Research Article

Sexual Harassment and Psychological Well-Being of the Victims: The Role of Abuse-Related Shame, Fear of Being Harassed, and Social Support

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Abstract

Objectives: The aim of the study was to investigate the association between victimisation from sexual harassment and the development of PTSD and depressive symptoms among victims, and in addition, to examine potentially contributing mediating and moderating social factors involved in the process.

Methods: A questionnaire was completed by 586 female university students in three cities in Pakistan. The mean age was 22.3 years (SD = 4.3). The questionnaire included scales for measuring the frequency of sexual harassment, the victim's sharing of the incident with a close one, social support, abuse-related shame, fear of being harassed, self-esteem, symptoms of PTSD, and depression.

Results: Abuse-related shame and fear of being harassed were found to serve as mediators between exposure to sexual harassment and PTSD and depression respectively. Social support, but not simply sharing the experience with a close one, had a moderating effect. The indirect effect of abuse-related shame was weaker among females who received social support after being victimised. No association was found between victimisation from sexual harassment and the level of self-esteem of the victims.

Conclusion: The results emphasise the importance of mediating social factors for the negative well-being of female victims of sexual harassment. Furthermore, social support seems to moderate the negative effect of sexual harassment. There is a grave need to change the prevailing mindset where conformity with social norms and integrity is prioritised over the well-being of the individuals.

Keywords: Abuse-related shame, depression, fear of being harassed, PTSD, sexual harassment, social support

Cite This Article: Anwar F, Osterman K, Björkqvist K. Sexual Harassment and Psychological Well-being of the Victims: The Role of Abuse-related Shame, Fear of Being Harassed, and Social Support. EJMI 2022;6(2):227–239.

Gender-based aggression is a form of aggression with the inherent purpose of oppressing women, consciously or unconsciously, while at the same time displaying male dominance.[1] According to article 40 of the Istanbul Convention, sexual harassment has been declared as one such form of aggression against women.[2] Pakistan is one among 125 countries that has established laws to address this problem. There are two legal provisions that govern sexual harassment throughout Pakistan: section 509 of the Pakistan Criminal Penal Code and the Protection Against Harassment of Women at the Workplace Act of 2010. According to section 509 of the Pakistan Penal Code,[3] whoever intend to insult the modesty of a woman through verbal, physical, and nonverbal intrusion into the privacy of a woman in public places shall be punished with imprisonment of three years and given a fine of up to five

thousand rupees, or both. Despite the strict laws and the fact that sexual harassment has been declared a criminal offence,[4] a large-scale prevalence of sexual harassment against women has been observed in Pakistan.[5-7] One obvious reason is the weak implementation of the law to curb the crime; another reason could be existing cultural barriers preventing women from reporting the gender-based aggression they face in public places.

People from collectivist societies like Pakistan endorse interdependence and prefer in-group goals over personal needs and aspirations.[8] In addition, the patriarchal values and cultural norms determine the social status of an individual. Women are considered to have the responsibility of keeping up the respect and dignity of the family, and being a victim of sexual offence means bringing disrespect to the whole family.[7] It has been argued that the victimisation of females from sexual harassment is not only about male sexual desires, but also about power distance and gender dynamics in a given culture.[9] It is such a common phenomenon in many patriarchal societies that women accept it as a part of their daily life[10,11] to such an extent that it is mostly overlooked by bystanders who fail to perceive it as objectionable behavior.[12,13] Similarly, the witnessing of different forms of sexual harassment against other females on a daily basis makes women accustomed and desensitized to these discriminatory behaviors. Therefore, when they themselves encounter victimisation from sexual harassment, they find it less disturbing and shameful.[14]

It has been argued that the main motive behind perpetration of sexual harassment is to protect the males' social status and dominance, thus to uphold the gender hierarchy[15,16] especially in high power distant countries like Pakistan. Despite legal protection, placing a complaint is a costly process for women; here they will again encounter the patriarchal system, social shame, and victim-blaming. Thus, the primary issue is the weak implementation of the law[6] which includes a deficient judicial system and poor law enforcement services to protect women in public places. Women in Pakistan have reported emotional distress due to sexual harassment, especially on disclosure of their experience to close ones;[17] this might be due to the fact that Pakistani women receive poor, or even discouraging, social support when sharing the experience of victimisation from sexual harassment with others. In the present study, the mediating effect of different factors involved in the process, more precisely the fear of being harassed, and abuse-related shame, were investigated. The potentially moderating factors of sharing behavior of the victims of sexual harassment and the social support they receive on the disclosure of their experience were also examined.

