

Review Article

Sexual Harassment and Mental Health

OP Rajoura¹, Amrita Kumari², Shruti Srivastava³

Department of Community Medicine^{1,2} and Psychiatry³, UCMS and G.T.B. Hospital, Dilshad Garden, Delhi-110095

Introduction

Over the past few years, the issue of women's safety has become a prime focus of public attention and concern in India. Harassment of women has been a major problem with increased number of women going out for work. Harassment is any improper and unwelcome conduct that might reasonably be expected or be perceived to cause offence or humiliation to another person. Harassment may take the form of words, gestures or actions which tend to annoy, alarm, abuse, demean, intimidate, belittle, humiliate or embarrass another or which create an intimidating, hostile or offensive work environment¹.

It is a common phenomenon everywhere which includes workplaces, streets, and educational institutions and even at home. Most cases are not reported by victims because of various reasons such as family pressures, the manner of the police, the unreasonably long and unjust process, application of law and the resulting consequences thereof². The victim is blamed and stigmatised and her prospects of continuing work or losing employment.

Present scenario

India

According to National Crime Records Bureau, 'Crime in India, 2010' report, incidents of molestation (sec 354 IPC) in the country have increased by 5.8% over the previous year (36,617). Madhya Pradesh has reported the highest incidence (6,772) amounting to 17.5% of total such cases as well as the highest rate (9.9) as compared to the National average of 3.4. The number of sexual harassment (Sec. 509 IPC) cases have increased by 9.9% over the previous year (10,950). Andhra Pradesh has

reported 30.3% of cases (3,316) followed by Uttar Pradesh 26.3% (2,882). Andhra Pradesh has reported the highest crime rate 4.1 as compared to the National average of 1.0³.

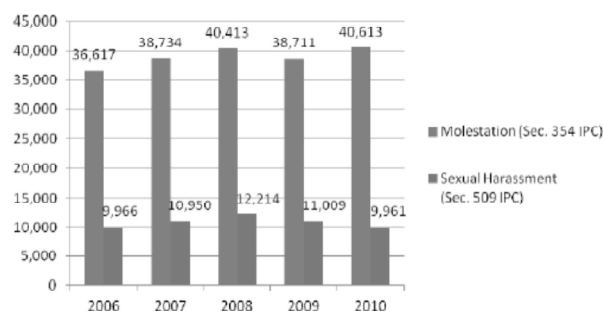


Fig. Crime Head-wise incidents of Crime against women during 2006-2010

Data source NCRB 'Crime in India, 2010' report

World scenario

Despite having stringent laws on crime against women and strict enforcement authorities, every 2 minutes, someone in the US is sexually harassed. Sexual assault is one of the most under reported crime with 60% still being left unreported⁴. The situation is equally worse in European Union countries. Between 40 to 50 % of women in European Union countries experience unwanted sexual advances, physical contacts or other forms of sexual harassment at work⁵. Across Asia, studies in Japan, Malaysia, the Philippines and South Korea show that 30- 40 % suffer workplace harassment⁵.

Implications

Effects of sexual harassment can vary depending on the individual, and the severity and duration of the harassment. Often, sexual harassment incidents fall into the category of the "merely annoying." However, many situations can, and do,

have life-altering effects particularly when they involve severe/chronic abuses, and/or retaliation against a victim who does not submit to the harassment, or who complains about it openly. Some of the psychological and health effects that can occur in someone who has been sexually harassed: depression, anxiety and/or panic attacks nightmares, shame and guilt, difficulty concentrating, headaches, fatigue or loss of motivation, stomach problems, eating disorders (weight loss or gain), alcoholism, feeling betrayed and/or violated, feeling angry or violent towards the perpetrator, feeling powerless or out of control, increased blood pressure, loss of confidence and self esteem, withdrawal and isolation, overall loss of trust in people, traumatic stress, post-traumatic stress disorder (PTSD), suicidal thoughts or attempts, suicide.

According to data compiled by Equal Rights Advocates, a women's law centre in the U.S., 90 to 95% of sexually harassed women suffer from some debilitating stress reaction, including anxiety, depression, headaches, sleep disorders, weight loss or gain, nausea, lowered self-esteem and sexual dysfunction. In addition, victims of sexual harassment lose \$4.4 million dollars in wages and 973,000 hours in unpaid leave each year in the United States.

According to WHO 2002, a women who had been sexually harassed is 3 times more likely to suffer from depression, 6 times more likely to suffer from PTSD, 13 times more likely to abuse alcohol, 26 times more likely to abuse drugs, 4 times more likely to contemplate suicide.

Available studies on harassment are from developed countries and they indicate that a significant proportion experience bullying in some form. Only few studies connect experiences of sexual harassment and workplace abuse with mental health effects.

