

Patriarchal Terrorism

Folks, this reading, which comprises two sections, is about “patriarchal terrorism” which may be defined as gender-based violence and/or threat of violence aimed at terrorizing women and girls into submission to *patriarchy*—a system in which women and girls are considered as second class citizens from the perspective of both human rights and civil rights. This reading does not cover the role of the traditional and social media in glorifying and sustaining patriarchal terrorism. To the extent that a society (such as the U.S.) tolerates/encourages this role, *we are all* complicit in this terrorism.

Yes, you must read all sections with diligence, *and* study carefully all slide images. Please also note that hard data on the *true* prevalence of gender-based violence is notoriously difficult to obtain for a variety of reasons, not least is underreporting by victims *for fear of further victimization* (either by the system and/or the perpetrators). In other words, the prevalence of gender-based violence in the U.S. is far, far worse than what is being reported.

A question for you to ponder: when people are willing to elect a *self-confessed* sexual predator as their nation’s president, what hope is there to make a significant dent in gender-based violence in that nation?

NOTE: All material in this reading are copyright by their respective owners. All rights reserved. (Some images may not be part of the original material.)

SECTION ONE

Forbes Magazine
Editors' Pick

Man Boasts of Sexual Assault, Later Inaugurated 45th President of United States

By Tara Haelle, January 20, 2017

SOURCE: <https://www.forbes.com/sites/tarahaelle/2017/01/20/man-boasts-sexual-assault-later-inaugurated-45th-president-of-united-states/>

Eighteen years ago, while I was taking the number 9 subway train home from Midtown Manhattan to 121st and Amsterdam, a man "grabbed my pussy." That is, while I was locked into the rush hour crowd, unable to

move and with my arms around a large box I was carrying, a man reached under that box to stick his hand through my sundress into my vagina to fondle it. I tried to wiggle away, but I couldn't actually get away until the next stop, when I darted for the doors as soon as I could and then sat down to cry with the shame washing over me. I was "lucky"—though it's telling that I use that word—because I haven't been raped. But I have been violated, intimately touched without consent, that time and others.

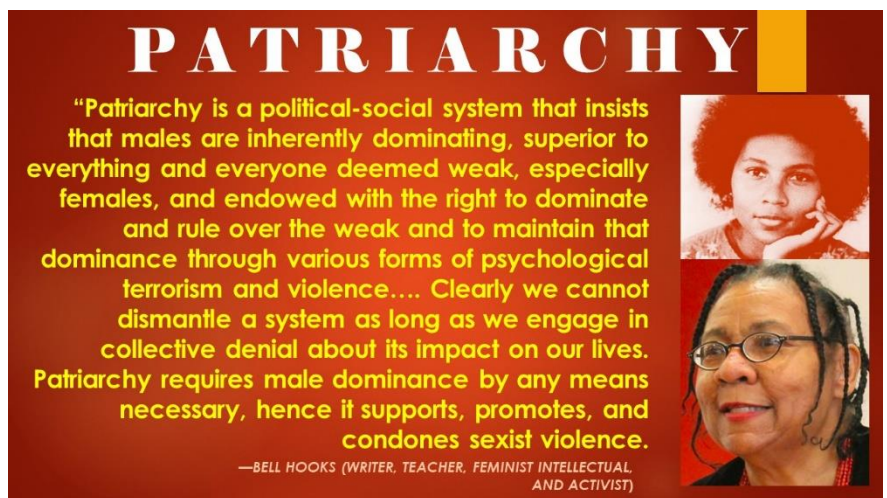
I never imagined that nearly two decades later, that subway experience would be the part of my history that dominates my thoughts on my birthday. But since my birthday is also inauguration day, I have a lot of company with other women, and men, trying to push away the memories of sexual assault that intrude upon them when they see the face or hear the voice of the president-elect, a man who is [on tape describing](#), in his own words, sexually assaulting women. Too many who heard that story remembered his boast that he could do whatever he wanted--grab women "by the pussy"--but they missed the rest of his quote, which was more explicit about what he said he did to women:

"I did try and fuck her. She was married... I moved on her like a bitch, but I couldn't get there. And she was married. Then all of a sudden I see her, she's now got the big phony tits and everything... I've got to use some Tic Tacs, just in case I start kissing her. You know I'm automatically attracted to beautiful. I just start kissing them. It's like a magnet. Just kiss. I don't even wait. And when you're a star, they let you do it. You can do anything. Grab them by the pussy. You can do anything."

He never apologized. He never showed remorse. He never acknowledged that "grabbing them by the pussy" would be sexual assault.

It will be a long four years for millions of sexual assault survivors who must reckon with the fact that someone just like their attacker will now lead the country. His image will hang in the classrooms of our children, showing our boys and girls what consequences await those who violate another person's body, what (doesn't) happen when they tell someone.

Shauna M., a 41-year-old graduate student in California, was once one of those girls sitting in a classroom with the president's image on the wall, and it was the boy she liked at school who held her down when she was 13 years old and took her virginity without her consent. Six months before that, "a different boy held me by the hair and tried to force his penis, unsuccessfully, into my mouth while the other boys there laughed and the girls stood there in open-mouthed shock," she told me. She never reported either incident to anyone in authority, and she has a lot of company: Every 98 seconds, [another person](#) is sexually assaulted in the U.S., but less than a third of rapes are reported to the police. Only [6 out of every 1,000 rapists](#) will ever see the inside of a prison cell.



Shauna's assaults led her down a self-destructive and promiscuous path that took years of therapy to recover from. The president-elect is not a trigger for her today, but she has thought about and talked about her assaults

more since his ascension, and she worries about how much progress he will reverse in the fight to end sexual violence.

“I think he is normalizing sexism and rape culture, and we can't afford to let that become the norm,” she said. She hopes the strong online presence of survivors coming out and telling their stories will raise more awareness about the issue and show other survivors that recovery is possible. “Recovery from the mental and emotional damage that assault causes is painful, difficult and takes time,” she said.

And the presence of a sexual assaulter on the news every day, making decisions that affect every American, can damage some of the progress survivors make.