Social Support

Social support has been found to moderate the relationship between social stressors and mental health issues.[18] Results of a meta-analysis identified a correlation between social support and positive mental health effects in individuals who encountered stressful situations.[19] According to the theoretical stress and coping perspective on social support, reassurance by close ones or social networks protects people from the harmful effects of a stressor and promotes coping, thus contributing to their positive mental health.[20] Similarly, less perceived social support was found to be predictive of depression in survivors of a traumatic life event.[21] It has been argued that social support from social networks buffers distress caused by victimisation from bullying[22] thus moderating the association between victimisation from dating violence and psychological well-being[23] and the relationship between intimate partner violence and depression. [24] However, the moderating effect of social support on the association between victimisation from sexual harassment and the psychological well-being of the victims has not been extensively studied, especially in the Pakistani context.

Rigid social beliefs about masculinity and femininity have been argued to be risk factors for aggression against individuals in a given society.[25] In present-day Pakistan, the younger generation is more flexible about gender roles than previous ones[26] however, women are still scrutinized and stigmatized for not conforming with the gender norms set by the society.[27] Even those who follow the norms become victims of "girl watching" behavior by men.[28] In such situations, the lack of social support provided to the victims could contribute to prevailing gender inequality in the culture. For example, mothers abiding by traditional norms are more concerned about the cultural imperatives of shame, stigma, and embarrassment related to sexual assault rather than the well-being of their daughters.[29] Similarly, females who raise their voices against discrimination are labeled as bad women, since silence is the socially accepted and expected behavior from a woman in traditional cultures like Pakistan.[26] In addition, the negative social reactions the victim is met with disregard the fact that sexual assault of females is in fact outlawed[30] and the victimisation keeps going on because people at large fail to realize that it is indeed a crime and a form of sexism and aggression against females.[31] In such circumstances, the provision of emotional and material support could help victims deal with sexual harassment.[32]

Abuse-Related Shame

Post-trauma social support plays an important role in the positive well-being of victims of sexual harassment. Emotional sensitivity to criticism or fear of negative evaluation

by others develops negative emotions such as shame and depression.[33] The emotion of shame involves feelings of embarrassment, inferiority, and fear of social rejection in social or private interactions.[34,35] Victims of sexual assault develop psychological distress due to negative social reactions where shame has been found to mediate the relationship.[36] In Pakistan, conformity with social norms and social integrity is more important than the well-being of individuals.[37] The witnessing of the victimisation of others has been found to have an indirect effect on well-being via shame.[14] Sexual harassment by a stranger has been shown to leave females feeling exposed and induced with shame.[38] The shame emerges from a societal belief system that blames the women, not the men, for being victimised from sexual assault.[39,40] The continuous fear of being blamed for the victimisation makes the victim prone to feeling shame, which is a risk factor for the development of PTSD.[41]

Depressive Symptoms

Proneness to feelings of shame might serve as a risk factor for the development of depression.[42] A significant association between victimisation from sexual harassment and depressive symptoms has been found, where shame mediated the process.[43,14] Another study identified a bidirectional relationship or a reciprocal effect between sexual harassment and depression among female victims.[44] The development of depression, anxiety, and substance abuse due to chronic victimisation from sexual harassment has been reported.[45] Another study reported increased feelings of anger and depression in women who had been victimised from sexual objectification and harassment.[46] Similarly, Pakistani women working in the private sector reported severe depression and anxiety due to sexual harassment.[47]

Post-Traumatic Stress Disorder

Repeated memories of traumatic events are a common factor among patients suffering from PTSD and depression, where depression is mostly associated with anxiety and PTSD with the arousal of feelings of fear and helplessness.[48] Females have been found to be at a higher risk for developing PTSD than males[49] since they face negative social reactions more often than males in cases of aggressive crime.[50] Women who are victims of sexual harassment also receive negative social reactions[51] although it is considered a less violent or serious crime.[52]

A meta-analysis of studies on PTSD showed that gender, severity of the traumatic event, post-trauma lack of social support, and subsequent stress were found to be the strongest risk factors in the development of PTSD.[49] An association has been found between victimisation from sexual harassment and negative mental health issues and PTSD symptoms among females[53] beyond the effects of prior victimisation.[54] Similarly, a recent study found both a direct and an indirect link between being harassed by a stranger and PTSD symptoms. Shame, fear of rape, and safety concerns have been found to mediate the relationship between sexual harassment and PTSD symptoms.[55]

Self-esteem

Self-esteem is a sociometer that measures the value or worth of an individual as a member of a desirable group or relationship. Thus, low social support or social rejection could impact one's self-esteem negatively[56] and lead to other psychological issues. It has been argued that the victimisation of women from sexual objectification, degrading comments, and demeaning behavior have profound effects on women's emotional well-being by lowering their state self-esteem.[46] On the other hand, individuals with high self-esteem are less likely to feel demoralized by being victimised from sexual harassment.[57] Although the effect of victimisation from sexual harassment on self-esteem has been shown to be smaller than other health outcomes[58] sexual harassment was still found to be a significant predictor of low self-esteem among a Pakistani sample of in-training nurses.[59] Moreover, a recent study from Finland identified low self-esteem as a possible risk factor for sexual harassment of females in public places.[60]

