EVERYDAY STRANGER HARASSMENT AND COPING AMONG ASIAN INDIAN AND U.S. STUDENTS

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TABLE OF CONTENTS

Page

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Everyday Stranger Harassment and Coping among Asian Indian and U.S. Students

Everyday Stranger Harassment (ESH) is defined as the, "sexual harassment of women in public places by men who are strangers" (Bowman, 1993, p. 519). It consists of verbal and nonverbal behaviors displayed by men that aim to sexually harass, annoy, and objectify women (Bowman; Gardner, 1995). Men who identify as gay or bisexual (McNeil, 2014) and women who identify as lesbian (Kearl, 2010) have been found to be frequent targets of ESH based on their sexual orientation. The topic of sexual orientation based harassment, however, is beyond the scope of this study. In the current study, the researcher focused on gender based ESH experienced by women and perpetrated by men. ESH occurs at an alarming frequency around the world (Kearl). However, research on the impact of ESH on the wellbeing of women and how they cope with the harassment is limited. The topic of ESH has received some attention from researchers in the United States (USA), but it has not been thoroughly examined in India. It is important to study the consequences of ESH in India because researchers found that it occurred at an alarming rate and adversely affected the wellbeing of many Asian Indian women (e.g., Dhillon & Bakaya, 2014). The aim of the current cross-cultural study, therefore, was to contribute to the literature on ESH by examining ESH and its impact on the wellbeing of women in India and the USA.

Prevalence of ESH

ESH has been found to be an omnipresent phenomenon. In a national survey of 2000 individuals, 65% of women in the USA reported experiencing ESH (Kearl, 2014). Macmillan et al. (2000) conducted a survey using a nationally representative sample of Canadian women. They found that 85% had experienced stranger harassment and 51% had experienced non-

stranger harassment. Thus, the likelihood of women being harassed in public by a stranger was found to be significantly higher than by being harassed by an acquaintance.

Compared to Western countries, ESH occurs at as even higher frequency in the Indian subcontinent. In a survey conducted among 4,000 women attending college in Mumbai, India, 97% reported experiencing ESH (Rao, 2012). Further, the Bangladesh National Women Lawyers Association (cited in Hoque, 2014) found that 91.3% of women and 87% of girls between the ages of 10 and 18 had experienced some form of ESH. These studies help establish the pervasive nature of ESH in the USA and India.

Sexual Harassment and ESH

Compared to ESH, the topic of workplace sexual harassment has received ample attention from researchers since the 1980's (Gelfand, Fitzgerald & Drasgow, 1995). Workplace sexual harassment is defined as sexual coercion, gender harassment, and unwanted sexual attention from co-workers (Gelfand et al.). Its psychological impact has been well documented by researchers. For example, Schneider, Swan, and Fitzgerald (1997) found that experiencing a workplace sexual harassment even at a low to moderate intensity and frequency predicted poor psychological wellbeing and negative job related attitudes among women.

ESH and sexual harassment share several features. Fairchild and Rudman (2008) argued that ESH is a form of sexual harassment. It is perpetrated by strangers instead of acquaintances at work and it happens in public settings instead of the workplace. ESH can be described in terms of sexual coercion, gender harassment, and unwanted sexual attention from strangers. Several researchers have examined the adverse effects of sexual harassment on the physical and psychological health of women (e.g., Fritzgerald, et al. 1997). ESH, on the other hand, has been ignored by researchers because of certain reasons. First, ESH is considered as a harmless part of

a woman's everyday life across several cultures (Gardner, 1995). Second, many individuals consider restricting ESH akin to limiting freedom of speech (Bowman, 1993). Finally, it is difficult to take legal action on a stranger who disappears into a crowd immediately after the harassment (Nielsen, 2000). In summary, ESH occurs at a high frequency, yet research in the area of ESH is still at a nascent stage when compared to workplace sexual harassment.