PATRIARCHY

Unequal pay for the same work

Sexual harassment and violence

Demeaning / dehumanizing media depictions

Objectification of personhood

Arrogant claims over ownership of time / labor

Persistent violations of human rights / civil rights

Celebration of the culture of rape and misogyny

Claims over ownership of the female body

Arbitrary assignment of gender roles

Male domination of the workplace

Male domination of the political system

Male domination of the economic system

"The enemy of feminism isn't men. It's patriarchy, and patriarchy is not men. It is a system, and women can support the system of patriarchy just as men can support the fight for gender equality."

—*Justine Musk (Canadian Author)*

MISOGYNY

At the level of the *individual male*, according to *Psychology Today*: “misogyny is typically an unconscious hatred that men form early in life, often as a result of a trauma involving a female figure they trusted.... Women haters (unconsciously) get off on treating women badly. Every time they can put down a woman or hurt her feelings, they unconsciously feel good because deep down in their hidden brain, their bad behavior is rewarded with a dose of the pleasure chemical dopamine—which makes them want to repeat the behavior again and again.” It then lists these traits as typical of the misogynist:

- “He will zero in on a woman and choose her as his target. Her natural defenses may be down because he’s flirtatious, exciting, fun, and charismatic at first.
- As time goes on, he begins to reveal a Jekyll & Hyde personality. He may change quickly from irresistible to rude, and from rude back to irresistible.
- He will make promises to women and often fail to keep them. With men, on the other hand, he will almost always keep his word.
- He will be late for appointments and dates with women, but be quite punctual with men.
- His behavior toward women in general is grandiose, cocky, controlling, and self-centered.
- He is extremely competitive, especially with women. If a woman does better than him socially or professionally, he feels terrible....
- He will unknowingly treat women differently from men in workplace and social settings, allowing men various liberties for which he will criticize female colleagues or friends.
- He will be prepared (unconsciously) to use anything within his power to make women feel miserable. He may demand sex or withhold sex in his relationships, make jokes about women or put them down in public, “borrow” their ideas in professional contexts without giving them credit, or borrow money from them without paying them back.
- On a date, he will treat a woman the opposite of how she prefers....
- Sexually, he likes to control women and gives little or no attention to their sexual pleasure....
- He will cheat on women he is dating or in a relationship with. Monogamy is the last thing he feels he owes a woman.
- He may suddenly disappear from a relationship without ending it, but may come back three months later with an explanation designed to lure the woman back in.

Only rarely will a misogynist possess everyone of these traits, which makes it harder to identify them. Their ability to lure women in with their charm and charisma adds to the difficulty of spotting the early-warning signs.”

Source: “12 Ways to Spot a Misogynist” By Berit Brogaard in *Psychology Today*, 2015 [Available at www.psychologytoday.com]

“When I watched the [Summer Zervos press conference](#), I was shaking,” another survivor, Rebecca, a nurse and mother in New Jersey, told me. She has been assaulted several times but has been married for years now and moved on from that pain—until it returned. “The details she included...the persistent passive-aggressive moving about the room, herding behavior, the non-consensual kissing...every detail was like a drop of ice water down my back and it felt like a panic attack,” she said. “I was raped by a man who tried to use his wealth to impress me. When that failed, he tried alcohol—which I refused—and when that failed, he bullied me, whined and manipulated, isolated me, persistently touched me and eventually threatened me, and then pinned me down in his son's bedroom, on his bed, and raped me.”

It happened 14 years ago, but it felt like “last night” while she was watching the Zervos press conference, she said. “I can't look at Trump's face without seeing a rapist, without thinking about my rape.”

While only the Access Hollywood comments were caught on tape, other credible accusations were reported throughout the campaign—too many, from too many diverse sources, to dismiss, despite Trump's denials. (See below.) And they're costly. The man who claims he will trim down the national budget has already done more than his share to add to the public health burden of sexual assault. And in fact, one of the items on the [chopping block of his budget](#) is funding for the Violence Against Women Act, which actually [saves the U.S.](#) an estimated net \$16.4 billion a year.

Rape is the costliest crime for both individuals and the nation, [according to](#) the Minnesota Department of Public Health and the National Coalition Against Domestic Violence. The average cost of being a rape victim is \$110,000, which adds up to \$127 billion in the U.S. each year. That's because every year, [321,500 Americans](#) age 12 and older are sexually assaulted or raped. According to MDPH, "Annually, victims pay about \$44 billion of the \$57 billion in expenses for traditional crimes of violence—murder, rape, robbery, assault and abuse and neglect. Employers pay out almost \$5 billion (primarily in health insurance bills), and the government—and taxpayers—bear the remaining \$8 billion through lost tax revenues and Medicare and Medicaid payments."

Considering that many of these costs are mental health treatment and loss of productivity, the president-elect's ubiquity may actually be continuing to add to public health costs because of those who must relive their past when they see him.