Fear of Being Harassed

Female victims of sexual harassment in public places develop a fear of men in general, of travelling alone, and become cautious about certain parts of the city while moving out alone after dark.[61] It has been reported that they feel uncomfortable at certain places even during the daytime.[62] The fear of being harassed or raped[63] subsequently leads to the development of PTSD symptoms among victims of sexual harassment.[55] Moreover, the sense of insecurity, especially at nighttime, is also associated with the female body, making females more careful about their looks in order to avoid discomfort or intrusion by males while out alone at night.[64] Being cautious and the use of self-protective measures like avoiding walking in the vicinity of males, not going out alone, or not using public transportation in the evening further induce fear from stranger harassment among females.[65] Thus, stress restricts the free movement of women in public places.[66]

 The present study was designed to examine the association between sexual harassment and the well-being of the victims, and the aforementioned potentially contributing mediating and moderating social factors involved in the process, in a sample from Pakistan.

Methods

Sample

The sample consisted of female students from the cities of Islamabad, Rawalpindi, and Lahore in Pakistan. They were approached via university email and social media. Thus, the sample was a convenience sample rather than a representative one; however, it should be regarded as relatively well representative for female university students from these cities. The questionnaire was distributed online. The questionnaire was completed by 599 respondents; of the total responses, 13 questionnaires which were filled in by males were eliminated from the data set. The final sample of 586 female respondents had a mean age of 22.3 years (SD=4.3); the age range was 16-47 years. Of the respondents, 84.1% were single, 15.9% were married, 62.1% had a Bachelor's degree or lower, and 37.9% had Master's degree or higher.

Instrument

The questionnaire was designed to collect data based on scales measuring (a) victimisation of females from sexual harassment, (b) abuse-related shame, (c) fear of being harassed, (d) social reactions on disclosure of the abuse, (e) level of positive self-esteem, (f) depressive symptoms, (g) symptoms of post-traumatic stress disorder and (h) sharing behavior of the respondents (telling others about the incident) after being victimised from sexual harassment.

To measure victimisation of females from sexual harassment in public places, a shortened version of a scale inspired by the Sexual Harassment Experience Questionnaire[67] was used. The scale included the ten most common behaviors of sexual harassment reported by the respondents from a previous study in Pakistan.[17] The included items were (a) stared at you with dirty looks, (b) not let you pass by, (c) followed you in the street, (d) whistled while looking at you, (e) hummed filthy songs in your presence, (f) touched your hand while giving you something, (g) stood close to you in a crowded place, (h) collided with you while passing by, (i) passed unwanted comments on your appearance, and (j) offered you an unwanted lift in a vehicle. Responses were given on a five-point-scale (never=0, seldom=1, sometimes=2, often=3, very often=4). The Cronbach's alpha of the scale was 0.90.

A scale was constructed to assess the respondents' behavior of sharing with someone after being victimised from sexual harassment. The scale included seven items: If any form of the harassment mentioned in section one has happened to you, have you told anyone about it? (a) A friend, (b) mother, (c) father, (d) sister, (e) brother, (f) relative, (g) no one. The Cronbach's alpha of the scale was found to be 0.76.

To evaluate the level of social support on disclosure of ones' abuse from sexual harassment, a short version of the Social Reactions Questionnaire[68] was used. The scale included ten items: (a) told you it was not your fault, (b) showed understanding of your experience, (c) reframed the experience as a clear case of victimisation, (d) saw your side of things and did not make judgments, (e) seemed to understand how you were feeling, (f) provided information and discussed options, (g) helped you get information of any kind about coping with the experience, (h) told you to stop thinking about it, (i) encouraged you to keep the experience a secret, and (j) told you that you were not cautious enough. Items (i) and (j) were reversely coded for the analysis. The Cronbach's alpha of the scale was 0.85.

To measure the emotion of shame that a victim feels after being victimised from sexual harassment, the Abuse-Related Shame Questionnaire[69] was used. The scale included seven items: When I think about what happened: (a) I feel ashamed because I think that people can tell from looking at me what happened, (b) I am ashamed because I fell I am the only one whom this has happened to, (c) what happened to me makes me feel dirty, (d) I feel like covering my body, (e) I wish I were invisible, (f) I feel disgusted with myself, and (g) I feel exposed. The Cronbach's alpha of the scale was 0.86.