Culture and ESH

As discussed previously, there is a difference in the frequency with which women in the USA and India experience ESH. This difference could be traced back to the cultural differences in the levels of individualism, prescribed gender roles, and power differentials between men and women in these societies. Overall, India can be considered a collectivistic culture, whereas the USA an individualistic culture (Hofstede, 1980). Pryor and Whalen (1997) found that persons from individualistic cultures were more likely to question cultural norms associated with sexual harassment, which reduced the likelihood to harass. On the other hand, individuals from collectivistic cultures like India were more likely to sexually harass, due to their need to conform to the cultural norms that permit this harassment.

India is a classic patriarchy where men are seen as providers and women are seen as being dependent and subservient to men (Kandiyoti, 1988). Patriarchal values encourage males to display their sexuality and females to be modest and pure (Derne, 1994). Women are seen as symbols of Indian values, because women give birth to the new generation and are tasked with teaching their children about culture (Yuval-Davis & Anthias, 1989). If a woman attempts to change her style of dressing or behavior, it is considered a direct threat to Indian culture and tradition. The process of modernization in India has challenged tradition, because it challenges traditional patriarchal norms and it is considered outlandish and 'western' (Chaudhuri, 2012). As

a result of the traditional patriarchal structure of the Indian society, women are forced to stay within the rigid bounds of traditional gender roles. ESH happens when women enter the public sphere to work, study, or for leisure.

In the USA, the feminist movement beginning in the 19th century helped individuals to challenge and gradually modify traditional patriarchal structures and gender hierarchies (Evans, 2009). However, women in both India and the USA still experience sexual harassment and ESH. The feminist theory framework can help explain the incidence of gender based harassment in both the USA and India. Feminist theorists have argued that men have greater power, privilege, and resources than women (Butler, 1988). Thus, from a feminist perspective, ESH functions as a mechanism through which men express their power over women (Gardner, 1995). The cross-cultural method of this study will help to examine the similarities and differences in the effects of ESH on the mental health of women in India and the USA.

In summary, ESH occurs in both India and the U.S. There is a strong belief that ESH is normal and has no effect on women. There is a need to investigate whether ESH has an impact on the wellbeing of women. Results of such an investigation will help guide programs that aim to reduce the frequency of ESH and that help women cope with its impact. Thus, the current study examined how ESH affects objectified body consciousness and the fear of rape among women.

Objectification Theory and ESH

Objectification Theory (Fredrickson & Roberts, 1997) serves as the theoretical foundation for the present study. It is derived from the feminist theory framework. Feminist theorists argued that the perception of the feminine body is heavily influenced more by sociocultural beliefs than biological factors (e.g., Ussher, 1989). Women experience oppression in society through objectification, which involves treating a person as a sexual object meant to be

looked at, assessed, and used, thereby ignoring the person's humanness (Fredrickson & Roberts, 1997). According to objectification theory, women internalize experiences of sexual objectification and begin to view their body from an evaluative and critical perspective (Fredrickson & Roberts, 1997). Perceiving oneself from an observer's perspective can lead to continual body surveillance, body shame, and anxiety (Fredrickson & Roberts, 1997). Researchers have found that self-objectification was associated with poor psychological wellbeing (McKinley 1999, 2006), body shame (Noll & Fredrickson, 1998), depression (Szymanski & Henning, 2008), and eating disorders (Greenleaf & McGreer, 2006).

ESH is a behavior that sexually objectifies women. Fairchild and Rudman (2008) found that the experience of ESH was associated with higher levels of self-objectification. Self-objectification was associated with poor mental health even when women considered ESH nonthreatening and considered it to be a compliment. Dhillon and Bakaya (2014) qualitatively examined the experiences with ESH among women in New Delhi, India using objectification theory. They found that objectification was a factor that contributed to the perpetuation of ESH. Objectification of women is stronger and rampant in a patriarchal society such as India. Since objectification is culturally sanctioned in India, women experienced ESH at high frequencies, were blamed for the violence they experienced, and faced bystander and police indifference (Dhillon & Bakaya). As mentioned before, according to objectification theory, sexually objectifying experiences lead to self-objectification (Fredrickson & Roberts, 1997). Though ESH is a form of sexual objectification, participants in Dhillon and Bakaya's study reported that they rarely internalized the experience of ESH. No other researchers have examined the association between ESH and self-objectification in developing countries. The present study attempted to

address this gap in the literature by examining a sexually objectifying experience such as ESH, as a potential predictor of body shame and dissatisfaction.

