

Sexual street harassment, its impact and reactions in men and women

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ABSTRACT:

The aim of the present study was to identify the relationship and different impact of sexual street harassment on the reactions and severity of psychopathological symptoms in men and women. A total of 402 women and 218 heterosexual men with an average age of 20.5 years, who reported having experienced street harassment, participated voluntarily in this study. Participants responded to the Mexican Street Harassment Questionnaire that measures different types of harassment, as well as the Brief Symptom Inventory that measures psychopathological symptoms and their degree of severity. The results show a three-to-one prevalence of street harassment between women and men, and women showed a greater number of psychopathological symptoms than men. Negative and self-protective reactions were present in both groups, although men also presented positive or neutral reactions. Finally, the stepwise linear regression indicates that physical harassment is the variable that predicts greater severity of psychopathological symptoms in women, while for men, non-physical harassment and explicit harassment are the predictors.

Keywords: Street sexual harassment, Psychopathological symptoms, Reactions to harassment.

INTRODUCTION

Sexual street harassment is now considered a form of sexual violence. Despite the difficulty to determine it and to establish its prevalence, this type of harassment is considered to be a universal experience (Bowman, 1993), which has recently been deemed a social problem (Arancibia et al., 2017), (Onneto, 2019). On the other hand, (Arancibia et al., 2017), cited in (el Acoso Callejero, 2015) defined sexual street harassment as any practice that: a) has a sexual connotation, b) is perpetrated by strangers, c) is carried out in public or semi-public spaces, d) is one-directional, and e) has the potential to produce discomfort (anger, fear, disgust, helplessness, stress, etc.). In this regard, the Chilean

Observatory against Street Harassment (el Acoso Callejero, 2015) indicates that it is a form of gender-based violence of a non-reciprocal sexual nature directed mainly against women. While it is true that men are also exposed to this type of harassment, they are to a lesser extent (Macias, 2016), and especially if they are perceived as lacking in heterosexual stereotypes (Baptist & Coburn, 2019).

Given its magnitude and the impact it has on women's lives, sexual street harassment in the Americas is moving from being invisibilized and naturalized to being conceived as a psychosocial problem. In terms of magnitude, in Canada, 85% of 120,000 women surveyed said that they had been victims of sexual street harassment at some point in their lives (Sastre Valverde, 2018). In the United States, (Kearl, 2010) found that 65% of women have suffered street harassment, while in Chile, 90% of women reported having suffered sexual street harassment. In Mexico, unlike other countries, there is no specific survey to measure the prevalence of the phenomenon, however, the Institute of Statistics and Geography in its 2019 National Survey of Urban Public Safety (ESU) included a question in this regard, obtaining

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as a result that 27.2% of Mexican women have experienced this type of violence, a figure far below those reported by civil organizations that monitor the prevalence of the phenomenon (Institute of Statistics and Geography, 2019).

Although there is a clear gender pattern in the percentages of victimization (Ferrer-Perez et al., 2021) where women outnumber men by a large majority, it should not be overlooked that there are men who also suffer from sexual street harassment. There are few studies regarding the prevalence of the phenomenon in heterosexual men. (Kearl, 2010) in her study of 2,000 nationally represented individuals found that 65% of women and 25% of men reported having been harassed on the street at least once in their lives, although the latter did not declare their sexual orientation. The most representative study is the one conducted by (Adams et al., 2020) in the United Kingdom, which reports that 72% of the population has experienced sexual harassment on the street at some time in their lives, with 42% walking on the street and 28% on public transport being the most common. The incidence of sexual street harassment was 51% among women compared to 34% among men, 42% of whom declared themselves as heterosexual, confirming that non-LGBTQ men have also experienced this type of harassment (Garrido et al., 2017).

In general, numerous studies have shown that street harassment has significant negative effects on the lives of victims (Del Greco et al., 2020). In terms of its impact, sexual street harassment is an intrusion and an invasion of the privacy of those who suffer it, as well as an exercise of control over those who inhabit the public space (Medina Vilca & Zapana Castro, 2016). It affects the health, freedom, and well-being of the victims.

At the level of public space management, people who have experienced sexual street harassment change their lives as they tend to constantly evaluate their environment, go to public places accompanied, and have a hard time actively responding to the perpetrator of harassment (DelGreco et al., 2021). Also, in an attempt to avoid sexual harassment on the street, people often alter their appearance by dressing differently in an attempt to go unnoticed and not attract attention. Victims may also be forced to change their daily travel routes or make decisions such as whether or not to walk on a specific street or use public transportation (DelGreco & Christensen, 2020). Sexual street harassment above all infringes on the social rights of individuals because it denies them the right to move about freely, and they may feel compelled to remain in the privacy of the home if their mobility is hindered by harassers (Mores, 2020).