To measure the behavioral responses to the possibility of being harassed, the short version of the Fear of Rape scale[70] was used. The scale included five items: (a) I avoid going out alone at night, (b) when I'm walking out alone at night, I am very cautious, (c) if I am going out late at night, I avoid certain parts of town (d), in general, I am suspicious of men, and (e) I am afraid of men. The Cronbach's alpha of the scale was 0.89.

To measure the self-esteem of the respondents, a shortened version of the Self-Esteem Scale[71] was used. The scale includes seven items : (a) I feel respect for myself, (b) I feel that I am as worthy as anybody else, (c) I feel that I have a number of good qualities, (d) I feel that I have much to be proud of, (e) I am able to do things as well as most other people, (f) I have a positive attitude towards myself, and (g) on the whole, I am satisfied with myself. The Cronbach's alpha of the scale was 0.95.

In order to measure the symptoms of post-traumatic stress disorder among the victims of sexual harassment, a scale of PTSD symptomatology (PCL-5)[72] was used. The scale included six items: In the past month, how much were you bothered by (a) trouble falling or staying asleep? (b) repeated, disturbing, and unwanted memories of the stressful experience? (c) avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)? (d) blaming yourself

or someone else for the stressful experience or what happened after it? (e) trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?, and (f) irritable behavior, angry outbursts, or acting aggressively. The Cronbach's alpha of the scale was 0.89.

To assess the depressive symptoms among the victims, the depression subscale of the Brief Symptom Inventory[73] was used. The scale included six items: (a) feeling hopeless about the future, (b) feelings of worthlessness, (c) feeling sad, (d) having no interest in things, (e) having thoughts of ending your life, and (f) feeling lonely. The Cronbach's alpha of the scale was 0.91.

Statistical Analysis

The SPSS macro-PROCESS developed by Hayes[74] was used to perform a conditional process analysis. The model was run with victimisation from sexual harassment as predictor of post-traumatic stress disorder among the victims. Victimisation from sexual harassment was assumed to also lead to (a) feelings of abuse-related shame and (b) fear of being harassed. Symptoms of post-traumatic stress disorder were assumed to be the outcome of victimisatoin, stemming either directly from sexual harassment or indirectly through abuse-related shame and fear of being harassed. Several mediators in one model not only permits to compare competing theories at a time, but also helps to determine the effect size associated with all mediators involved.[75] A bootstrapping procedure was used to obtain the estimates and to test significance of the indirect effects by using confidence intervals set at 95%. The ratio between direct and indirect effects was used as a measure of the effect size of mediational paths, in accordance with the recommendation by Wen and Fan.[76] The moderated mediational analysis tests the conditional indirect effect of a moderating variable on the relationship between the predictor and an outcome variable. The PROCESS macro (modle-8 v4.0 in SPSSv.26) with 95% confidence interval was used to test the significance of indirect (mediated) ef-

fects moderated by sharing of the experience with a close one, and the subsequent social support they received on sharing. In order to compare the development of different psychological health problems as a result of victimisation from sexual harassment, the same model was then replicated with depressive symptoms as the outcome variable.

Ethical Considerations

Data were collected with informed consent and under strict anonymity. The study adheres to the principles concerning human research ethics of the Declaration of Helsinki,[77] guidelines for the responsible conduct of research of the Finnish Advisory Board on Research Integrity,[78] as well as the general data protection regulation of the European Union.[79]

Results

Descriptive Statistics and Correlations between the Scales

Screening of the data for the 586 respondents showed only 1 % missing data for one of the variables. All the variables of the study were normally distributed where values of skewness (range=0.99 – -0.27) and kurtosis (range=-0.95-0.02) suggested adequate normality (i.e., skewness <2, kurtosis <7).[80] Fifteen multivariate outliers were observed (Mahalanobis' distance p<0.001) which were retained since they had no significant influence (Cook's Distance (0.31) <1)[81] on the model. Of the respondents, 1.9% reported that they had never been victimised from sexual harassment. Over 60% of the respondents never shared their experience of victimisation with their father or a brother. Of the respondents, around 20% reported that they shared their experience of victimisation with a close one.

A within-subject multivariate analysis of variance (WS-MANOVA) showed that respondents most frequently shared their experience after being victimised from sexual harassment with a friend (1.94) followed by a sister (1.59) and a mother (1.51) [F(6, 580)=137.19, p<0.001, ηp2=0.587]. Of the respondents who shared their experience, 56% re-

Table 1. Descriptives and correlations between the scales (n=586)

