor structure and psychometric properties of the Body Appreciation Scale-2 in university students in Hong Kong. *Body Image, 15*, 68–71. <https://doi.org/10.1016/j.bodyim.2015.06.004>
- Swami, V., Tran, U. S., Stieger, S., Toivo Aavik, Hamed Abdollahpour Ranjbar, Sulaiman Olanrewaju Adebayo, Reza Afhami, Ahmed, O., Aimé, A., Akel, M., Hussam Al Halbusi, Alexias, G., Ali, K. F., Nursel Alp-Dal, Alsalhani, A. B., Álvares-Solas, S., Carolina, A., Andrianto, S., Aspden, T., & Marios Argyrides. (2023). Body appreciation around the world: Measurement invariance of the Body Appreciation Scale-2 (BAS-2) across 65 nations, 40 languages, gender identities, and age. *Body Image, 46*, 449–466. <https://doi.org/10.1016/j.bodyim.2023.07.010>
- Tantleff-Dunn, S., & Lindner, D. M. (2011) Body image and social functioning. In T. F. Cash & L. Smolak (Eds.). *Body image: A handbook of science, practice, and prevention* (pp. 263-270). Guilford Publications.
- Temple-Smith, M. (2015). Sexual health in society: Challenges and changes. In M. Temple-Smith (Eds.). *Sexual Health: A Multidisciplinary Approach* (pp. 114-128). IP Communications.

Thompson, M. A., & Gray, J. J. (1995). Development and Validation of a New Body-Image Assessment Scale. *Journal of Personality Assessment, 64*(2), 258–269.

[https://doi.org/10.1207/s15327752jpa6402\\_6](https://doi.org/10.1207/s15327752jpa6402_6)

Thompson, J. K., Heinberg, L. J., Altabe, M. & Tantleff-Dunn, S. (1999). Social comparison processes.

*Exacting beauty: Theory, assessment, and treatment of body image disturbance*. American Psychological Association; 125-147. <https://doi.org/10.1037/10312-004>

Tiggemann, M. (2011). Sociocultural perspectives on human appearance and body image. In T. F.

Cash & L. Smolak (Eds.). *Body image: A handbook of science, practice, and prevention* (pp. 12-19). Guilford Publications.

Tyklá, T. L. (2018). Overview of the field of positive body image. In E. A. Daniels, M. M. Gillen & C. H.

Markey (Eds.). *Body Positive: Understanding and Improving Body Image in Science and Practice* (pp. 6-33). Cambridge University Press.

Tyklá, T. L., & Wood-Barcalow, N. L. (2015). The Body Appreciation Scale-2: Item refinement and psychometric evaluation. *Body Image, 12*, 53–67.

<https://doi.org/10.1016/j.bodyim.2014.09.006>

Vannier, S. A., & O'Sullivan, L. F. (2010). Communicating Interest in Sex: Verbal and Nonverbal

Initiation of Sexual Activity in Young Adults' Romantic Dating Relationships. *Archives of Sexual Behavior, 40*(5), 961–969. <https://doi.org/10.1007/s10508-010-9663-7>

Van Schuylenbergh, J., Motmans, J., & Coene, G. (2017). Transgender and non-binary persons and sexual risk: A critical review of 10 years of research from a feminist intersectional

perspective. *Critical Social Policy, 38*(1), 121–142.

<https://doi.org/10.1177/0261018317732478>

Vartanian, L. R. (2012). Self-Discrepancy Theory and Body Image. In T. F. Cash, (Ed). *Encyclopedia of*

*Body Image and Human Appearance* (2<sup>nd</sup> Ed; pp. 711-723). Academic Press.

- Walker, D. P., Messman-Moore, T. L., & Ward, R. M. (2011). Number of sexual partners and sexual assertiveness predict sexual victimization: Do more partners equal more risk? *Violence & Victims, 26*(6), 774-787. <https://doi.org/10.1891/0886-6708.26.6.774>
- Weaver, A. D., & Byers, E. S. (2018). Young women's perceptions of the impact of their body image on their sexual experiences. *The Canadian Journal of Human Sexuality, 27*(1), 69–78. <https://doi.org/10.3138/cjhs.2017-0015>
- Weaver, A. D., & Byers, E. S. (2022). Body Image and Sexual Well-Being: A Qualitative Study of Women's Perceptions of Partner and Relationship Influences. *Journal of Sex & Marital Therapy, 49*(3), 299–313. <https://doi.org/10.1080/0092623x.2022.2105768>
- Wellings, K., Mitchell, K., & Collumbien, M. (2012). *Sexual health: A public health perspective*. McGraw-Hill Education.
- Wiederman, M. W. (2000). Women's body image self-consciousness during physical intimacy with a partner. *Journal of Sex Research, 37*(1), 60–68. <https://doi.org/10.1080/00224490009552021>
- Wiederman, M. W. (2005). The Gendered Nature of Sexual Scripts. *The Family Journal, 13*(4), 496–502. <https://doi.org/10.1177/1066480705278729>
- Widman, L., Noar, S. M., Choukas-Bradley, S., & Francis, D. B. (2014). Adolescent sexual health communication and condom use: A meta-analysis. *Health Psychology, 33*(10), 1113–1124. <https://doi.org/10.1037/hea0000112>
- World Health Organization. (2024, February 12). *Condoms*. World Health Organization. <https://www.who.int/news-room/fact-sheets/detail/condoms>
- Wright, J., & Greenberg, E. (2023). Non-binary youth and binary sexual consent education: unintelligibility, disruption and possibility. *Sex Education, 24*(4), 445–459. <https://doi.org/10.1080/14681811.2023.2217748>

Yamamiya, Y., Cash, T. F., & Thompson, J. K. (2006). Sexual Experiences among College Women: The Differential Effects of General versus Contextual Body Images on Sexuality. *Sex Roles*, 55(5–6), 421–427. <https://doi.org/10.1007/s11199-006-9096-x>

YWCA. (n.d.). *Why should we still care about Body Image?* <https://www.ywca.org.nz/media/2417/bi-report-final-compressed.pdf>