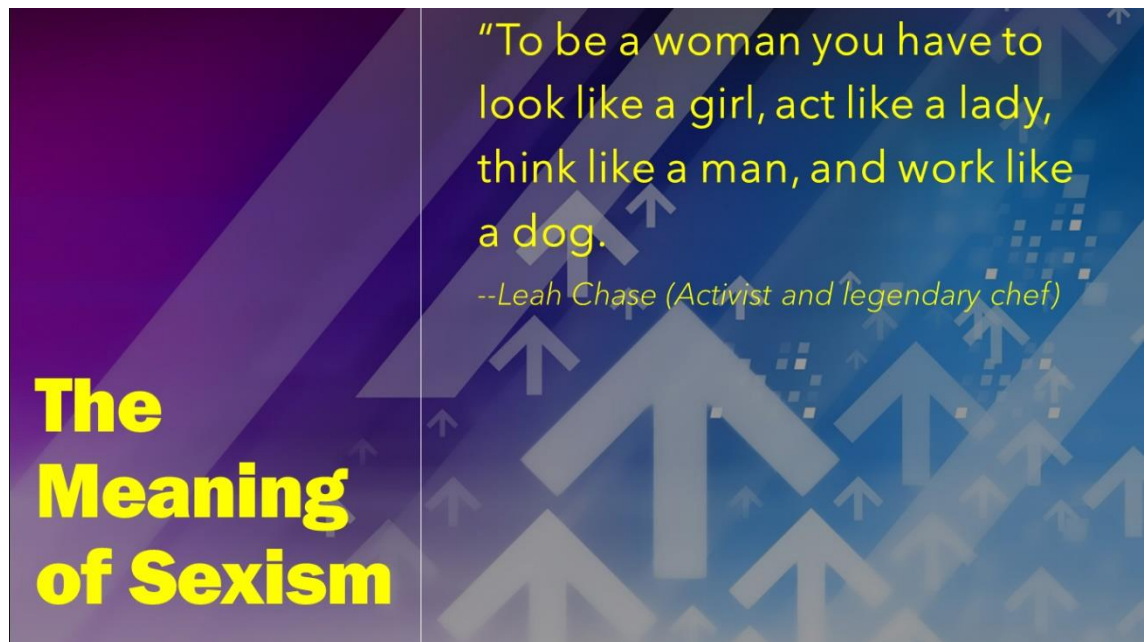
"When his accusers were getting a lot of coverage and there seemed to be a new one every day, I felt like I lived through every assault again and again," Rebecca said. Her advice for others today is to "surround yourself with women who understand you, fight for others in order to strengthen yourself, and heal others to heal yourself."

In order to work toward that healing, Shauna recommends not repressing what you feel after a sexual assault.

"My advice is to let yourself feel all of your feelings—the anger, the sadness, the grief, the betrayal, all of it. It hurts and it sucks but the only way out is through," she said. "And always remember that this is not your shame to bear. You did nothing wrong, none of it was your fault."

But it is the fault of half the electorate that a man who remorselessly boasted of sexual assault was today inaugurated as the 45th president of the United States, sending the message that nothing stands in the way of a sexual predator when others do not fight back against rape culture. The subtext of his slogan might as well have been, "Make America Rape Again."

"I worked in night clubs and bars after college and had my breasts, my ass, my hair, my face and my pussy grabbed by customers," Rebecca said. "I learned to



identify the men who were most likely to get out of hand, the men who think they have a right over a woman's body. At the time it just seemed like a workplace hazard but now that I am older, that I am a mother, I am angry. I am filled with rage thinking of men like Trump pawing at me, and it sickens me to think that other men will now laugh it off as presidential behavior."

Below is a list of credible sexual assault accusations against the President-elect. The Trump transition team did not respond to requests for comment. Shauna's reminder to survivors is relevant: "This is not our shame to bear, it is our attackers." Trump has denied any wrongdoing.

- [Jessica Leeds](#) said Trump fondled her breasts and tried to get his hand under her skirt during a flight. "He was like an octopus. His hands were everywhere," she said.
 - [Temple Taggart McDowell](#) said Trump kissed her on the lips on two different occasions without her consent, one time in his office.
 - [Rachel Crooks](#) was an employee in Trump's building who met him on an elevator. He shook her hand, then would not let go as he drew her in and kissed her mouth and cheek. "I was so upset that he thought I was so insignificant that he could do that," she said.
 - [Kristin Anderson](#) told the Washington Post that Trump moved his hand under her skirt and touched her vagina while sitting next to her.
 - [Natasha Stoyanoff](#), a journalist for People Magazine, described an encounter with Trump at Mar-a-Lago: "We walked into that room alone, and Trump shut the door behind us. I turned around, and within seconds, he was pushing me against the wall, and forcing his tongue down my throat. Now, I'm a tall, strapping girl who grew up wrestling two giant brothers. I even once sparred with Mike Tyson. It takes a lot to push me. But Trump is much bigger—a looming figure—and he was fast, taking me by surprise, and throwing me off balance. I was stunned. And I was grateful when Trump's longtime butler burst into the room a minute later, as I tried to unpin myself."
 - [Mindy McGillivray](#) described her experience at Mar-a-Lago: "All of a sudden I felt a grab, a little nudge. I think it's Ken's camera bag, that was my first instinct. I turn around and there's Donald. He sort of looked away quickly. I quickly turned back, facing Ray Charles, and I'm stunned."
 - [Cassandra Searles](#), a contestant at one of his pageants, said, "He probably doesn't want me telling the story about that time he continually grabbed my ass and invited me to his hotel room."
 - In fact, Trump allegedly [used his pageants](#) as a way to view and touch the naked bodies of teenagers, minors: "He just came strolling right in," Dixon said. "There was no second to put a robe on or any sort of clothing or anything. Some girls were topless. Others girls were naked. Our first introduction to him was when we were at the dress rehearsal and half-naked changing into our bikinis."
 - [Jill Harth](#) filed a lawsuit in 1997 against Trump which alleged the following: "After Trump business associates left, the defendant [Trump] over the plaintiff's objections forcibly prevented plaintiff from leaving and forcibly removed plaintiff to a bedroom, whereupon defendant [Trump] subjected plaintiff to defendant's unwanted sexual advances, which included touching of plaintiff's private parts in an act constituting attempted "rape." Trump forcefully removed [Harth] from public areas of Mar-A-Lago in Florida and forced [her] into a bedroom belonging to defendant's daughter Ivanka, wherein [Trump] forcibly kissed, fondled, and restrained [her] from leaving, against [her] will and despite her protests."
-

SECTION TWO

(A) Sexual Violence Against the Disabled

Sexual violence against disabled people is a silent epidemic, often overlooked both within and outside of reproductive health, rights, and justice circles. According to the Bureau of Justice Statistics' 2009–2014 National Crime Victimization Survey, people with disabilities were more than [three times more likely](#) than nondisabled people to experience serious violent crime such as rape and sexual assault. In addition, having multiple disabilities can increase a person's risk of rape and sexual assault, and children with mental health or intellectual disabilities are [almost five times more likely](#) than their nondisabled peers to experience sexual abuse.