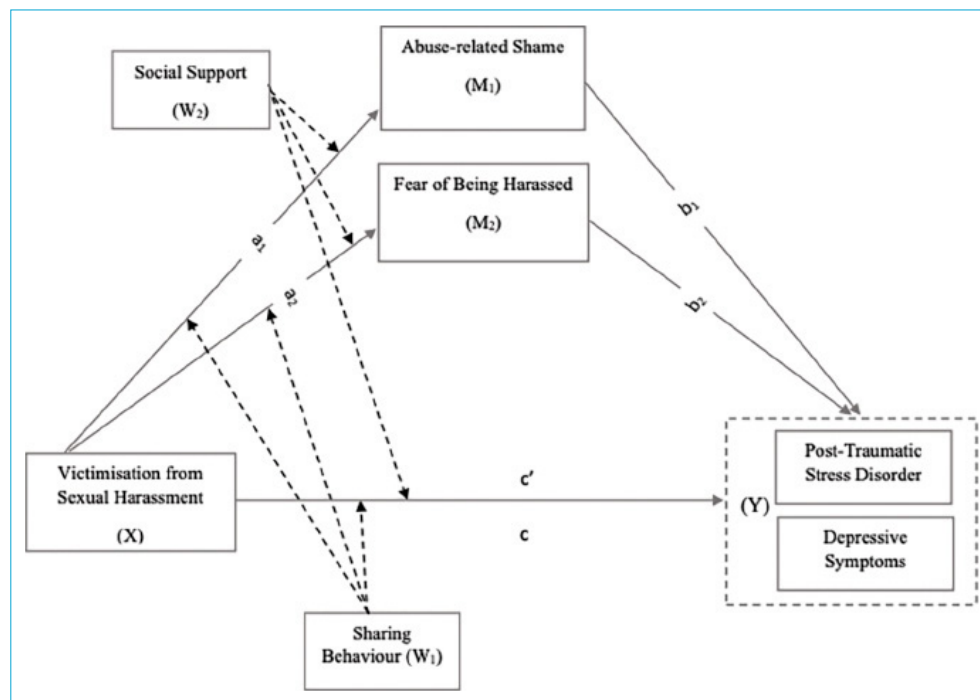|	1.	2.	3.	4.	5.	6.	7.	8.	M	SD
1. Victmisation from sexual harassment									1.54	0.90
2. Sharing	0.28***								1.14	0.83
3. Social support	0.30***	0.47***							2.16	0.92
4. Abuse-related shame	0.48***	0.14***	0.18***						1.34	0.96
5. Fear of being harassed	0.32***	0.24***	0.39***	0.44***					2.40	1.11
6. Post-traumatic stress disorder	0.46***	0.20***	0.23***	0.68***	0.43***				1.46	1.02
7. Depressive symptoms	0.36***	0.08*	0.14***	0.56***	0.36***	0.55***			1.16	0.98

***p<0.001; **p<0.01; *p<0.05

Figure 1. A conditional process model of the effect of victimisation from sexual harassment on the development of PTSD and depressive symptoms, with abuse-related shame and fear of being harassed as mediators, and sharing behavior of the victims and subsequent social support as moderators (n=586).

ceived more than average social support from a close one.

All seven scales measuring outcomes correlated with victimisation from sexual harassment, in all cases except one at a p<0.001-level (Table 1). The highest correlation was found between post-traumatic stress disorder and abuse-related shame (r=0.68), and the second highest between depressive symptoms and abuse-related shame (r=0.56). Moreover, a significant and moderate correlation between victimisation from sexual harassment and PTSD (r=0.46) and depression (r=0.36) indicates that those who were more harassed than others were at greater risk for developing PTSD and depressive symptoms. The scale measuring self-esteem did not correlate with victimisation from sexual harassment. Therefore, self-esteem was not included in the conditional process models.

Conditional Process Analysis

A conditional process model was applied using PROCESS[74] with victimisation from sexual harassment as the predictor (X), symptoms of post-traumatic stress disorder as the outcome variable (Y), the variables of abuse-related shame (M1), and fear of being harassed (M2) as mediators (Fig. 1), and sharing of the experience with a close one (W1) and social support after sharing (W2) as moderators. The same model was then replicated with depressive symptoms as the outcome variable (Y). The results of the models are described below.

The Model with PTSD as Outcome Variable

The results of the mediation analysis showed that the total effect of victimisation from sexual harassment (β=0.52 [0.44, 0.60]) on the development of post-traumatic stress disorder was partially mediated by abuse-related shame (β=0.30 [0.24, 0.37]) and fear of being harassed (β=0.05 [0.03, 0.09]). The model found significant indirect effects suggesting that the effect of victimisation from sexual harassment on post-traumatic stress disorder among the victims was mediated by abuse-related shame and fear of being harassed (Table 2). The effect sizes, estimated as the ratio between the indirect and direct effect[76] were considerable. The effect size of abuse-related shame was stronger than that of fear of being harassed.

