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Empowerment Through Awareness: The Role of Sexual Mindfulness in Reducing IPV Victimization Among Iranian Women

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Abstract

In this study, we investigated the relationship between sexual intimate partner violence (IPV) victimization and factors such as sexual communication, sexual anxiety, sexual shame, and sexual self-esteem among an Iranian population. Data were collected from 359 women who had been in a relationship for at least one year, utilizing an online survey to reach a broad demographic. Our findings revealed that being female was significantly associated with lower levels of sexual communication, while no significant relationship was found with sexual shame or sexual anxiety. Although sexual IPV victimization was not significantly linked to levels of sexual communication, it was significantly associated with heightened sexual anxiety and sexual shame. The relationship between sexual victimization and sexual self-esteem was not significant. Furthermore, sexual mindfulness—specifically awareness—was found to significantly moderate the relationship between sexual IPV victimization and sexual anxiety. Notably, while sexual IPV victimization was significantly related to sexual shame, this association diminished when sexual mindfulness (encompassing awareness and non-judgment) was considered as a moderator. These results highlight the detrimental effects of sexual victimization and cultural beliefs on victims and underscore the importance of developing effective interventions for IPV survivors.

Keywords

sexual victimization, sexual communication, sexual anxiety, shame, mindfulness

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Introduction

One significant source of suffering in close relationships is intimate partner violence (IPV; Dutton et al., 2013). According to the National Statistics of Domestic Violence (2020), one in four women and one in ten men have experienced violent victimization during their lifetime. Furthermore, one in two women and one in five men have faced sexual violence victimization at least once in an intimate relationship. However, among the various forms of violence, sexual violence is often underreported (Whiting et al., 2021).

In Iran, scholarly attention has been directed toward the repercussions of IPV, emphasizing the need for increased public awareness about this issue. Research indicates that the rate of women subjected to domestic abuse is high in Iran (Author et al., 2018 & 2020), with victimization rates significantly higher for women than for men (Esmailzadeh et al., 2005). Studies on sexual victimization in Iran are scarce and primarily address the prevalence of violence victimization (Jahromi et al., 2016; Naghavi et al., 2019). For instance, in a study of 2,400 married women, the rate of sexual victimization by intimate partners was found to be 42% (Esmailzadeh et al., 2005).

Iranian culture is patriarchal, where women are taught that sexual relationships should be initiated by their husbands, who are expected to be dominant. It is considered taboo for women to make such requests, leading to the normalization of certain sexual victimization behaviors, including forced and unwanted sexual intercourse, unusual or uncomfortable sexual activities, and risky sexual behavior (Ezazi, 2005). Consequently, sexual violence victimization in Iran often remains hidden (Tadayon et al., 2018).

The literature indicates that sexual violence victimization is linked to numerous devastating effects (Backhaus et al., 2021; Stockman et al., 2015; Nelson & Fischer, 2021), including shame, social isolation, anxiety, PTSD, substance abuse, emotional dysregulation, anger, and a fear of connecting with others (Bermudez et al., 2013; Evans & Kim, 2010; Hagan et al., 2021; Klin et al., 2021; Spencer et al., 2019). Furthermore, sexual IPV victimization can alter an individual's self-perception, leading to decreased self-esteem levels (Kennedy & Balderrama-Durbin, 2021).

To our knowledge, no study has specifically examined the outcomes of sexual IPV victimization in Iran concerning sexual anxiety, sexual shame, sexual esteem, and sexual communication. This study aims to investigate the relationships between sexual IPV victimization and these variables, with a particular focus on mindfulness as a potential moderating factor.

Literature Review

Sexual IPV victimization encompasses any threatened, attempted, or completed sexual assault or rape by a current or former intimate partner (Planty et al., 2013). Women are predominantly the victims of sexual IPV (Violence, 2020). This form of victimization is particularly detrimental, as survivors may be compelled to maintain contact and interactions with the perpetrator (Temple et al., 2007). According to national statistics on domestic violence, between 14% and 25% of women who have been sexually assaulted by intimate partners continue their relationships with those individuals (national statistics of domestic violence, 2020).