The myths people believe about the sexuality and autonomy of disabled people fuel these assaults. These myths include stereotyping all disabled people as asexual, believing a disability means an inability to participate equally in an intimate relationship, and assuming that disabled people cannot control their urges, among many others. Part of the challenge is the [lack of comprehensive sex education](#) provided in accessible formats to people with disabilities, which would enable individuals to make informed decisions about their bodies and their health. Additionally, society and the media fail to provide an [accurate representation of people with disabilities](#), which results in misinformation, including about the types of relationships that people with disabilities have. An often cited [NPR story](#) in 2018 about the sexual assault of individuals with cognitive and intellectual disabilities is an outlier in terms of news coverage, though it revealed a truth to the outside world that was no surprise to the disability community: People with disabilities are at a much higher risk of victimization—especially people with intellectual and developmental disabilities. All of these myths and trends contribute to a culture in which people with disabilities are more likely to face sexual violence, are often targeted because of their disabilities, and often are not believed because of their disabilities.



As detailed in the CAP report [“Transforming the Culture of Power: An Examination of Gender-Based Violence in the United States,”](#) people with disabilities—and especially women—already experience ableism in a world not designed to meet their access needs. This forces them to deal with an additional level of objectification in a patriarchal society with a power dynamic that restricts access and autonomy. Disabled women are often victimized because of their disabilities, and they are often undervalued by society because of ableism and perceived power imbalances in relationships, which are often leveraged or lead to manipulation.

This power dichotomy plays out frequently in violence against a disabled person by a partner or a person of trust. A lack of self-worth; the need for emotional, physical, or financial support; or even the reliance on a partner for a connection to the outside world can all affect the lens through which disabled people view—or excuse—a toxic relationship. The world often tells disabled people that they are unworthy of love and unwelcome in society, and the abuser reinforces that message.

Sexual violence can also increase the possibility that an individual acquires a disability, particularly trauma-induced mental illness. According to [End Rape on Campus](#), women who are survivors can experience depression, post-traumatic stress disorders, and alcohol or other drug use at rates higher than nonsurvivors. Survivors can also experience physical (sexually transmitted infections, bruises, and serious physical injuries), psychosomatic (difficulty sleeping and headaches), and behavioral (aggressiveness and withdrawal) effects. It is critical to ensure that these health conditions are treated seriously so that survivors can access the treatments and supports that they need.

Furthermore, campaigns such as “[It’s On Us](#)” have highlighted the prevalence of campus sexual violence. However, much of the ongoing conversation tied to Title IX and violence against women on college campuses erases women with disabilities. A significant challenge for survivors with disabilities on college campuses continues to be the lack of supports and services. A [recent report](#) by the National Council on Disability found that campus programs do not include information and supports for people with disabilities, nor do they provide general information in accessible formats.

In addition, the incompetence of providers and support services directly affects the quality of services that survivors receive. There is a need for increased information and training to meet the needs of survivors with disabilities. For example, the Vera Institute of Justice provides a [series of archived webinars](#) on this topic and has created a [resource for programs](#) working to be more inclusive of survivors with disabilities.

In the disability rights space, there is also a history of not discussing issues of sexual violence, largely because of the stereotyping of disabled women’s sexuality but also because of power dynamics and economic inequality. Recent scandals centering on [training centers](#) serving the needs of certain parts of the disability community have forced rights groups to reconcile with a history of both violence and silencing of survivors. Bringing together disability justice and reproductive health, rights, and justice leaders and organizations can help set both on a new path forward while recognizing the hurt done in the past; ignoring a history of violence only condemns us to repeat it.

SOURCE: <https://www.americanprogress.org/article/sexual-violence-disability-community/>

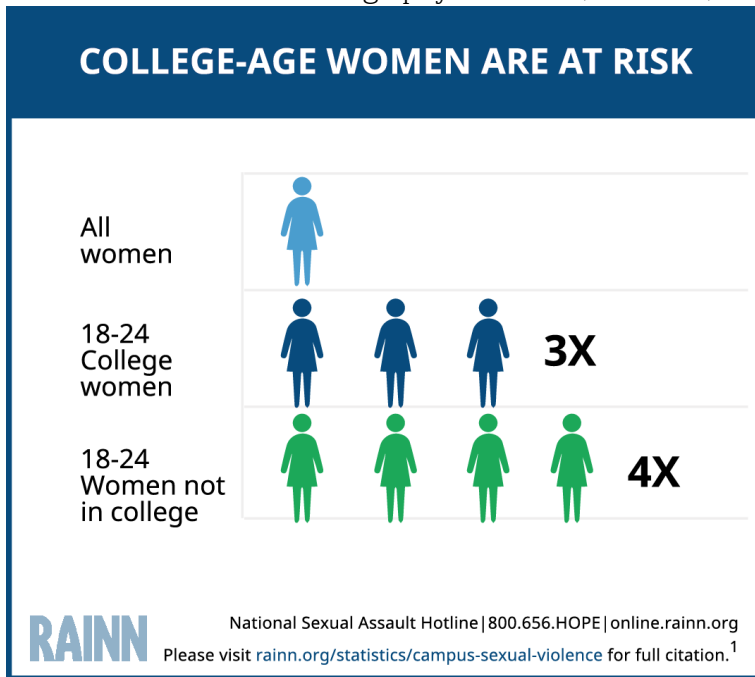
(B) Campus Sexual Violence

Women Ages 18-24 Are at an Elevated Risk of Sexual Violence

Sexual violence on campus is pervasive.