There are potential complications associated with applying self-objectification theory to the Indian population. The validity of the concept of self-objectification outside the USA has been debated by researchers (e.g., Crawford et al., 2009). The concept of self-objectification itself has been developed and studied exclusively in the USA. Few studies have attempted to identify whether this concept is relevant to Asian countries. Crawford, et al (2009) compared the levels of self-objectification experienced by women from Nepal and USA. They argued that western ideals of beauty such as thinness have permeated into developing countries such as Nepal, leading to increased experiences of body dissatisfaction among young women. Results of this study indicated that women from the USA experienced higher levels of self-objectification than Nepalese women. However, Nepalese women endorsed higher levels of body shame than U.S. women. Crawford and colleagues argued that experiencing objectification combined with the religious belief of women's bodies as sources of contamination due to mensuration raised the level of body shame experienced by the Nepalese women. This conclusion highlight the fact that the concept of self-objectification as defined in the U.S. might have to be adapted to incorporate variables that are culturally relevant in other countries like Nepal. The results of this study may not be relevant to the Indian population. Nepal unlike India was not colonized by the British, thus its cultural values are similar but not identical to Indian values (Crawford, et al.). Thus, there are limitations to applying the results of this study to the Indian cultural context. In the current study, Objectification Theory can explain how the experience of ESH is internalized and can predict higher levels of body shame, surveillance, and control.

ESH and Fear of Rape

In the present study, the relationship between the experience of ESH and fear of rape also will be examined. The Shadow Hypothesis (Ferraro, 1996) serves as a conceptual basis to explain the predictive relationship between the aforementioned variables. According to the Shadow Hypothesis, women experience a subconscious fear of being sexually assaulted (Ferraro, 1996). Sexual assault serves as a 'master offence' which in turn increases the fear of experiencing other crimes. Researchers have found that fear of rape led to constrained behaviors in women such as limiting movements after dark (Hickman & Muehlenhard, 1997). However, constrained behavior further deepened the perceived fear of rape (Fisher & Sloane, 2003). Thus, even changing one's behavior for the sake of safety does not dissipate the shadow of sexual assault. The experience of ESH can perpetuate the fear of rape. MacMillan et al. (2000) found that ESH was a stronger predictor of lower levels of perceived safety than non-stranger harassment. They concluded that ESH makes women feel vulnerable to being victimized in a wide variety of social contexts and contributes to anxiety and a perceived lack of personal safety.

Fairchild and Rudman (2008) also found that ESH predicted restriction of movement and an increased fear of rape. Dhillon and Bakaya (2014) discovered that women in New Delhi, India modified their behaviors and restricted their movements as measures to keep themselves safe from ESH. The women reported avoiding travel in public transit buses, preferring to board gender segregated train carriages, and avoiding leaving home after dark. The participants reported modifying behaviors which included: wearing conservative dresses, covering their breasts using shawls, carrying large bags to help keep distance from strangers, and wrapping their arms around themselves while standing. Though the women in this study reported changing the way they dressed, they did not believe that the style of clothing worn would predict

frequency of experiencing ESH. They reported that conservative dressing was a precaution and would reduce the chances of being blamed for 'causing' ESH. Based on the literature reviewed, it is evident that ESH is not innocuous and it impacts the wellbeing of women that experience it.

Coping with ESH

Turning to another topic, there is an abundance of research on coping strategies used by women to cope with workplace sexual harassment. In a meta-analytic study, Gruber (1989) discovered that only 20% of women reported coping with workplace harassment by using active coping strategies such as filing a report or confronting the harasser. Further, researchers found that women often use passive coping strategies such as avoiding the harasser and avoiding thinking about the harassment (Fitzgerald, 1990; Gutek & Koss, 1993; Magley, 2002). Gruber and Bjorn (1986) provided three reasons to explain why women prefer to use indirect, passive coping strategies (e.g., avoiding the harasser, acting like the harassment did not happen). First, indirect coping strategies help women handle the situation without disrupting the workplace environment. Second, women often fear using active coping strategies such as filing a complaint due to a fear of retaliation. Thus, indirect coping strategies help women feel psychologically safe. Finally, sexual harassment can be ambiguous as it can be interpreted as sexual interest or as offensive. Such ambiguity can make it difficult to use direct strategies to respond to the harassment (Gruber & Bjorn).