Nikparvar and colleagues (2018) discovered that men in Iran were twice as likely as women to insist on sexual intercourse when their partner is reluctant and three times more likely to demand oral or anal sex. The prevalence of sexual IPV victimization among the married population in Iran ranges from approximately 30% to 42% (Esmailzadeh et al., 2005; Vakili et al., 2010). Moreover, Iranian women with low income, unemployment, and lower levels of education experience higher rates of sexual IPV victimization (Esmailzadeh et al., 2005). Victims of IPV among Iranian women are at increased risk of various mental health issues, including depression, obsessive-compulsive disorder, borderline personality disorder, and substance abuse (Bakhtiari & Omidmanesh, 2004; Moezi et al., 2005; Pournaghash-Tehrani, 2011).

Sexual Anxiety

Sexual anxiety is defined as "the tendency to feel tension, discomfort, and anxiety about the sexual aspects of one's life" (Snell, 2013, p. 537). It is associated with lower sexual self-esteem, sexual dysfunction, and reduced sexual pleasure. Individuals experiencing sexual anxiety may also face distractions during sexual encounters, feelings of sexual guilt, a lack of desire for intimacy, and low sexual assertiveness (Birnbaum, 2007; Birnbaum & Gillath, 2006; Brassard et al., 2015; Zerubavel & Messman-Moore, 2013). Furthermore, sexual anxiety can be a consequence of sexual victimization and is linked to the risk of sexual revictimization (Messman-Moore et al., 2008). Survivors of sexual assault may struggle to approach sex without fear and anxiety, which diminishes their ability to assertively resist their partner's sexually aggressive behavior (Messman-Moore et al., 2008). As noted by Hamby and Grych (2016), survivors of sexual coercion often fail to recognize cues indicating sexual coercion, as their cognitive, physiological, and emotional responses may become dysregulated, impairing their ability to react appropriately to sexual threats.

Sexual Shame

Sexual shame is defined as "shame associated with one's sexual self that is based on perceived or real responses to one's sexual attitudes, behaviors, or experiences" (Kilimnik & Meston, 2021, p. 2). Victims of intimate partner violence (IPV) often grapple with feelings of shame, anger, self-blame, self-judgment, and low self-compassion (Bermudez et al., 2013; Davey et al., 2005; Erb, 2016; Novaco, 2011; Velotti et al., 2016). Shame significantly exacerbates anxiety, PTSD, and depression (Shorey et al., 2011). Among victims of sexual assault, the rates of self-judgment and self-blame are notably high (Goodarzi et al., 2020). Survivors may excessively blame themselves for being in the

"wrong place," failing to scream for help, or making poor decisions, which is linked to increased trauma symptoms (Ortiz & Smith, 2021; Sigurvinsdottir et al., 2020).

The overwhelming sense of shame and self-blame can severely damage a victim's relationships with others. Individuals may struggle to trust others, perceive the world as an unsafe place, and isolate themselves (Wright & Benson, 2010). Consequently, when faced with problems, they might hesitate to disclose their struggles or seek help. Survivors often adopt avoidance strategies, such as withdrawal and isolation (Mitchell & Raghavan, 2021). They may also resort to denial or emotional suppression to cope with their trauma (Tarzia, 2021), believing these strategies to be beneficial. However, such coping mechanisms are associated with increased psychological distress, heightened anxiety, emotional dysregulation, shame, and self-blame (Goodarzi et al., 2020). Women who perceive themselves as responsible for their assault often experience poor decision-making and a sense of shame, leading them to suffer in silence. This shame can hinder women's ability to act competently or maintain independence (Beck et al., 2011). In contrast, seeking help and sharing emotions with others can yield significant psychological benefits (Strauss Swanson & Szymanski, 2020).