The results showed that the interaction between victimisation from sexual harassment and social support respondents received on sharing their experience with a close one significantly contributed to abuse-related shame (β=-0.10, p<0.04; Table 2). The interactions were plotted at +1/−1 SD from the mean of social support.[82] With low social support (-1 SD), a significant and positive relationship was found between victimisation from sexual harassment and the development of PTSD (simple slope=0.59, t=10.11, p<0.001). However, under high social support (+1 SD), the relationship between victimisation from sexual harassment and PTSD became weaker (simple slope=0.43, t=6.78, p<0.001). This finding indicates that respondents who received low

Table 2. Conditional process model of victimisation from sexual harassment on post-traumatic stress disorder: direct effect and indirect effects through abuse-related shame and fear of being harassed and moderated by social support (n=586)

							R²
Model 1: Mediator variable	Outcome: Assault-related shame						0.01
					Bootstrapped CI (95%)		
	Coeff. (β)	**SE**	**t**	**p**	**LL**	**UL**	
Victmisation from Sexual Harassment	0.51	0.05	11.29	0.001	0.42	0.59	
Social support	0.02	0.04	0.42	0.673	-0.06	0.09	
Sexual Harassment x Social Support	-0.10	0.04	-2.06	0.040	-0.179	-0.004	
Model 2: Mediator variable	Outcome: Fear of Being Harassed						0.00
					Bootstrapped CI (95%)		
	Coeff. (β)	**SE**	**t**	**p**	**LL**	**UL**	
Vcitimisation from Sexual Harassment	0.28	0.05	5.20	0.001	0.175	0.387	
Social support	0.37	0.05	6.98	0.001	0.271	0.483	
Sexual Harassment x Social Support	-0.06	0.05	-1.05	0.295	-0.162	0.049	
Model 3: Mediator variable	Outcome: Post-Traumatic Stress Disorder						0.00
					Bootstrapped CI (95%)		
	Coeff. (β)	**SE**	**t**	**p**	**LL**	**UL**	
Vcitimisation from Sexual Harassment	0.15	0.05	3.22	0.001	0.058	0.242	
Abuse-related Shame	0.59	0.04	15.15	0.001	0.516	0.670	
Fear of Being Harassed	0.12	0.03	3.93	0.001	0.058	0.175	
Social support	0.06	0.04	1.38	0.168	-0.023	0.134	
Sexual Harassment x Social Support	0.05	0.04	1.04	0.298	-0.042	0.138	
	Conditional indirect effect (via Abuse-related Shame)						
					Bootstrapped CI (95%)		
	Coeff. (β)				**LL**	**UL**	
Social Support (−1 SD)	0.35				0.275	0.434	
Social Support (+1 SD)	0.25				0.176	0.335	
	Index	**SE**			**LL**	**UL**	
Index of moderated mediation	-0.05	0.03			-0.105	-0.003	

CI: Confidence interval; SE: Standard error; t: t-value; LL: Lower limit; UL: Upper limit

social support underwent greater assault-related shame due to victimisation from sexual harassment than those who received more social support.

However, the interaction between victimisation from sexual harassment and social support did not contribute to the fear of being harassed. In addition, the direct effect between victimisation from sexual harassment and PTSD was not moderated by social support; thus, the interaction did not contribute to the development of post-traumatic stress disorder.

The results further indicated that social support significantly moderated the indirect effect of victimisation from sexu-

al harassment on PTSD through assault-related shame (Index of Moderation Mediation=-0.05, SE [boot]=0.03, 95% CI [-0.11,-0.00]). The indirect path was significant when social support was low (-1 SD; β=0.35; (95% CI [0.275, 0.434]), at the mean (β=0.30; (95% CI [0.239, 0.369]), and high (+1 SD; β=0.25; (95% CI [0.176, 0.335]), indicating that those who received less social support on sharing their experience with a close one were at higher risk of developing PTSD due to victimisation from sexual harassment than those who received more social support.

However, the indirect effect of sexual harassment on PTSD

Table 3. Conditional process model of victimisation from sexual harassment on depressive symptoms: direct effect and indirect effects through abuse-related shame and fear of being harassed and moderated by social support (n=586)