Cultural self-construal also can influence how a person perceives a stressful situation and it predicts the coping strategies used to reduce distress (Aldwin, 2007). For example, Wasti and Cortina (2002) compared the frequency with which women from collectivistic Hispanic-American and Turkish cultures and women from individualistic Anglo-American cultures coped with workplace sexual harassment. Results showed that advocacy seeking (i.e., seeking legal

help) was the least used coping strategy across cultures. The fear of calling attention to the personal experience of sexual harassment prevented women from both collectivist and individualistic cultures from reporting the harassment (Wasti & Cortina). Women from collectivistic cultures (i.e., Turkish and Hispanic), however, reported a higher frequency of using denial/avoidance than women from individualistic cultures (i.e., Anglo American) in order to maintain harmony at the workplace instead of confronting the harasser (Wasti & Cortina). Further, the researchers found that women from collectivistic backgrounds did not seek social support from their families to cope with the impact of sexual assault. Wasti and Cortina explained that cultural endorsement of 'sexual silence' in Hispanic (i.e., persons whose families originated from Mexico, Puerto Rico, Cuba, Dominican Republic, or Spain) and Turkish cultures could heighten the fear of blame and shame. As a result, women from such cultures kept the experiences of sexual harassment to themselves instead of reaching out to their in-group members (Wasti & Cortina).

Contrary to research on coping with workplace harassment, there is little research on how women cope with ESH. Fairchild and Rudman (2008) examined the relationship between active, passive, and benign coping with ESH and self-objectification in a sample of U.S. college students. They found that active coping strategies such as confronting the harasser, talking to someone about the harassment, or filing a police report predicted lower levels of self-objectification. Further, passive coping strategies such as ignoring the harasser, letting go, or pretending like nothing happened were associated with higher self-objectification. However, even benign coping which included taking ESH as a compliment predicted higher levels of self-objectification. Thus, even when it was labeled as harmless in the U.S., ESH had a cumulative adverse impact on body-perception (Fairchild & Rudman).

In the Asian Indian context, Dhillon and Bakaya (2014) found that women used confrontational or non-confrontational strategies to respond to ESH. Confrontational responses included 'shaming' the harasser. Shaming was comprised of bringing the attention of other individuals in crowded areas. Such confrontational responses were moderated by the familiarity of the location and the age of the harasser. Women avoided confrontation if the harasser was older due to collectivistic values of respecting older individuals (Dhillon & Bakaya). The participants reported a greater preference for non-confrontational responses such as, avoiding eye contact or walking away. They reported avoiding confrontation due to "the fear of being called a feminist; fear of retaliation; or fear of being perceived as impolite, aggressive, or non-feminine" (Dhillon & Bakaya, p. 5). Non-confrontational responses to ESH were utilized by the women due to fear of escalation or retaliation by the harasser. The researchers in this study, however, did not assess the relationship between using confrontational or non-confrontational strategies and global well-being of the women. In summary, there is limited research on how women cope with ESH and the association between coping with ESH and well-being. Further, culture seems to have a major impact on the type of coping strategies used (Dhillon & Bakaya, 2014). However, the impact of culture on the type of coping strategies used by women who experience ESH has not been studied.

Current Study

At present, research on how ESH affects women and how they cope with it is limited. A review of research and theory suggested that ESH predicted higher levels of self-objectification (Fairchild & Rudman, 2008) and the fear of rape (MacMillan, et al. 2000) among U.S. and Canadian female college students, respectively. Further, compared to the use of passive or benign coping strategies, the use of active coping strategies was associated with lower levels of

self-objectification (Fairchild & Rudman, 2008). ESH is experienced by millions of women around the world. The current study was cross cultural in nature and examined the impact of ESH on self-objectification and fear of rape and coping among women from the USA and India. Research has shown that ESH occurs at a higher frequency in a classic patriarchal country like India than more egalitarian countries like the U.S (Kearl, 2014). Nevertheless, ESH occurs in both countries. Its incidence can be explained by socially ingrained power differentials between genders and prescribed gender stereotypes. Results of the current study will contribute to research on the effects of ESH, which may in turn contribute to designing new programs to reduce ESH, and reduce the impact of ESH on the wellbeing of women.