- 13% of all students experience rape or sexual assault through physical force, violence, or incapacitation (among all graduate and undergraduate students).²

- Among graduate and professional students, 9.7% of females and 2.5% of males experience rape or sexual assault through physical force, violence, or incapacitation.²

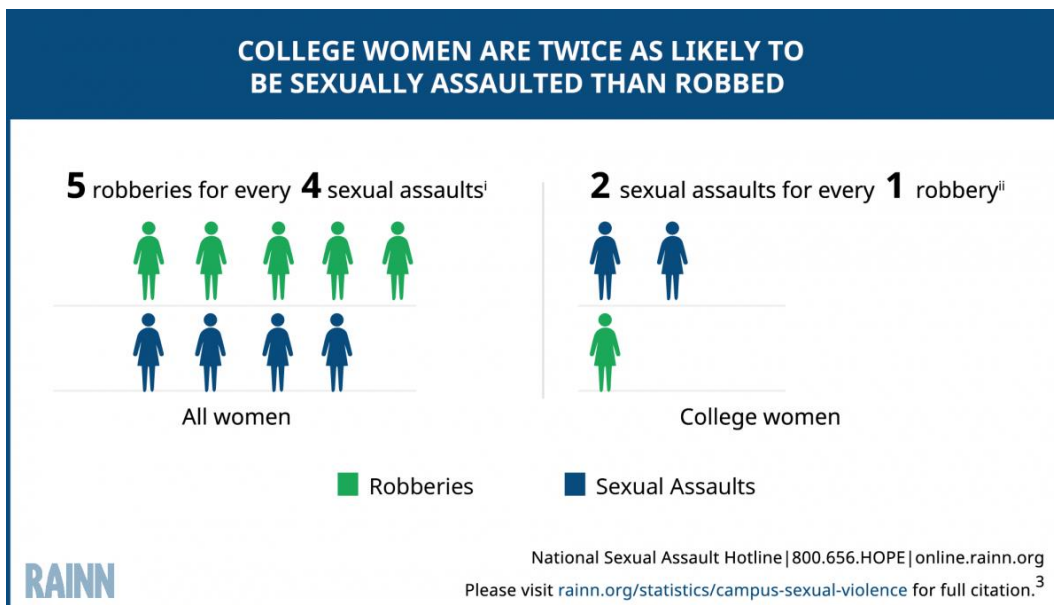


- Among undergraduate students, 26.4% of females and 6.8% of males experience rape or sexual assault through physical force, violence, or incapacitation.²
- 5.8% of students have experienced stalking since entering college.²

Student or not, college-age adults are at high risk for sexual violence.

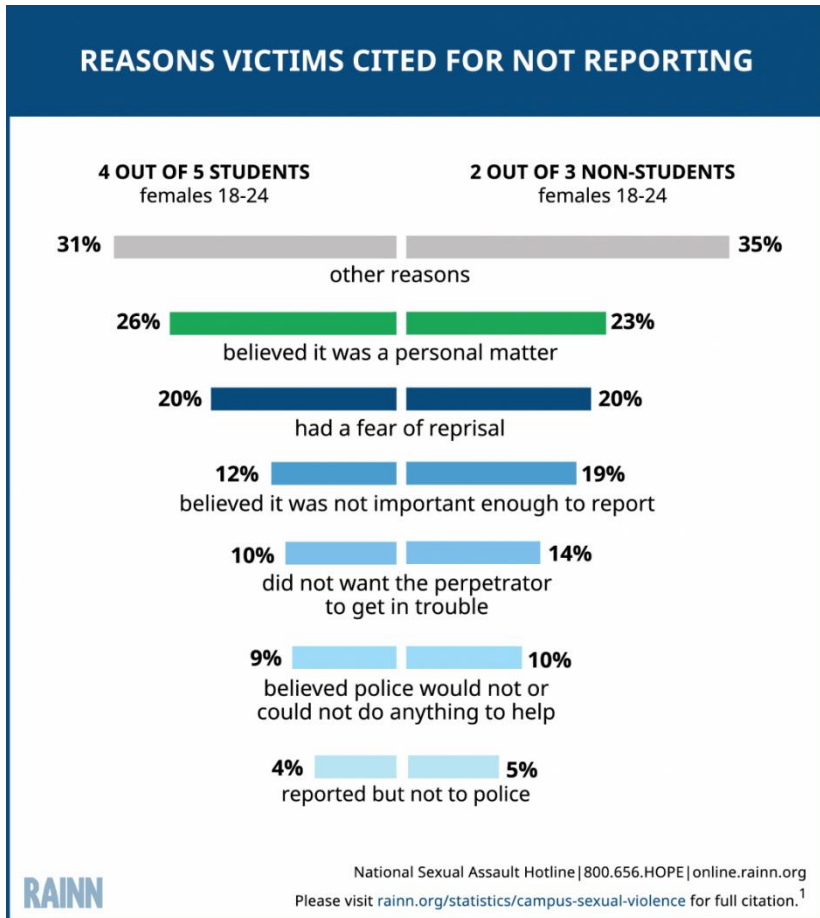
- Male college-aged students (18-24) are 78% more likely than non-students of the same age to be a victim of rape or sexual assault.¹
- Female college-aged students (18-24) are 20% less likely than non-students of the same age to be a victim of rape or sexual assault.¹

Sexual Violence is More Prevalent at College, Compared to Other Crimes



- About 1 in 5 college-aged female survivors received assistance from a victim services agency.²
- 23.1% of TGQN (transgender, genderqueer, nonconforming) college students have been sexually assaulted.²

College-Age Victims of Sexual Violence Often Do Not Report to Law Enforcement



Because this study allowed victims to cite more than one reason for not reporting to law enforcement, this statistic may not total 100%.

- Only 20% of female student victims, age 18-24, report to law enforcement.¹
- Only 32% of nonstudent females the same age do make a report.¹

Sexual Violence May Occur at a Higher Rate at Certain Times of the Year

- More than 50% of college sexual assaults occur in either August, September, October, or November.⁴
- Students are at an increased risk during the first few months of their first and second semesters in college.⁴

(C) How Often Does Sexual Assault Occur in the United States?