On a psychological level, the relationship between sexual street harassment and anxiety due to a sense of ambiguity is generally recognized (Davidson, et al., 2016). Other studies have found connections to shame for one's own body (Fairchild, & Rodman, 2008) and low self-esteem and self-blame (Saunders, et al., 2017). On the other hand, Del

Greco and Christensen, indicate that this type of harassment is associated with anxiety, depression, and sleep disorders.

Therefore, the present study aims to identify the relationship between different types of sexual street harassment and the reactions to it, as well as the development of psychopathological symptoms. It also seeks to identify the statistical weight of the different types of harassment on the overall severity of psychopathological symptoms in men and women who have experienced sexual street harassment .

METHOD

PARTICIPANTS: The study involved 530 young volunteers, 402 women and 128 men who declared themselves to be heterosexual, from different regions of Mexico. After giving their informed consent and reporting having suffered sexual street harassment, the volunteers answered the online questionnaire. Their ages range from 14 to 25, with a mean age of 20.5 (SD 4.5).

INSTRUMENTS: Mexican Sexual Street Harassment Questionnaire (Gurrola-Peña et al., 2021) is a questionnaire with 35 items divided into two parts; the first part consists of 20 items with five response options ranging from never happened to happened very frequently in the last year, which explores exposure to various forms of sexual street harassment, such as non-physical harassment (e.g., Someone stares at an intimate part of your body), physical harassment (e.g., Someone presses their genitals against your body), and explicit harassment (e.g., 16. You witness exhibitionist acts directed at you.) The second part consists of 15 dichotomous items that explore reactions to sexual street harassment, which can be negative (e.g., fear), neutral or positive (e.g., confusion), and self-protective reactions (e.g., changing the way you dress). The questionnaire explains 58.53% of the variance with a total Alpha of .92 and shows good goodness-of-fit indices.

The Brief Symptom Inventory BSI-53 (Derogats, 2001) consists of 53 items, each with four response options ranging from: 0 "not at all" to 4 "very much." It consists of nine factors that measure: Somatization (e.g., Fainting or dizziness), Obsessive-compulsive (e.g., Having to check over and over again what you are doing), Interpersonal sensitivity (e.g., Feeling very self-conscious around other people), Depression (e.g., Feeling sad), Anxiety (e.g., Nervousness or inner turmoil), Hostility (e.g., Feeling easily irritated or angry), Phobic anxiety (e.g., Having to avoid certain things, places, or activities that make you fearful), Paranoid ideation (e.g., The idea that most people cannot be trusted), Psychoticism (e.g., Feeling lonely even when with other people), as well as a Global Severity Index that combines the total number of symptoms with the intensity of discomfort. The inventory has a reliability ranging from .87 to .93 for the subscales and an overall reliability of .99.

PROCEDURE: The researchers, after obtaining approval from the ethics commissions of their respective universities,

proceeded to publish the questionnaire online using Google Forms. Once the response data had been captured, descriptive, inferential, and multivariate statistical analyses were performed.

DATA ANALYSIS: Statistical analyses were performed using the SPSS 26 statistical package. First, the Mann Withney U-test was performed to measure the differences and size of the effect of harassment on women and men. Subsequently, a Spearman’s rank correlation coefficient was performed to establish the relationship between the different types of harassment, reactions to harassment, and psychopathological symptoms. Finally, a stepwise linear regression was performed to estimate the weight of the independent variables (different types of harassment) and the severity of psychopathological symptoms.

RESULTS

The Mann Withney U test shows that there is a statistically significant difference ($U=3967.00$, $p=0.001$) between the male and female groups in terms of total harassment experienced. The mean range of the male group was 89.59 and the mean range of the female group was 240.72, with a large effect size between the two groups. As for the different types of harassment, the women’s group also showed much higher

ranges than the men’s group, with an effect size difference varying from medium to large.

Results for women indicate weak to moderate correlations between nonphysical harassment, physical harassment, and total harassment with all psychopathological scales, negative reactions, and self-protective reactions. As for explicit harassment, weak correlations are shown with somatization, obsession-compulsion, global severity index, negative reactions, and self-protective reactions.