Sexual Communication

Sexual communication can be defined as "the combination of sexual self-disclosure, the quality of the sexual communication, and the frequency of this" (Mallory et al., 2019, p. 1). Greater sexual assertiveness is associated with higher sexual satisfaction, particularly for women (Bridges et al., 2004; Struckman-Johnson et al., 2020; Zhang et al., 2021; Ménard & Offman, 2009). Conversely, couples facing more sexual concerns and problems tend to exhibit lower levels of sexual communication (Kelly et al., 2004, 2006; Pazmany et al., 2015; Rehman et al., 2011). A history of trauma related to sexual matters is a significant factor that hinders effective sexual communication (Davis & Petretic-Jackson, 2000). Beres (2010) indicated that lower sexual communication may be linked to an increased risk of sexual revictimization within relationships. Due to inadequate sexual communication, partners often resort to guessing or making assumptions about each other's sexual needs. This can lead men to overestimate their partner's desire for sex, as women often express their sexual needs and desires indirectly. Consequently, discrepancies and misunderstandings regarding sexual matters may arise between couples (Beres, 2010). In light of these misunderstandings, men may lack clarity about their partners' wishes and needs, which can result in many sexual encounters being perceived as violent, unwanted, or hurtful.

Sexual Esteem

Sexual self-esteem encompasses various aspects, including behavior (e.g., feeling positive about one's sexual actions), conduct (e.g., believing one can be at ease in a sexual situation with a partner), body perception (e.g., viewing one's own body as well developed), and sexual attractiveness (e.g., believing one is appealing to potential sexual partners) (Kennis et al., 2021, p. 2). Sexual esteem is shaped by past experiences and significantly influences an individual's future sexual choices, attitudes, and behaviors (Mayers et al., 2003).

The history of sexual victimization can significantly affect sexual self-esteem. Victims may perceive themselves as inadequate in sexual relationships, leading to negative self-evaluations, increased impulsivity during sexual encounters, heightened sexual anxiety, and persistent rumination (Brassard et al., 2015; Mayers et al., 2003). Some survivors report that the threats and behaviors of their abuser frequently resurface in their minds, contributing to a pervasive sense of worthlessness (Brassard et al., 2015; Mayers et al., 2003; McCabe & Taleporos, 2003). These issues collectively have a detrimental impact on sexual self-esteem.

Sexual Mindfulness

In the context of sexual encounters, individuals with a heightened tendency for self-evaluation may find it difficult to maintain focus (Barnes et al., 2007). A common issue during sex is the intrusion of negative thoughts and feelings, leading individuals to react to these thoughts and becoming easily distracted (Barnes et al., 2007). Such distractions can negatively impact one's sexual experiences (Karremans et al., 2017) and overall relationship quality (Khorasani et al., 2021). Furthermore, survivors of sexual aggression may grapple with persistent negative thoughts and emotions, not only during sexual encounters but also throughout their daily lives.

Sexual mindfulness refers to a state of openness and non-evaluative awareness regarding thoughts and emotions during sexual experiences (Leavitt et al., 2020). It can assist individuals in coping with sexual distress and enhancing decision-making. Increased non-evaluation and heightened awareness during sexual activity are positively correlated with greater self-efficacy, improved self-image, and reduced feelings of sexual shame and anxiety (Leavitt et al., 2020). The outcomes of sexual mindfulness therapy include enhanced knowledge, self-discovery, and a diminished sense of guilt, empowering individuals to better appreciate their sexual needs and desires (Leavitt et al., 2020).

The Current Study

Sexual violence victimization can have long-lasting impacts on survivors. This study focuses specifically on sexual violence perpetrated by intimate partners. Although women are the primary victims of intimate partner violence (IPV) in Iran, there is a paucity of research on sexual victimization in this context. The present study aims to investigate the experiences of sexual IPV victimization and its relationship with potential consequences, including sexual shame, anxiety, esteem, and

communication. Additionally, the study seeks to examine whether sexual mindfulness moderates the relationship between sexual IPV victimization and its potential consequences.