Everyone Is Affected by Sexual Violence

- Every 68 seconds another American is sexually assaulted.¹
- 1 out of every 6 American women has been the victim of an attempted or completed rape in her lifetime (14.8% completed, 2.8% attempted).⁴

NUMBER OF PEOPLE VICTIMIZED EACH YEAR



Inmates:
80,600 were sexually assaulted or rapedⁱ



Children:
60,000 were victims of "substantiated or indicated" sexual abuse.ⁱⁱ



General Public:
433,648 Americans 12 and older were sexually assaulted or raped.ⁱⁱⁱ



Military:
18,900 experienced unwanted sexual contact.^{iv}

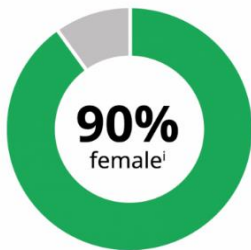
RAINN

National Sexual Assault Hotline | 800.656.HOPE | online.rainn.org
Please visit rainn.org/statistics/scope-problem for full citation.²

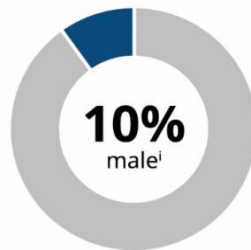
- About 3% of American men—or 1 in 33—have experienced an attempted or completed rape in their lifetime.⁴
- From 2009-2013, Child Protective Services agencies substantiated, or found strong evidence to indicate that, 63,000 children a year were victims of sexual abuse.⁵
- A majority of child victims are 12-17. Of victims under the age of 18: 34% of victims of sexual assault and rape are under age 12, and 66% of victims of sexual assault and rape are age 12-17.⁶

Read more [statistics about child sexual abuse](#).

9 OUT OF EVERY 10 VICTIMS OF RAPE ARE FEMALE



17.7 million American women as of 1998ⁱ



2.78 million American men as of 1998ⁱⁱ

RAINN

National Sexual Assault Hotline | 800.656.HOPE | online.rainn.org
Please visit rainn.org/statistics/scope-problem for full citation.³

The Majority of Sexual Assaults Occur at or Near the Victim's Home

BREAKDOWN OF LOCATIONS WHERE SEXUAL ASSAULT OCCURS



55%
at or near the victim's home



15%
in an open public place.



12%
at or near a relative's home



10%
in an enclosed but public area, such as a parking lot or garage



8%
on school property

RAINN

National Sexual Assault Hotline | 800.656.HOPE | online.rainn.org
Please visit rainn.org/statistics/scope-problem for full citation.⁷

What was the survivor doing when the crime occurred?⁷

- 48% were sleeping, or performing another activity at home
- 29% were traveling to and from work or school, or traveling to shop or run errands
- 12% were working
- 7% were attending school
- 5% were doing an unknown or other activity

SOURCE: Subsections A and B:
<https://www.rainn.org/statistics>

(D) Female Murder Victims and Victim-Offender Relationship

The percentage of females murdered by an intimate partner was 5 times higher than for males

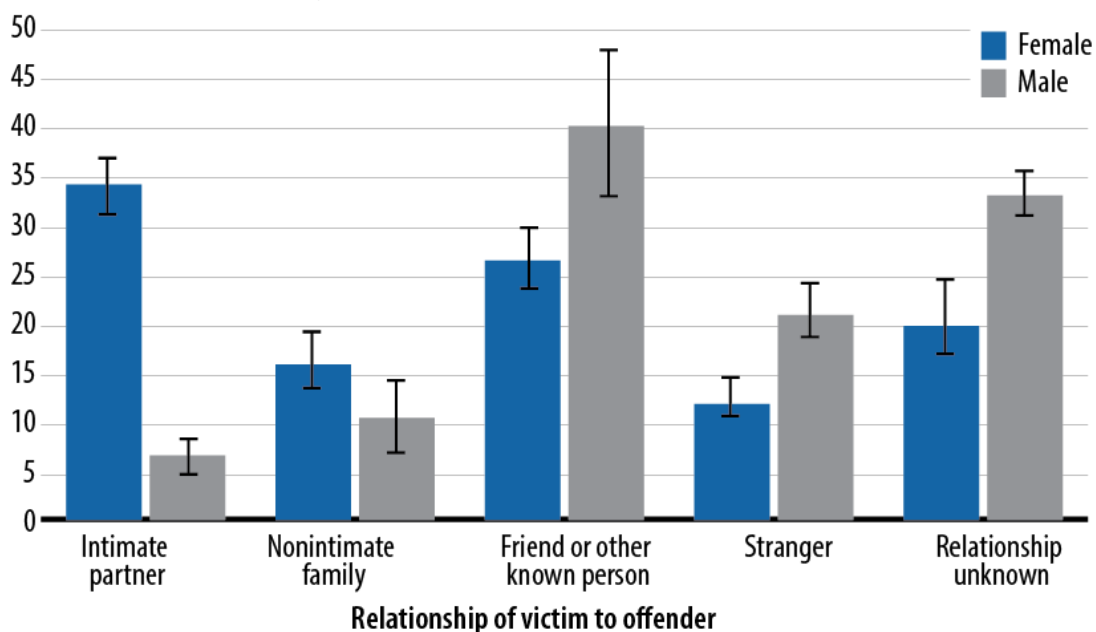
Of the estimated 4,970 female victims of murder and nonnegligent manslaughter in 2021, data reported by law enforcement agencies indicate that 34% were killed by an intimate partner (figure 1). By comparison, about 6% of the 17,970 males murdered that year were victims of intimate partner homicide.

Overall, 76% of female murders and 56% of male murders were perpetrated by someone known to the victim. About 16% of female murder victims were killed by a nonintimate family member—parent, grandparent, sibling, in-law, and other family member—compared to 10% of male murder victims.

A larger percentage of males (21%) were murdered by a stranger than females (12%). For 1 out of every 3 male murder victims and 1 out of every 5 female murder victims, the relationship between the victim and the offender was unknown.

FIGURE 1

Percent of murder victims, by sex and relationship of victim to alleged offender, 2021



Note: Bars indicate the confidence interval around each point estimate. For example, the estimated percentage of female murders perpetrated by an intimate partner in 2021 was 34%, plus or minus 1.8%. Findings are based on national estimates derived from National Incident-Based Reporting System (NIBRS). See *Estimation Procedures for Crimes in the United States Based on NIBRS Data* (NCJ 305108, BJS/FBI, August 2022) for more information.

Source: National crime estimates based on data from the FBI's National Incident-Based Reporting System, 2021.

