

PSH IMPACTS

Previous research shows that PSH can create long-lasting and cumulative impacts on the victims' well-being, including physical and psychological effects. Most people who suffer from PSH tend to consider it a degrading, objectifying, humiliating and threatening experience. The literature shows four primary investigations regarding the impacts of PSH: psychological effects; mobility and access to public spaces; strategies used by people to limit the risk of being sexually harassed or avoid it altogether; and responses to PSH acts.

PSYCHOLOGICAL EFFECTS

Scholars mentioned that feelings often experienced by victims during the PSH act and afterwards are: fear of escalating violence (e.g., fear of rape), fear of victimisation, anxiety, anger, self-objectification, increased bodily surveillance, self-harm, depression, panic attack, guilt, embarrassment, insecurity, lower self-esteem, sleeping disorders (e.g., nightmares, insomnia), migraines, post-traumatic stress disorder, stress, frustration, hopelessness, shame, less confidence, less self-respect, humiliation, isolation, distrust, uncertainty, vulnerability, disempowerment, victim-blaming. (Akram et al., 2020; Davidson et al., 2015; Fairchild and Rudman, 2008; Holgate, 1989; Lenton et al., 1999; Macmillan, 2000; Mellgren et al., 2018; Sullivan, 2011).



Luft (1999) discusses how PSH influences adolescents' sense of self. Similarly, Vera-Gray (2017),throughthelensoffeministphenomenology, talks about the condition of subject-object, when women and marginalised genders experience PSH. The author says that victims continue to be a subject in their own eyes. Still, through the objectification and dehumanisation of PSH, they appear to the perpetrator as sexual objects to be consumed. Krol (2019) talks about the dehumanisation, objectification and sexualisation of Black women when experiencing PSH, looking back at the structural racist norms established during colonisation and how victimisation is based on race.

Bryant (1993), Stein (1995), and Dahinten (1999) investigate peer sexual harassment in schools, looking at mental health impacts on those

experiencing it and the role of parents and teachers in intervening. Berman et al. (2000) address the intersections between age and PSH, focusing on how nurses can improve their work when receiving a PSH report from a school student. Mellgren et al. (2018) look at Swedish college students and their reasons for reporting or not a PSH act. The authors defend that the lack of reporting contributes to PSH remaining an invisible issue.



MOBILITY AND ACCESS TO PUBLIC SPACES



One of the consequences of experiencing PSH and knowing about the possibility of experiencing it again is that it limits women and marginalised genders' access to public spaces, affecting their mobility and work/education opportunities. The previous literature shows that victims often feel as if they do not belong in public spaces due to their lack of freedom and safety (Fairchild and Rudman, 2008). Harding et al. (2021) mention that PSH can negatively impact the victims' education since when young girls experience PSH on their way to or in school, it can create harmful perceptions of their school environment.

Davidson et al. (2016) argue that when women feel their vulnerability in the public space, perceiving it as less safe, their levels of anxiety increase. Fileborn (2017) says that bystander intervention is "central in informing victims' perceptions of safety, harm and justice" (p.187). Sullivan (2011) describes the emotional effects generated on those witnessing PSH. According to Fairchild (2010), elements such as attractiveness and age of the perpetrator, time of the day, if the victims were accompanied or not and the context highly influence the perceptions towards fear of PSH and escalating violence.





The term "safety work" refers to the preparations and coping strategies employed by all women who try to navigate public spaces (Kelly, 2012). Such strategies include altering one's transport type to avoid walking, changing routes, not going out alone or not going out at all. Further to this, many women employ the use of a male companion as a sort of buffer. This need for a man to accompany a woman in order for her to be in the public sphere without the threat of harassment or abuse limits a woman's freedom of movement and autonomy and once again places the power in the hands of the man who re-establishes her right to go about the public space (Bowman, 1993).

Vera-Gray (2017) explains that many women use 'bodily alienation' as a strategy when they cannot get out of the situation of PSH. Other strategies to avoid or cope with PSH acts are:

- ~ Vigilance
- Not wearing certain clothes or thinking about the possible consequences of wearing them
- Queer people trying to adapt to the heteronormative norm (e.g., not showing affection towards partners in public)
- Not exercising in outdoor spaces
- Not looking directly at men when walking on the street
- Staying connected with someone when returning home

Swim and Hyers (1999) mention women's responses to sexist remarks. Responses are often viewed as active (i.e., confronting the perpetrator, educating the perpetrator on why PSH is a form of violence, making non-verbal gestures, reporting or seeking help from authorities) or passive (i.e., ignoring the perpetrator, pretending the PSH act is not happening, avoiding

the act by walking away or faster, showing disinterest, pretending not to be surprised or affected by the act). Fear of escalating violence is one of the main reasons for not confronting perpetrator (Fairchild, 2010: Logan, 2015; Vera-Gray, 2017). Dhillon and Bakaya (2014) address ways of coping with PSH acts. Similarly, Iranian scholar Chubin (2014)describes her lived experiences with PSH, the reactions towards it, the social norms imposed on women to remain silent and forms of resisting the acts. Sánchez-Díaz (2019), when listening to women's experiences of PSH in the Dominican Republic, discovered that actions taken to prevent the acts were associated with lower self-objectification.





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