							R²
Model 1: Mediator variable	Outcome: Assault-related shame						0.01
					Bootstrapped CI (95%)		
	Coeff.(β)	SE	t	p	LL	UL	
Victmisation from Sexual Harassment	0.51	0.05	11.30	0.001	0.42	0.59	
Social support	0.02	0.04	0.43	0.665	-0.06	0.09	
Sexual Harassment x Social Support	-0.10	0.04	-2.06	0.040	-0.178	-0.004	
Model 2: Mediator variable	Outcome: Fear of Being Harassed						0.00
					Bootstrapped CI (95%)		
	Coeff. (β)	SE	t	p	LL	UL	
Vcitimisation from Sexual Harassment	0.28	0.05	5.23	0.001	0.176	0.388	
Social support	0.38	0.05	6.96	0.001	0.269	0.481	
Sexual Harassment x Social Support	-0.06	0.05	-1.08	0.282	-0.164	0.048	
Model 3: Mediator variable	Outcome: Depressive Symptoms						0.00
					Bootstrapped CI (95%)		
	Coeff. (β)	SE	t	p	LL	UL	
Vcitimisation from Sexual Harassment	0.13	0.05	2.66	0.008	0.033	0.217	
Abuse-related Shame	0.46	0.05	9.51	0.001	0.364	0.553	
Fear of Being Harassed	0.12	0.04	3.28	0.001	0.047	0.187	
Social support	-0.03	0.04	-0.75	0.445	-0.116	0.052	
Sexual Harassment x Social Support	-0.02	0.04	-0.404	0.687	-0.086	0.057	
Conditional indirect effect (via Abuse-related Shame)							
					Bootstrapped CI (95%)		
	Coeff. (β)				LL	UL	
Social Support (−1 SD)	0.27				0.197	0.355	
Social Support (+1 SD)	0.20				0.127	0.274	
	Index	SE			LL	UL	
Index of moderated mediation	-0.04	0.02			-0.082	-0.003	

CI: Confidence interval; SE: Standard error; t: t-value; LL: Lower limit; UL: Upper limit

via fear of being harassed was not moderated by social support (Index of Moderation Mediation=-0.01, SE [boot]=0.01, 95% CI [-0.02, 0.01]).

The Model with Depressive Symptoms as Outcome Variable

When the model was replicated with depression as outcome variable, the results showed a similar trend where the total effect of victimisation from sexual harassment (β=0.39 [0.31, 0.47]) was again partially mediated by abuse-related shame (β=0.24 [0.17, 0.30]) and fear of being harassed (β=0.04 [0.01, 0.07]). The model found significant media-tional effects of abuse-related shame (β=0.51 [0.43, 0.59]), β=0.46 [0.38, 0.56]) and fear of being harassed (β=0.30 [0.40, 0.39]), β=0.11 [0.4, 0.18]) in the path between victimisation from sexual harassment and depressive symptoms. However, the effect of sexual harassment through shame were relatively larger with PTSD as outcome variable (β=0.30 [0.24, 0.37]) than with depressive symptoms as outcome variable (β=0.24 [0.17, 0.30]).

The interaction between victimisation from sexual harassment and social support significantly contributed to abuse-related shame (β=-0.10, p<0.04; Table 3). A significant and positive relationship was observed between

victimisation from sexual harassment and development of depressive symptoms with low levels of social support (-1 SD), (simple slope=0.59, t=10.12, p<0.001). However, with high social support (+1 SD) the relationship became weaker (simple slope=0.43, t=6.79, p < 0.001). Thus, indicating that respondents who received low social support felt greater assault related shame due to victimisation from sexual harassment than others.

The interaction between victimisation from sexual harassment and social support did not contribute to the fear of being harassed. In addition, the direct effect between victimisation from sexual harassment and depressive symptoms was not moderated by social support.

In addition, social support significantly moderated the indirect effect of victimisation from sexual harassment on depressive symptoms through assault-related shame (Index of Moderation Mediation=-0.04, SE [boot]=0.02, 95% CI [-0.08,-0.00]). The indirect path was significant when social support was low (-1 SD; β=0.27; (95% CI [0.197, 0.355]), at the mean (β=0.23; (95% CI [0.170, 0.304]), and high (+1 SD; β=0.20; (95% CI [0.127, 0.274]). This finding suggested a higher risk of developing depressive symptoms among those who receive less social support on sharing their experience of victimisation from sexual harassment.

However, the indirect effect of sexual harassment on depressive symptoms via fear of being harassed was not moderated by social support (Index of Moderation Mediation=-0.01, SE [boot]=0.01, 95% CI [-0.02, 0.01]). In both the models, with PTSD and depressive symptoms as the outcome variables, sharing behavior alone (without social support) moderated neither direct nor indirect effects.

Discussion

Despite the existence of laws to safeguard women from sexual harassment, the problem is still very much prevalent in public places in Pakistan.[3,6] In the present study, only 1.9% of the respondents reported that they had never been victimised from sexual harassment. Moreover, in another study, Pakistani women reported feeling emotional distressed due to victimisation from sexual harassment.[17]

The conditional process analysis in the study identified both abuse-related shame and fear of being harassed to partially mediate the path between victimisation from sexual harassment and PTSD and depressive symptoms. The effect size of abuse-related shame was found to be larger than that of the fear of being harassed. The results are in line with the findings of previous studies conducted in the U.S.[43,55] and Canada.[14] Thus, the identification of abuse-related shame and fear of being harassed can be identified as central factors explaining the development of PTSD and

depression among victims of sexual harassment.