SOURCE <https://bjs.ojp.gov/female-murder-victims-and-victim-offender-relationship-2021>

(E) Sexual Abuse in Prison

By Jessica Pride

Source: <https://www.survivorlawyer.com/blog/sexual-assault-prison-statistics-facts>

Obtaining accurate and up-to-date statistics on [prison sexual assault](#) in the United States can be challenging due to underreporting and variations in data collection methods. However, here are some **recent statistics** compiled by Western Washington University ([WWU](#)):

- In one year there were over **24,000 allegations of sexual assault and harassment** by inmates. Of those which were substantiated with additional evidence, 58% were perpetrated by inmates and 42% by prison staff.
- Inmate-on-inmate assaults are 38% higher in [private prisons](#) than in public ones. Additionally, individuals are **twice as likely** to report sexual abuse from guards or staff in private vs. public prisons.
- While female inmates make up only 7% of the total prison population, **women represent a disproportionate percentage of sexual assaults** — 22% of all inmate-on-inmate sexual assaults, and 33% of all staff-on-inmate sexual victimizations.

It is important to note that sexual abuse in prisons is significantly underreported, and the actual rates may be higher than these figures. Fear of retaliation, shame, lack of trust, and concerns about the effectiveness of reporting systems contribute to underreporting.



Authorities try to dismiss the above data, saying that up to 66% of incidents of sexual misconduct by prison staff involve sexual relationships with inmates who “appeared to be willing.” That is simply not possible. The power imbalance between an imprisoned person and the guard who has control over their food, sanitation, and safety cannot lead to a willing, consensual sexual act.

All sexual interactions between prison staff and inmates are unacceptable violations.

Sexual Abuse in Prison: Facts

[Sexual assault](#) and abuse in prison is a significant issue that affects the well-being and safety of incarcerated individuals. **Here are some key facts regarding sexual abuse in prisons:**

- **Prevalence across genders:** Sexual abuse is a pervasive problem in correctional facilities, impacting both [male](#) and female prisoners. Gender disparities do exist, however. Studies have shown that male inmates are more likely to be victimized by other inmates, while female inmates are more likely to experience abuse at the hands of staff members.
- **Inmate-on-inmate abuse:** The majority of reported incidents involve sexual abuse perpetrated by fellow inmates. Factors such as power dynamics, lack of supervision, and overcrowding can contribute to a heightened risk of sexual violence within the prison environment.
- **Staff-on-inmate abuse:** While less common than inmate-on-inmate abuse, sexual misconduct by correctional staff members is a dangerous miscarriage of their duties. Such abuse involves a breach of trust and authority, as inmates rely on staff for their safety and well-being.

There is an increased risk of sexual assault and violence for certain vulnerable populations in prisons. Individuals who are [young](#), physically or mentally disabled, [LGBTQ+](#), or have a history of prior victimization

may have greater exposure to sexual attacks. These individuals also face even more difficulty reporting these violations and securing justice.

Key Legislation

The Prison Rape Elimination Act ([PREA](#)) in the United States, enacted in 2003, seeks to prevent sexual abuse in correctional facilities and holds prisons accountable for ensuring the safety of their inmates. PREA mandates reporting, investigation, and prevention measures to address sexual abuse.

(F) Prevalence of Sexual Assault in the Military

SOURCE: <https://www.rand.org/pubs/tools/TLA746-2/handbook/resources/data-on-sexual-assault-in-the-military.html>

This resource offers a brief overview of sexual assault prevalence in the military and includes details on risk and protective factors, data sources, and guidance on using these data in community problem assessments.

In 2018, 6.2 percent of women and 0.7 percent of men reported experiences consistent with the Uniform Code of Military Justice's definition of sexual assault (Breslin et al., 2019).

Active-Duty Service Members Assaulted in the Past Year (2018)

20,500 estimated

13,000 Women (6.2% of 208,500)

7500 Men (0.7% of 1,080,000)

For service members who had experienced sexual assault in the past year, the remainder of the Department of Defense (DoD) survey asked them to focus on the worst or most serious assault they experienced (Breslin et al., 2019). Servicemen who were sexually assaulted (38 percent) were more likely than servicewomen (21 percent) to describe their worst assault as a hazing or bullying incident that included sexual assault. The vast majority of female victims indicated that the assault was perpetrated by a man or a group of men (92 percent), whereas a slim majority of men were assaulted by a man or a group of men (52 percent). An additional 30 percent were assaulted by a woman or women only. Most victims described at least one of their assailants as a member of the military (89 percent for women, 71 percent for men). Sixty-two percent of women and 57 percent of men reported that the most serious sexual assault they experienced happened at a military installation or on a ship. However, many incidents also occurred at locations off base (47 percent for women, 38 percent for men). Finally, alcohol use by the survivor or perpetrator was involved in 62 percent of incidents involving women and 49 percent of incidents involving men.

Characteristics of Sexual Assaults of Active-Duty Service Members

Who was the perpetrator?

A man or group of men

Women responded 92%
Men responded 52%

Where did the assault occur?

Military installment or ship

Women responded 62%
Men responded 57%

How many said alcohol was involved?

Drugs or alcohol

Women responded 62%
Men responded 49%

How did victims describe the worst assault?

Hazing or bullying

Women responded 21%
Men responded 38%

Most incidents of sexual assault were not officially reported to DoD (Breslin et al., 2019). Of the service members who had experienced sexual assault in the past year, 17 percent of male victims and 30 percent of female victims had reported the incident to DoD. The most common reasons for not reporting the incident were that “they wanted to forget about it and move on,” they “did not want more people to know,” or they “felt shamed or embarrassed.” Among servicewomen who had reported an event, 38 percent indicated experiencing events consistent with professional reprisal, 51 percent indicated experiencing events consistent with ostracism, and 34 percent indicated experiencing events consistent with maltreatment. The most-recent data available can be found at the [DoD Sexual Assault Prevention and Response Office \(SAPRO\) website](#)

(G) Sexual Harassment in Healthcare

By Dana Kabat-Farr, PhD, and Ellen T. Crumley, PhD

SOURCE: <https://ojin.nursingworld.org/table-of-contents/volume-24-2019/number-1-january-2019/sexual-harassment-healthcare-psychological-perspective/>