The current project included a pilot and main study. Until now, the concepts examined in this project were developed and empirically assessed only in the U.S. The concepts of ESH, strategies used to cope with ESH, self-objectification, and fear of rape were measured in this project using instruments developed in the U.S. Since this project was cross-cultural in nature, it was first essential to assess the relevance of the constructs being examined to the Asian Indian cultural context. According to Ægisdóttir, Gerstein, and Çinarbas (2008), it is necessary to first establish the existence of a particular concept in the target culture. To achieve this goal, a pilot study using the Systematic Test of Equivalence Procedure (STEP) method developed by Gerstein (2016) was used to assess the equivalence of constructs across cultures. In particular, the goal of the pilot study was to examine the relevance of the constructs of interest to the Asian Indian cultural context and in specific it answered these questions: 1) are the concepts of ESH, coping with ESH, self-objectification and fear of rape relevant to individuals in India? and 2) are there any similarities or culture based differences in the definition and perceptions of the concepts of ESH, coping with ESH, self-objectification and fear rape in India and the USA?

In the main study, a path model depicting the causal relationships between the variables: ESH, self-objectification, fear of rape, and coping was proposed (see Figure 1). The hypothesized paths between the variables were supported by theoretical and empirical literature as explained below:

1) Based on self-objectification theory, higher frequency of experiencing ESH will predict higher levels of body shame, body surveillance and perceived control among U.S. and Asian Indian women.
2) Additionally, drawing from the Shadow Hypothesis, higher frequency of experiencing ESH will predict higher fear of rape among U.S. and Asian Indian women.
3) According to objectification theory, sexually objectifying experiences such as ESH are internalized, which increase levels of body shame, body surveillance, and control beliefs (Fredrickson & Roberts, 1997; McKinley & Hyde, 1997). However, using active coping (e.g., seeking social support) has been found to weaken the relationship between ESH and body shame, body surveillance, and control beliefs (Fairchild & Rudman, 2008). In contrast, using passive coping strategies (e.g., avoiding the harasser, acting like the harassment did not happen) has been found to be associated with a stronger relationship between the aforementioned variables (Fairchild & Rudman, 2008). Hence, it is predicted that active and passive coping will moderate the relationship between ESH (i.e., verbal and sexual pressure) and self-objectification (i.e., body shame, body surveillance, and control beliefs).
4) Finally, since India is a classic patriarchy, women have substantially less power than men in the society compared to women living in the U.S. (Kandiyoti, 1988). Thus, it is

hypothesized that women living in India will endorse experiencing higher frequencies of ESH than women living in the U.S.

A model depicting the hypothesized relationships between the variables is presented in Figure 1.