Method

Participants and Procedure

The present study aims to investigate the association between sexual IPV victimization and factors such as sexual esteem, sexual communication, sexual anxiety, and sexual shame among a sample of Iranian individuals. Additionally, the study examines whether sexual mindfulness moderates these relationships. Due to the challenges posed by the coronavirus pandemic and the difficulty in accessing a large sample, an online survey was utilized. Given the popularity of Telegram in Iran, the questionnaires were distributed through two Telegram channels: Torange and Sex Therapy. These channels offer information and educational materials on sexual issues and intimate partner violence.

We contacted the administrators of these two channels to explain the aim of our study. They agreed to share the link to the questionnaires in their channels and encouraged their followers to participate. Those willing to take part in the study could access the online questionnaire by clicking the link provided. An online consent form was obtained from participants before they began responding to the items. Participation was voluntary, and individuals could withdraw at any stage. The inclusion criteria for participants were: (1) being married for more than six months, (2) having at least a high school diploma, and (3) being aged between 18 and 60 years. In total, 359 women completed the questionnaires.

Measures

Conflict Tactics Scale (CTS2): To assess the extent of sexual victimization within intimate partner relationships, the Conflict Tactics Scale, Second Edition (CTS2), was utilized (Straus et al., 1996). This scale evaluates the prevalence of aggressive behaviors over the past year, with response options ranging from 0 (never) to 6 (more than 20 times), while a score of 7 indicates a history of violent behaviors occurring earlier but not in the last year. In this study, we employed the sexual coercion subscale, which consists of 7 items (e.g., "My partner used threats to make me have oral or anal sex"). The Cronbach's alpha for this subscale was 0.85, indicating good internal consistency.

Dyadic Sexual Communication: This measure evaluates the perceived quality of the sexual communication process between intimate partners (Catania, 2013). It consists of 13 items (e.g., "My partner rarely responds when I want to talk about our sex life"), rated on a 6-point Likert scale (1 = strongly disagree, 6 = strongly agree). A higher score indicates a greater quality of sexual communication. The Cronbach's alpha for this measure was 0.87, demonstrating excellent internal consistency.

Sexual Self-Concept: This questionnaire is divided into two subscales: sexual esteem and sexual anxiety (Rostosky et al., 2008). Each subscale consists of 8 items. A sample item from the sexual esteem subscale is, "I derive a sense of self-pride from the way I handle my own sexual needs and desires," while an example from the sexual anxiety subscale is, "I feel nervous when I think about the sexual aspect of my life." Higher scores indicate greater levels of sexual esteem and sexual anxiety. The Cronbach's alphas for the sexual esteem and sexual anxiety subscales were 0.92 and 0.94, respectively, indicating excellent internal consistency.

Sexual Shame: The 18-item Sexual Shame Inventory measures the shame individuals may feel about issues related to sexuality (Kyle, 2013). Each item is scored on a 6-point Likert scale, ranging from 1 (strongly disagree) to 6 (strongly agree). Higher scores indicate greater levels of sexual shame. An example item from this inventory is, "I feel like I am never quite good enough when it comes to sexuality." The Cronbach's alpha for this inventory was 0.80, suggesting good internal consistency.

Sexual Mindfulness: Sexual mindfulness refers to the extent to which an individual maintains awareness and non-judgment during sexual experiences (Leavitt et al., 2019). The measure consists of seven items divided into two subscales: awareness and non-judgment. Each item is scored on a 5-point Likert scale, ranging from 1 (never or rarely true) to 5 (very often or always true). Example items for the awareness and non-judgment subscales include: "I pay attention to how sex affects my thoughts and behaviors" and "During sex, I sometimes feel tense when I have a thought, I'm not comfortable with," respectively. The Cronbach's alpha for the awareness subscale was 0.83, while it was 0.76 for the non-judgment subscale, indicating acceptable internal consistency.