Social science research shows that sexual harassment is still occurring in the modern workplace, including in healthcare settings. This article discusses sexual harassment in healthcare from a psychological perspective, identifying unique contextual factors in nursing that may influence harassment experiences, such as [sexual harassment to protect status](#), the [healthcare hierarchy](#), and the [challenges of reporting](#).

he #MeToo movement and recent media coverage have drawn much needed attention to the existence and pervasiveness of sexual harassment in organizations all over the world. In the United States (U.S.), Title VII of
Page 15 of 17

the Civil Rights Act of 1964 makes discrimination based on sex illegal. For some, it seems like sexual harassment may now be a “thing of the past.” Social science research shows that sexual harassment is still occurring in the modern workplace, including in healthcare settings. A recent meta-analysis, which examined 33 studies of over 18,000 nurses, revealed that 28% report experiencing sexual harassment ([Spector, Zhou, & Che, 2014](#)). Furthermore, although Cholewinski and Burge ([1990](#)) demonstrated in a study of nursing students some time ago that that sexual harassment occurs long before they begin their professional lives, this remains a current topic of concern.

Research has shown that individuals may experience sexual harassment without being willing or even able to name it as such. However, the prevalence rates in the nursing field may be an underestimate since healthcare surveys of sexual harassment often ask a single question (e.g., Have you experienced sexual harassment?). Research has shown that individuals may experience sexual harassment without being willing or even able to name it as such ([Ilies, Hauserman, Schwochau, & Stibal, 2003](#)). Social science surveys that ask a series of questions without the requirement to label such experiences as harassment, result in higher numbers of women reporting this behaviour. These may include such questions as: Has someone made offensive remarks about your body; has someone told sexually suggestive stories or offensive jokes; or has someone attempted to establish a romantic or sexual relationship despite your efforts to discourage it?

Even with the possibility of an underestimation, the 28% affirmative rate of sexual harassment in nursing is alarming ([Spector, et al., 2014](#)). Because these negative experiences can occur during schooling, there is a risk that acceptance of sexual harassment is ingrained into students’ idea of what it means to be a professional. These statistics reveal the uphill battle that women face when pursuing careers in healthcare; for those who remain in the field, sexual harassment may be a regular part of their professional experience.

Decades of psychological research has found a host of negative personal and professional outcomes for the targets of sexual harassment. These include lower job satisfaction; withdrawing from one’s work; lower commitment to one’s organization; and negative physical and mental health (see [Ilies et al., 2003](#) for a meta-analytic review). Additionally, simply working in an environment with sexual harassment, termed “ambient harassment,” is linked with similar negative outcomes, even for individuals not directly targeted ([Glomb, Richman, Hulin, & Drasgow, 1997](#)). Sexual harassment is not just a concern for individual employees; teams with ambient sexual harassment have higher rates of conflict, lower team cohesion, and lower financial performance ([Raver & Gelfand, 2005](#)). This is especially important because healthcare professionals and staff frequently work in team environments, in which close communication and teamwork are vital to providing effective patient care.

Prevalence of Workplace Sexual Violence against Healthcare Workers Providing *Home Care*

By Marco Clari, et al.

SOURCE: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7731391/>

Workplace violence is a severe occupational issue that has been studied from different points of view, such as the many manifestations of workplace violence, how it varies across different occupations, and whether and how the victims’ experiences differed by perpetrator characteristics [[1](#)]. The prevalence of workplace violence is highly dependent upon the work sector and job characteristics. In particular, **healthcare workers (HCWs)** are more likely to experience workplace violence and injuries during their job than other industry workers [[2,3,4](#)].

[...]

Home care is a way to provide care and social assistance directly at the patients' home, rather than in the hospital or a long-term care facility. It can be provided by professional and paraprofessional HCWs, and it consists of a range of medical, nursing, and hands-on care, such as physical care (e.g., toileting, mobilization, and feeding), the provision of nursing techniques (e.g., medication administration, blood sampling, and device positioning and management), medical examinations, and palliative care [15].

[...]

The home-care sector presents particular risks for HCWs because clients' homes expose HCWs to a relatively uncontrolled work environment [20]. The isolated nature of HCWs performing their job at clients' homes could represent a further risk of violence from both patients and their relatives [21,22]. Moreover, the protections that HCWs usually have in the hospital setting, such as the presence of co-workers or security guards, are not present during home care. HCWs providing home care cannot control their work environment; consequently, in the absence of employer safety policies and programmes, home HCWs must rely on their own resources to deal with abuse and violence [23].

Workplace violence has a relevant impact on HCWs' wellbeing; in particular, it contributes to negative psychological outcomes, such as depression [24], shame, anxiety and anguish, anger, and post-traumatic stress disorder [25]. Furthermore, workplace violence affects not only the individual HCW's job processes, but also the whole work organization. Indeed, the negative effects of workplace violence influence the organization's well-being, in particular increasing occupational stress and burnout, job disruption, absenteeism, and HCWs' intention to leave their job or position [26,27].

Workplace violence is a broad definition that includes a spectrum of physical, verbal, emotional, and sexual behaviours [28]. In particular, sexual violence can range from verbal sexual interaction to physical assaults. Verbal sexual interactions are often defined as sexual harassment and include behaviours, such as flirting and teasing [29], but workers' gender, age, ethnicity, and place of living contextualize the definition of what is considered sexual violence or harassment [30]. Estimating the extent of this phenomenon in the home-care setting is currently extremely challenging. Indeed, to date, no systematic reviews have investigated the prevalence of sexual violence in this context. Despite the relevance of this phenomenon, sexual violence perpetrated by clients in a home-care setting is an issue that has received considerably less attention than physical and non-physical violence against HCWs across other clinical settings, limiting the possibility of estimating the magnitude of this phenomenon.

[...]

The findings described in this review showed a higher prevalence of sexual violence reported by paraprofessional HCWs in home care. Sexual violence has been described as a transversal phenomenon, primarily affecting nurses but also affecting doctors, nurse aides, and all those involved with the clients. In this regard, a study showed that half of female medical students and a third of female doctors reported sexual harassment during their work. In a home-care setting, paraprofessional HCWs spend the majority of time with patients. Therefore, they can be expected to be more affected by sexual violence than other HCWs.