For men, moderate correlations were found between anxiety, physical harassment, and total harassment. Regarding reactions to harassment, moderate correlations were found between all types of harassment and negative reactions, as well as moderate correlations between non-physical and physical harassment and positive/negative reactions. Finally, moderate correlations are also shown between explicit harassment and self-protective reactions (Correa, 2016).

The models resulting from the stepwise regression of the predictor variables for the development of psychopathological symptoms (Global Severity Index) in men indicate that the first model consisting of non-physical, physical, and explicit sexual street harassment explains 14% of the study phenomenon (Table 6 and 7).

Table 1.

Comparison of the frequency of street harassment between men and women.

Type of harassment	U of Mann Withney	Significance	Sex	Average Ranges	Effect size
Non-physical harassment	3230.5	0.001	Men	81.74	$r=.57$ (high)
			Women	246.59	
Physical harassment	5739.5	0.001	Men	127.36	$r=.38$ (median)
			Women	235.94	
Explicit harassment	10498.5	0.001	Men	157.23	$r=.31$ (median)
			Women	228.3	
General harassment	3967	0.001	Men	89.59	$r= .53$ (high)
			Women	240.72	

Table 2.

Relationship between types of sexual harassment on the street, psychopathological symptoms and reactions to harassment in women.

	Non-physical harassment	Physical harassment	Explicit harassment	Total harassment
Somatization	0.215	0.241	0.116	0.24
	0	0	0.037	0
Obsession-compulsion	0.176	0.219	0.137	0.213
	0.001	0	0.013	0
Interpersonal Sensitivity	0.188	0.235	0.069	0.218
	0.001	0	0.214	0
Depression	0.207	0.223	0.105	0.225
	0	0	0.057	0
Anxiety	0.251	0.309	0.099	0.289
	0	0	0.074	0
Hostility	0.192	0.198	0.062	0.199
	0.001	0	0.267	0
Phobic Anxiety	0.269	0.276	0.102	0.295
	0	0	0.065	0

Paranoid ideation	0.159 0.004	0.164 0.003	0.105 0.057	0.171 0.002
Psychoticism	0.203 0	0.283 0	0.1 0.072	0.23 0
Global Severity Index	0.25 0	0.276 0	0.113 0.042	0.277 0
Negative reactions	0.229 0	0.225 0	0.18 0.001	0.24 0
Positive/neutral reactions	0.064 0.25	0.091 0.1	0.023 0.685	0.082 0.144
Self-protection reactions	0.313 0	0.323 0	0.178 0.001	0.34 0

Table 3.

Relationship between types of sexual street harassment, psychopathological symptoms, and reactions to harassment in men.

	Non-physical harassment	Physical harassment	Explicit harassment	Total harassment
Somatization	.113 .277	.159 .125	.006 .957	.168 .102
Obsession-compulsion	.009 .931	.083 .425	.003 .979	.124 .228
Interpersonal Sensitivity	.047 .656	.070 .504	.047 .649	.129 .210
Depression	.077 .463	.015 .885	.003 .975	.031 .763
Anxiety	.190 .067	.222 .031	.154 .133	.279 .006
Hostility	.124 .235	.160 .123	.067 .515	.157 .127
Phobic Anxiety	.088 .401	.100 .339	.064 .533	.133 .197
Paranoid ideation	.053 .614	.064 .539	.019 .852	.041 .692
Psychoticism	.075 .474	.027 .800	.059 .569	.012 .910
Global Severity Index	.059 .570	.105 .313	.037 .718	.136 .188
Negative reactions	.324 .001	.261 .011	.294 .004	.352 .000
Positive/neutral reactions	.281 .006	.297 .004	.097 .345	.283 .005
Self-protection reactions	.177 .088	.081 .436	.307 .002	.168 .102

Table 4.

Prediction model for the development of symptoms of psychological distress in women.

Model	R	R squared	Δ R2	p
1	0.438	0.301	0.137	< .001

Table 5.

Values β of the prediction model for the development of symptoms of psychological distress in women.

	Beta	t	sig
Constant	0	7.970	< .001
Physical sexual street harassment	.437	6.028	< .001

Table 6.

Predictive models for the development of symptoms of psychological distress in men.

Model	R	R squared	Δ R2	p
1	.285	.140	.145	< .001

Table 7.Values β of the prediction model for the development of symptoms of psychological distress in men.