Analysis Plan

A path analysis was conducted using Mplus 8 (Muthén & Muthén, 1998-2011) to examine the relationships between sexual IPV victimization and the outcomes of sexual communication, sexual anxiety, sexual shame, and sexual self-esteem. Gender (being female) was included as a control variable. Additionally, we explored whether sexual mindfulness—specifically its subcomponents of awareness and non-judgment—significantly moderated the relationships between sexual IPV victimization and the aforementioned outcomes.

To facilitate this analysis, the two moderator variables (sexual mindfulness—awareness and sexual mindfulness—non-judgment) were standardized, and interaction terms were computed in SPSS prior to the analysis in Mplus 8. Missing data were addressed using maximum likelihood estimation.

Results

Being a female was significantly related to lower levels of sexual communication ($b = -5.66$, $p < .01$, $\beta = -0.13$; See Table 1). Sexual IPV victimization was not significantly related to levels of sexual communication. Sexual IPV victimization was significantly associated with higher levels of sexual anxiety ($b = 0.39$, $p < .001$, $\beta = 0.32$) and sexual shame ($b = 0.68$, $p < .001$,

β = 0.27). Being a female was not significantly associated with sexual shame or sexual anxiety. Neither being female or sexual IPV victimization was significantly related to sexual self-esteem.

When examining interaction effects, sexual mindfulness (awareness) significantly moderated the relationship between sexual IPV victimization and sexual anxiety (b = -1.31, p < .05, β = -0.16). This means that individuals with higher levels of sexual IPV victimization, who also score high on levels of sexual mindfulness were significantly less likely to report sexual anxiety. The relationship between sexual IPV victimization and sexual anxiety was no longer significant when sexual mindfulness (non-judgment) was used as a moderating variable. Sexual IPV victimization was significantly related to sexual shame, but there was no longer a significant relationship when sexual mindfulness (awareness and non-judgement) moderated the relationship.

Table 1. Direct and Indirect Coefficients Regression Among Variables

Parameter Estimate	Unstandardized	Standardized	p
Sexual Communication			
Sexual IPV Victimization	-0.21 (.12).	-.18	.089
Female	**-5.66 (1.93)****	-.13	.003
Sexual IPV Victimization x Sexual Mindfulness – Awareness	-0.21 (.76)	-.02	.782
Sexual IPV Victimization x Sexual Mindfulness – Non-judgement	1.30 (.69)	.15	.060
Sexual Anxiety			
Sexual IPV Victimization	**0.39 (.09)*****	.32	.000
Female	3.03 (1.41)	.12	.031
Sexual IPV Victimization x Sexual Mindfulness – Awareness	**-1.31 (.55)***	-.16	.017
Sexual IPV Victimization x Sexual Mindfulness – Non-judgement	0.02 (.51)	.00	.973
Sexual Shame			
Sexual IPV Victimization	**0.68 (.19)*****	.27	.000
Female	3.97 (2.96)	.08	.180
Sexual IPV Victimization x Sexual Mindfulness – Awareness	-2.15 (1.16)	-.13	.063
Sexual IPV Victimization x Sexual Mindfulness – Non-judgement	-0.17 (1.06)	-.01	.873
Sexual Self-Esteem			
Sexual IPV Victimization	0.09 (.10)	.07	.392
Female	0.91 (1.60)	.04	.571
Sexual IPV Victimization x Sexual Mindfulness – Awareness	0.61 (0.63)	.07	.333
Sexual IPV Victimization x Sexual Mindfulness – Non-judgement	0.37 (0.57)	.05	.515
R-Squared			
Sexual Communication	**.09 (.03)***		.011
Sexual Anxiety	**.18 (.04)****		.001
Sexual Shame	.13 (.04)		.445
Sexual Self-Esteem	**.01 (.01)*****		.000

Note: χ^2 (0) = .0, p < .001; CFI = 1.00; TLI = 1.00, RMSEA = .0 (95% confidence interval [.0, .0]);
Boldface indicates statistical significance. * = p < .05; ** = p < .01; *** = p < .001.