The results revealed significant associations between all variables of the study, with the sole exception being the relationship between self-esteem and victimisation from sexual harassment. This finding is in contrast with findings from a study conducted in Finland, where a significant negative correlation between self-esteem and victimisation from sexual harassment was observed.[60] This opposite result may reflect cultural differences and the fact that females in Pakistan, like in many other patriarchal societies, have accepted sexual harassment as a part of their daily lives.[10,11] However, a previous study conducted in Pakistan revealed that sexual harassment was associated with low self-esteem among working women. [59] Here, it can be argued that victimisation from sexual harassment at a workplace by a known person and in a closed environment has different consequences than victimisation by a stranger in a public place. The difference might be due to the fact that unexpected harassment from a colleague and fear of losing one's job might place working women under continuous stress, affecting their self-esteem more than the case is when women are being harassed by strangers in public places.

Sexual harassment has been found to be commonplace in Pakistan. To avoid any uncomfortable situation in public places, women might opt for different self-protective measures, and this continuous psychological pressure might further induce fear of being harassed.[46,65] It has been argued that women witnessing other women being sexually harassed on a regular basis become accustomed to the situation to such an extent that they find it less disturbing when being victimised themselves.[14]

In the current study, it was shown that the fear of being harassed had a relatively weaker effect than abuse-related shame on the development of PTSD and depressive symptoms. This finding could indicate that the women in the sample might have been more concerned about being negatively evaluated by others than about their own fear. Victimisation from sexual harassment leaves women feeling exposed and induced with shame.[38] This, again, highlights the significance of social norms in collectivist societies such as Pakistan, since shame is the byproduct of a societal belief system which blames women for their victimisation.[39,40] The continuous fear of being blamed and feelings of being exposed might serve as major risk factors for the development of PTSD[41] and depressive symptoms.[14,43]

Sharing behavior of the respondents was not found to moderate the direct or indirect effects of victimisation from sexual harassment on the development of PTSD and depressive symptoms. This finding, which is in contrast to find-

ings made in studies conducted in Western countries[20,22-24] might be due to the fact that the scale measuring sharing behavior included items about the frequency of sharing the experience with a mother, a father, a sister, a friend, a brother, or a relative. The subsequent social support they received from these people after sharing their experience was found to have moderated the indirect relationship between victimisation from sexual harassment and PTSD and depressive symptoms via abuse-related shame. The indirect path was significant when social support was lower.

It is worth noting that over 60% of the victims never shared their experience with their father or a brother. When sharing occurred, it was mostly with a friend. This stresses another key cultural aspect that individuals from a collectivist society like Pakistan believe in a collective self, interdependence, and saving relationships during conflict situations. [8] Thus, women victimised from sexual assault try to hide their experiences from male members of the family in order to keep the dignity of themselves and the family in general,[7] also avoiding potential aggressive reactions towards the perpetrator from male members of the family.

The results emphasize the importance of social support, especially from close ones, to tackle the after-effects of victimisation from sexual harassment. It could be argued that lack of social support, in general, might induce the victims with higher levels of abuse-related shame. Due to social shame, the victims might develop various psychological health issues. It has been argued that mothers from a traditional culture are more concerned about the social shame induced by sexual assault than the psychological well-being of their daughters.[29] Future examinations of the role of social support could further explain the impact of social support in the well-being of victims, and also in curtailing sexual harassment.

Limitations of the Study

One limitation of the study is the small sample size, and that the respondents were from only three cities in Pakistan, which means that the data are not representative enough to be generalized to the country as a whole. Furthermore, the study had a cross-sectional design, not a longitudinal one, and inferences about cause and effect should be made with caution.

Conclusion

The study has identified abuse-related shame and fear of being sexually harassed as significant risk factors for the development of symptoms of negative mental health in victimised women. There is a grave need to change the mindset of a society where conformity with social norms

and integrity is prioritized over the well-being of the individuals.[37] Women stay under continuous pressure to safeguard themselves from uncomfortable situations in public places in Pakistan. This continuous pressure is making them vulnerable to the development of PTSD and depressive symptoms. As long as sexual harassment continues to be ignored and is not regarded as a form of discrimination against women, the vicious cycle will go on.[31]

A societal reform is strongly recommended to challenge the cultural norms that allow toxic masculinity and harm the dignity of women. The efforts of human rights activists have resulted in laws against sexual harassment in the country. Furthermore, a recent court order to ban virginity tests of rape survivors is a sign of hope that the violation of women's rights could be challenged. One step further toward the needed social change could be the full implementation of strong legislation that protects women against sexual harassment in public places.[6] Moreover, education and public awareness campaigns could play a vital role in repelling the idea of victim-blaming.

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