A cross sectional study was done in Awassa, Ethiopia in 2007 among college faculty and staff members on workplace abuse and sexual harassment. Workplace abuse was evaluated using a reduced and modified eight-item version of the Generalised Workplace Abuse (GWA) instrument whereas sexual harassment was measured using a five item questionnaire. For depressive symptoms, Patient Health Questionnaire-9 was used. Among the

387 female staff members, 318 (82.2%) reported having at least one experience of workplace abuse within past 12 month with a similar pattern of distribution amongst academic and administrative staff. Nearly half of the study population reported having experienced at least one of the five types of sexual harassment⁶.

The study suggested that compared with women reporting no experience of workplace abuse or sexual harassment, those who reported experiencing both had an 8 fold increase of depression. The figure in this study were quite a bit higher than the reports surveyed by Richman et al. who noted that 68% of female faculty surveyed at American universities reported experiencing workplace abuse⁷. The result of this study are similar to reports from other studies in western countries where the prevalence of sexual harassment is ranging from 40% to 57%.^{7,8}

But the data from non-western countries differs. In Taiwan, one year prevalence of sexual harassment was found to be 9.5%⁹, and workplace abuse 25% whereas in Japan¹⁰, 56% of nurses surveyed reported that they had been sexually harassed. In Thailand less than 1% of nurses reported experiencing sexual harassment¹¹.

Only few studies have been conducted in Delhi and they have largely focussed on the experiences of women at work place. These studies have been extremely important in estimating the prevalence and identify the factors associated with harassment.

According to a cross sectional study on harassment done in Mangalore¹², out of 160 working women interviewed, about 28.8% were found to be harassed whereas in Kerala, 1000 women were interviewed about street harassment out of which 98% said they had experienced and 90% said that it was either physical or verbal. 62% reported that the harassment was notable on public transportation¹³.

An exploratory study was undertaken in 2005-2006 among 135 women health workers, including doctors, nurses, health care attendants, administrative and other non medical staff working in two govt. and two private hospitals in Kolkata. Four types of experiences were reported by 77 women who had experienced 128 incidents of sexual harassment: verbal (41), psychological (45), sexual gestures and exposure (15) and unwanted

touch (27)¹⁴.

Prevention and control

Options for handling sexual harassment at individual level:

1. Do nothing as the situation probably won't get any better?
2. Speak up and tell the person that you don't like his behaviour
3. Tell the harasser what you are feeling.
4. Don't try to deal with severe sexual harassment alone. Ask someone to accompany when you confront the person
5. Don't hesitate to tell the incidence to the supervisor, head or the employer about the incident.
6. Consult a legal advocate or human resources to lodge a formal complaint.

Legal aspect

In 1997, Vishaka Vs. State of Rajasthan and others, first time sexual harassment had been explicitly- legally defined as an unwelcome physical contact or advances, demands or requests for sexual favours, sexually coloured remarks, displaying of pornography and other unwelcome physical, verbal or nonverbal conduct of sexual nature.¹⁵ Vishaka guidelines apply to both organized and unorganized work sectors and to all women whether working part time, on contract or in voluntary/honorary capacity. The guidelines are a broad framework which put a lot of emphasis on prevention and appropriate preventive measures. The most important preventive measure is to adopt a sexual harassment policy, which expressly prohibits sexual harassment at work place and provides effective grievance procedure, which has provisions clearly laid down for prevention and for training the personnel at all levels of employment.

The setting up of a complaints committee and an anti-sexual harassment policy lays a strong foundation for a sexual harassment free workplace. However, effective training programmes are essential to sensitise and train all staff members, men and women, to recognise sexual harassment, deal with it when it occurs and prevent it. The training programme is the best way to ensure proper understanding and implementation of a policy. It is the best forum to communicate to employees what

behaviour is acceptable and what is not, in a non-threatening atmosphere of mutual learning. Training for the members of the Complaints Committee and others who are going to be instrumental in implementing the policy, is essential for effective implementation. Their training should include a component of gender sensitization, along with the procedures for taking complaints, and for enquiry, etc.

The Union Cabinet approved the introduction of the Protection of Women against Sexual Harassment at Workplace Bill, 2010 in the Parliament to ensure a safe environment for women at work places, both in public and private sectors whether organised or unorganized. The Bill provides protection not only to women who are employed but also to any woman who enters the workplace as a client, customer, apprentice, and daily wageworker or in ad-hoc capacity. Students, research scholars in colleges/university and patients in hospitals have also been covered. Further, the Bill seeks to cover workplaces in the unorganised sectors. The proposed Bill, if enacted, will ensure that women are protected against sexual harassment at all the work places, be it in public or private. The sense of security at the workplace will improve women's participation in work, resulting in their economic empowerment and inclusive growth. Every employer has the primary duty to implement the provisions of law within his/her establishment while the State and Central Governments have been made responsible for overseeing and ensuring overall implementation of the law.