Discussion

The present study aimed to investigate the association between experiences of sexual IPV victimization and its potential consequences, including sexual anxiety, sexual shame, sexual communication, and sexual self-esteem, among a sample of Iranian women. Additionally, the study sought to examine whether sexual mindfulness moderates the relationships between sexual IPV victimization and these outcomes.

The present study found that the relationship between sexual IPV victimization and sexual communication was not significant, indicating that experiencing sexual IPV victimization did not impact sexual communication within the Iranian population. Furthermore, levels of sexual communication among women were lower than those observed in men. This aligns with existing literature indicating that Iranian women typically exhibit low rates of sexual communication (Roudsari et al., 2013), which may explain why sexual IPV victimization did not influence their communication levels.

Several factors affect individuals' perceptions of the acceptability of discussing sexuality, including familial influences, sexual education, gender roles, and religious beliefs (Kim &

Ward, 2007; Litzinger & Gordon, 2005; Milburn, 1995). Consequently, Iranian women face numerous barriers to discussing sexual matters. For instance, passive roles encouraged by families during childhood (Ghajarzadeh et al., 2014), restrictions on conversations about sexuality (Kooranian et al., 2018), and perceptions that questioning sexual topics is impolite (Bahrami et al., 2013) all contribute to these barriers.

As anticipated, discussions about sexuality in Iran are often considered taboo, leading individuals to employ indirect language regarding sexual topics (Roudsari et al., 2013). Unsurprisingly, Iranian women encounter more limitations and restrictions related to sexuality than their male counterparts (Khalajabadi-Farahani et al., 2019). Additionally, research suggests that a husband's attitude plays a crucial role in enhancing sexual communication among Iranian women (Ghasemi et al., 2019).

he present study found that sexual IPV victimization was significantly associated with increased levels of sexual anxiety. This indicates that survivors of sexual IPV tend to experience heightened fear and concern related to their sexuality. While existing literature supports a link between sexual IPV victimization and elevated anxiety levels (Blanco et al., 2021; Codina & Pereda, 2021; López & Yeater, 2021), a notable contribution of this study is its specific focus on sexual anxiety.

Sexual anxiety can have detrimental effects on sexual attitudes and behaviors, leading to heightened anxiety when encountering sexual topics, reluctance to discuss sexual attitudes with friends, family, and coworkers, and potential avoidance of sexual situations altogether. For survivors of sexual IPV who remain in relationships with their abusers, any signs or behaviors exhibited by the abuser can trigger additional anxiety (Temple et al., 2007).

These negative consequences of sexual anxiety are further complicated within the context of Iranian culture, which can exacerbate levels of sexual anxiety in women. The socialization of boys and girls in Iran plays a significant role in shaping their experiences with sexual anxiety. For instance, Iranian boys often have multiple sexual partners and engage in sexually risky behaviors before marriage, a practice typically viewed as socially acceptable. In contrast, Iranian girls face stringent societal expectations that discourage premarital sexual activity, often subjected to hymen examinations to "ensure" their virginity (Ahmadi, 2016).

Women raised in conservative environments, lacking adequate education and information about sexual matters, may find themselves facing increased violence, abuse, and threats of severe harm, including murder, for engaging in premarital relationships (Cinthio, 2015). These cultural dynamics can exacerbate sexual anxiety among Iranian women who have experienced sexual IPV victimization, leading to a complex interplay of fear and concern regarding their sexual well-being.

The association between sexual IPV victimization and sexual shame was found to be significant. As noted by Weiss (2010), the sense of shame that follows sexual victimization is heavily influenced by the cultural context in which the survivor resides. Definitions of shame and the reporting of sexual victimization are shaped by cultural ideologies surrounding gender and sexuality (Zinzow & Thompson, 2011). Although disclosing experiences of sexual violence can yield positive outcomes, many survivors are hesitant to speak about their victimization due to feelings of shame, minimization of their experiences, fear of potential consequences, and concerns for their privacy (Carson et al., 2020).