	Beta	t	sig
Constant	.	7.286	< .001
Non-physical sexual street harassment	.166	1.282	.044
Physical sexual street harassment	.280	2.800	.022
Explicit sexual street harassment	.460	5.300	< .001

DISCUSSION

The results are consistent with Ferrer-Pérez, et.al (2021), in the sense that sexual street harassment shows a clear gender pattern where women present higher rates of victimization than men, which can reach proportions of three to one. Thus, the directionality of harassment is crucial to understanding that the coercive behaviors manifested in sexual street harassment is a form of control that most of the time is unconsciously used by the most privileged groups over those considered less powerful by society and is an attempt to try to maintain the subordination not only of the victim but of her community, in this case all women (Chacon, 2019).

As for women and the relation found between harassment and psychopathological symptoms, the results of the present study go beyond the symptoms of anxiety, depression, and sleep disorders reported by Del Greco and Christensen. Indeed, in the group of women surveyed, physical and non-physical harassment are related to somatic symptoms, irrational thoughts, and actions such as obsessive-compulsion, feelings of personal inadequacy, and hostile reactions, as well as phobic anxiety and a certain degree of paranoid ideation that manifest themselves in fear of traveling alone or being alone in open spaces because they have thoughts about how hostile the environment may be and fear of losing their autonomy. On the other hand, explicit harassment is only related to the development of body issues and obsessive but not irrational ideas that he or she may be a victim of sexual assault (López, 2020), (Rodríguez et al., 2019).

Regarding reactions to sexual street harassment, all three types of harassment (non-physical, physical, and explicit) in women were related to negative and self-protective reactions. Negative reactions have to do with the emotions of shame, disgust, and guilt that are usually associated with psychopathological symptomatology and are consistent with the findings of (Fairchild & Rodman, 2008) and (Saunders, et al. 2017) in the sense that women may come to feel ashamed of their own bodies and blame themselves for enabling harassment (Sastre Valverde, 2018). Likewise, self-protective reactions have to do with those actions that women take to try to avoid harassment, by modifying their transportation routines, their behavior, and even their clothing, thus fulfilling the objectives of the harassers, which is to shape the behavior of women in public places (Falu, 2011).

When performing regression by successive steps to determine which types of harassment may predict the severity of psychopathological symptoms, it was found that physical sexual harassment explains 30% of discomfort or psychological distress perceived by the participants, thus confirming that sexual street harassment, despite being a daily and universal experience, is a social problem (Arancibia, et.al., 2017), (Onneto, 2019), since its characteristics and consequences shape it as a form of violence that impacts mental health.

The results of the present study confirm that while it is true that the vast majority of victims of sexual street harassment are women, it should not be overlooked that heterosexual men can also be victims (Derogatis, 2001). There are many studies that address the problem from the perspective of the female victim, very few that address it from the perspective of the perpetrator, and almost none that address it from the perspective of the male victim. The results of the present study indicate that heterosexual men also, although to a much lesser extent than women, experience sexual street harassment of various types (Macias, 2016), (Adams et al., 2020).

Studies reporting the psychological impact of sexual street harassment are null. In this regard, the results of the present study showed a connection between physical and total harassment and psychopathological symptoms of anxiety. This may be due to the fact that, as in women, men perceive the ambiguity of the situation (Davidson et al., 2016), given that the touching generally used in this type of harassment is often disguised as casual (Onetto, 2019).

However, in the area of sexual harassment in the workplace, (Waldo et al., 1998) report relatively few negative reactions to these experiences, probably because similar acts have different meanings for men and women, given gender differences in socialization and in social and physical power. In the same sense, it is worth highlighting the reactions of men to physical and non-physical sexual street harassment, which are accompanied by positive and/or neutral reactions, as reported by Rodriguez et al., and negative reactions. The former, especially when the harassment comes from women, may be due to the bewilderment caused when men find themselves in a situation that culturally and socially, is usually only experienced by women. On the other hand, negative reactions corresponding to fear, anger, helplessness, and disgust can be interpreted, especially if

the harassment comes from another man, as an act of social devaluation comparable to the female and may provoke a feeling of not being valued as possessing the male gender stereotypes by which he must show himself as superior and dominant at all times. Of particular relevance is the fact that men use the same self-protection strategies as women in the face of sexual street harassment, such as changing their transportation routines or seeking the company of other people when going out on the street, and it is up to future studies to explore whether these reactions provoke or reinforce feelings of inadequacy with respect to the traditional male role (Harassment, 2014).

The main limitation of the present study is the failure to explore the role of gender and number of harassers, as these may be important variables in terms of psychopathological reactions and symptoms.

Finally, it can be concluded that while the prevalence of sexual street harassment towards women is overwhelming, men also report falling victim, thus opening a wide field of research whose results can contribute to the incipient legislation on this phenomenon in various countries.

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