Employers who fail to comply with the provisions of the proposed Bill will be punishable with a fine which may extend to Rs. 50,000. The Complaint Committees are required to complete the enquiry within 90 days and a period of 60 days has been given to the employer/District Officer for implementation of the recommendations of the Committee.¹⁶

Conclusion

Sexual harassment is a serious problem for women worldwide. It is a human rights violation. The short term and long term deleterious effects of harassment should be evaluated thoroughly in both developed and developing countries. Studies had noted that notwithstanding the Vishaka judgement,

sexual harassment continues to affect the working conditions of many women, and argues that while the judgement was a necessary condition, it is not sufficient to reduce sexual harassment of women in the workplace. What is required, at the same time, are appropriate implementation mechanisms that recognise the obstacles posed by power imbalances and gender norms in empowering women to make a formal complaint on the one hand and in receiving appropriate redress on the other.

The critical factor in a sexual harassment of a woman is the unwelcomeness of the behaviour, thereby making the impact of such actions on the recipient more relevant rather than intent of the perpetrator. Unfortunately a woman in our country belongs to a class or group of society who are an disadvantaged position on account of several social barriers and impediments and have therefore, been victims of tyranny at the hands of men with whom they, unfortunately, under the Constitution enjoy equal status.

It is now important that awareness of the inappropriateness of sexual harassment and the rights of women are given importance. More specifically, there is a need to raise awareness of the Supreme Court guidelines and to build confidence among women workers that complaints made will be treated impartially and confidentially. The entire structure of justice needs an over haul, otherwise the victim shall no longer be the woman, but humanity.

References

1. OSAGI.OFPW Harassment Policy including sexual harassment. Available from: www.un.org/womenwatch/osagi/fpsexualharassment.htm.
2. Dhruv Desai. Symbiosis Society's law college, Pune. Sexual harassment and rape laws in India. Available from: http://www.legalservicesindia.com/articles/rape_laws.htm. Accessed on 10th Sept. 2011.
3. National Crime Records Bureau: Home Ministry of India 2010.
4. U.S. Department of Justice, National Crime Victimization Survey, 2006-2010. Rape Statistics—Facts about Rape and Sexual Assault. Available at <http://www.rainn.org/statistics?gclid>
5. The Facts: Violence against women and MDG compiled by UNIFEM, 2010. Available at <http://www.endvawnow.org/uploads/modules/pgf/1328563919>.
6. Marsh J, Patel S, Gelaye B, Goshu M, Worku A, Williams MA, et al. Prevalence of workplace abuse and sexual harassment among female faculty and staff. *J Occup Health* 2009; 51(4): 314-22.
7. Richman JA, Rospenda KM, Nawyn SJ, et al. Sexual harassment and generalised workplace abuse among university employees: Prevalence and mental health correlates. *Am J Public Health* 1999; 89 : 358-63.
8. Carr PL, Ash AS, Friedman R H, et al. Faculty perceptions of gender discrimination and sexual harassment in academia medicine. *Ann Intern Med* 2000; 132 : 889-96.
9. Chen WC, Huw HG, Kung SM, Chiu HJ, Wang JD. Prevalence and determinants of workplace violence of health care workers in a psychiatric hospital in Taiwan. *J Occup Health* 2008; 50 : 288-93.
10. Hibino Y, Ogino K, Inagaki M. Sexual harassment of female nurses by patients in Japan. *J Nurs Scholarsh* 2006; 38 : 400-5.
11. Kamchuchat C, Chongsuvivatwong V, Oncheunjit S, Yip TW, Sangthong R. Workplace violence directed at nursing staff at a general hospital in southern Thailand. *J Occup Health* 2008; 50 : 201-7.
12. Unnikrishnan B, Rekha T, Kumar G, Reshmi B, Mithra P, Sanjeev B. Harassment among women at workplace: A cross sectional study in coastal south India. *Indian J Commun Med* 2010; 35 : 350-2.
13. New Indian Study: 98 percent of women report street harassment. Available from: <http://www.stopstreetharassment.org/2010/12/new-indian-study-98-percent-of-women-report-street-harassment>. Accessed on 11th Sept. 2011.
14. Chaudhuri P. Experiences of sexual harassment of women health workers in four hospitals in Kolkata, India. *Reprod Health Matters* 2007; 15(30) : 221-9.
15. Vishakha and others Vs State of Rajasthan and others [1997 S.C. 3011].
16. Protection of women against sexual harassment at workplace bill 2010. Available at <http://indialawyers.wordpress.com/2010/11/05>. Accessed on 01st Mar. 2012.