Shame can compel survivors of sexual IPV to deny the seriousness of their injuries and to self-blame for the incidents they have endured. In Iranian culture, girls are socialized from an early age to embody the ideals of being a "good girl" in preparation for marriage (Farahani, 2008). Marriage is viewed as a significant achievement for girls in Iran, and various influences—such as family, educational institutions, and media—shape the concept of what it means to be a "good wife." For instance, a "good wife" is expected to refrain from discussing her husband's shortcomings or sexual indiscretions. Open discussions about these matters are considered taboo for women (Dimirkiran et al., 2006; Ghasemi et al., 2019).

Consequently, sexual shame can emerge as a direct outcome of sexual IPV victimization, further hindering survivors from disclosing their experiences. This may lead them to suffer in silence, as they grapple with the internalized stigma associated with their victimization (Ghajarzadeh et al., 2014; Kooranian et al., 2018).

The relationship between sexual victimization and sexual esteem was found to be non-significant. This lack of association may stem from cultural beliefs in Iran that prioritize the sexual needs and desires of partners over those of women themselves (Farahani, 2020). In many cases, women are held responsible if they are unable to fulfill their husband's sexual desires, leading to a perception that their own sexual needs are secondary (Mehryar & Tashakkori, 1978).

Consequently, this cultural context may contribute to lower levels of sexual esteem among Iranian women. Supporting this notion, research indicates that 37% of Iranian women experience a lack of sexual pleasure, while only 2% feel comfortable discussing their sexual issues with a professional (Azarkhordad et al., 2020). These findings suggest that the interplay between cultural norms and individual experiences may inhibit the development of healthy sexual esteem in this population.

Sexual mindfulness was found to moderate the relationship between sexual IPV victimization and sexual anxiety. Survivors of sexual IPV often experience heightened levels of sexual anxiety, which can negatively impact their sexual pleasure and lead to an anxious approach to sexual encounters (Messman-Moore et al., 2008). This heightened anxiety can create tension that detracts from positive sexual experiences.

However, sexual mindfulness—defined as the ability to maintain awareness and refrain from judgment during sexual activities—can facilitate a more positive attitude toward sexuality. By focusing on the present sexual experience and minimizing negative thoughts that may arise during intimate moments, survivors can enhance their engagement in sexual activity (Leavitt et al., 2020). Sexual mindfulness also allows individuals to cultivate awareness of bodily sensations while reducing self-judgment and judgment of their partners (Leavitt et al., 2019).

Furthermore, sexual mindfulness can mitigate ingrained societal biases that dictate women's roles in sexual relationships. Research by Leavitt et al. (2020) suggests that women who engage in sexual mindfulness therapy can challenge the social expectation of prioritizing their partners' sexual needs over their own. In an Iranian context, women who participated in mindfulness interventions reported feeling less embarrassed about initiating sexual activity with their husbands (Bagherzadeh et al., 2020). These findings indicate that mindfulness interventions may be beneficial for Iranian survivors of sexual IPV victimization, helping them navigate their sexual experiences more positively and effectively.

Limitations and Future Research

The present study has several limitations. First, in developing countries with conservative attitudes toward sexuality, open discussions about sexual topics can be challenging. As a result, many participants, particularly women, may find it difficult to engage in conversations about their sexual experiences. This may impact the depth and accuracy of their responses.

Additionally, the data were collected using self-report questionnaires, which can introduce biases, particularly in measures of mindfulness. Self-reported mindfulness may overlap with and correlate with other factors, such as emotional intelligence and self-compassion (Van Dam et al., 2018). Nevertheless, we focused specifically on sexual mindfulness, which is directly relevant to the sexual context. Furthermore, while self-report methods are widely used and considered reliable, they still carry inherent limitations.

Moreover, the results of this study were measured at a single time point, preventing us from establishing a cause-and-effect relationship among the variables. Future research could benefit from a longitudinal design to better understand the dynamics between sexual IPV victimization, sexual anxiety, and sexual mindfulness over time.

Future research should investigate the relationship between sexual victimization and various sexual variables, such as sexual shame and sexual anxiety. It is essential to explore this association across different cultures with diverse cultural norms to understand how these dynamics may vary. Additionally, identifying effective moderators, such as sexual mindfulness, could be beneficial in mitigating the negative outcomes of sexual victimization.

Longitudinal designs would provide valuable insights into the temporal dynamics of these relationships. Researchers should also consider utilizing dyadic data to capture the interactions between partners or employing mixed-methods approaches that combine qualitative and quantitative data for a more comprehensive understanding.

Given the diversity of ethnicities within Iran, future studies should examine how different cultural norms and ethnic backgrounds influence individuals' responses to violence in relationships. This would enhance our understanding of the nuanced ways in which cultural context shapes experiences and coping mechanisms related to sexual victimization.

Implications

Sexual IPV victimization is associated with increased levels of sexual shame and sexual anxiety. It is crucial for helping professionals, such as therapists, to recognize this consequence of victimization and to actively engage survivors in discussions about whether they would like to address these issues in therapy.

In the context of a conservative culture, professionals should employ various interventions aimed at enhancing sexual communication between couples. This is especially important for women, who may feel less comfortable expressing their sexual needs and desires.Additionally, our findings indicate that sexual mindfulness significantly moderates the relationship between sexual victimization and sexual anxiety in survivors. By fostering an attitude of non-evaluation toward oneself and one's partner, and by emphasizing awareness of bodily sensations during sexual activity, mindfulness practices can help reduce anxiety.

Mindfulness interventions can be particularly beneficial for survivors of sexual violence who wish to improve their capacity for experiencing pleasure and to cultivate confidence in their sexuality. These interventions may empower individuals to reclaim their sexual well-being and enhance their overall quality of life.

Conclusion

Exposure to sexual victimization can lead to several adverse effects, some of which can be profoundly harmful to survivors. A significant consequence is the increased experience of sexual shame and sexual anxiety. This sexual shame often results in survivors concealing their sexual characteristics and needs from others, while sexual anxiety leads them to approach intimate relationships with heightened tension and stress.

Although sexual victimization does not appear to impact levels of sexual communication and sexual esteem, it is noteworthy that sexual communication rates among women are generally lower than those among men. However, sexual mindfulness can serve as an effective moderator between sexual victimization and sexual anxiety, helping survivors navigate these challenges more effectively.

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Appendix

Torang not only has an active Telegram channel but also a presence on Instagram, where it has nearly 2,000 followers. Additionally, it features a comprehensive application designed to educate and support individuals victimized both at home and outside. The Torang app offers multiple options, each serving a specific purpose. For instance, the police and emergency options are available for individuals feeling threatened by partners or others. Users can send a message to the police and emergency services, prompting a quick response.

To enhance safety, users must enable their mobile phone's GPS, allowing others to locate them easily. Survivors are also encouraged to designate three trusted individuals who are informed about the app and can provide assistance when needed. Furthermore, the application includes a "Legal Forms" section that familiarizes users with their rights in relationships, providing several templates for legal and criminal complaints that can be filed in court. It also offers resources to help identify signs of violence within relationships.

Additionally, a "Free Legal and Psychological Centers" option enables users to communicate with psychologists and lawyers for guidance on their inquiries. The app also features a "Relationship Meter," which evaluates the pros and cons of a relationship and suggests various strategies to enhance relationship satisfaction.

Another valuable resource is the "Sex Therapy" channel, which has garnered around 1,000 members since its launch in 2019 by a sexologist. This channel aims to promote sexual health and provide valuable information to its members.