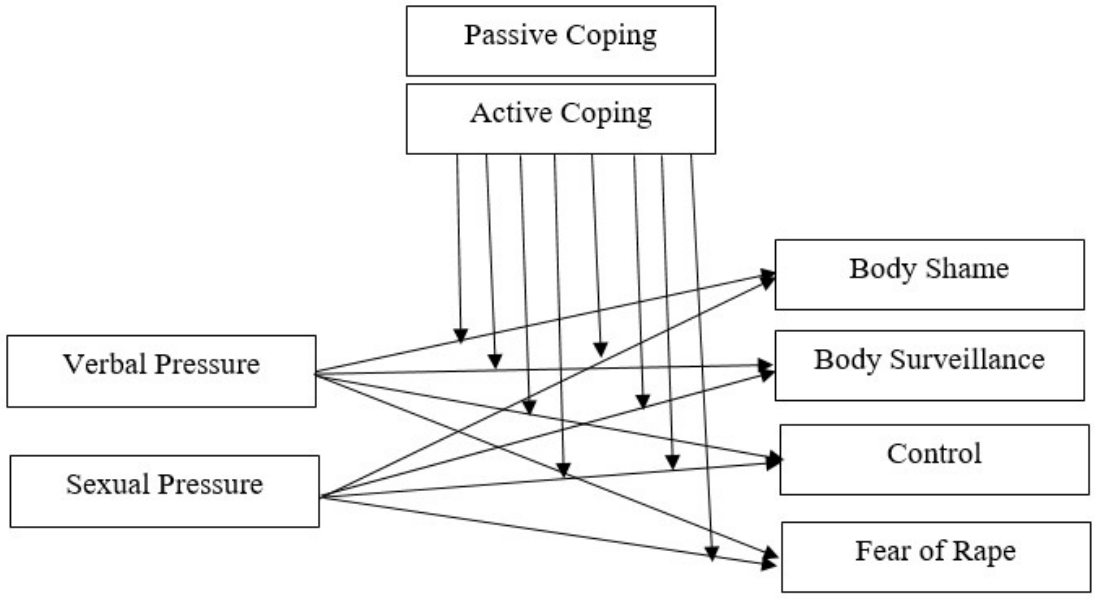

Figure 1: Path model connecting ESH to coping, objectified body consciousness and fear of rape.

Pilot Study

Purpose

Cross-cultural research helps increase cultural understanding, is sensitive to differences in language and cultural beliefs, and allows researchers to be flexible and collaborate with researchers around the world (Sullivan & Cottone, 2010). However, such research can be riddled with issues of equivalence and bias that threatens the validity of the results and make cross-cultural comparisons difficult (Ægisdóttir, et al, 2008). It is thus necessary for cross-cultural researchers to address issues of equivalence and bias by evaluating the cultural relevance of research methods and questionnaires developed in the USA to collect data in other countries.

Gerstein et al (2009) suggested that method bias could be reduced by selecting research methods that are appropriate to the cultural norms, attitudes, and beliefs of a culture. Therefore, the first goal of this pilot study was to assess the relevance of different research methodologies (e.g. self-report surveys) and item scaling (e.g. Likert type) in the Asian Indian cultural setting. Further, researchers should be aware that questionnaires developed in the USA often lack cross-cultural validity and fail to appropriately measure the construct in other cultures (Ægisdóttir, et al., 2008). Consequently, the second goal was to examine the content validity of questionnaires developed to measure the constructs of ESH, coping with ESH, self-objectification and fear of rape, in the Asian Indian cultural context. To accomplish this, the STEP (Gerstein, 2016) approach was used to guide a team of experts in assessing the relevance of the questionnaires in the Indian cultural context. Employing STEP helps to examine the relevance and cross-cultural content validity of questionnaires and constructs. For the purposes of this pilot study, the researcher sought the opinions of experts in the field of ESH, sexual harassment, or gender based discrimination in India. Criteria used to define an expert included, at least one publication, presentation, workshop, and/or seminar in the field of everyday stranger harassment, sexual harassment, and/or gender based discrimination. These experts were asked to provide qualitative feedback and quantitatively assess the relevance of the constructs and questionnaires to the Indian cultural context on a scale ranging from 1-*Highly Irrelevant* to 6-*Highly Relevant*.

Participants. In phase 1 of the STEP, four individuals (2 males, 2 females) who had experience conducting psychological research in India were asked to assess the relevance of different types of research methodologies and item scaling for the Indian cultural context. Three of the experts were professors of psychology and the other participant was a human resource professional with a background in Industrial Organizational Psychology. The average work

experience of the experts was 19.88 years. All but one expert reported authoring articles in peer reviewed journals. The average rating for self-reported expertise in conducting research in India on a 10-point scale (1- Not an Expert to 10-Absolutely an Expert*)* was 7.25.

In phase 2 of the STEP, a separate set of individuals who had expertise in ESH, sexual harassment or gender based discrimination residing in India or the U.S. were recruited to assess the cultural relevance of scale items and constructs. Criteria used to define an expert included: at least one publication, presentation, workshop, or seminar in the field of ESH, sexual harassment, or gender based discrimination. Phase 2 of the STEP was completed in two parts. First, five experts were recruited in India to assess the cultural relevance of the Frequency of ESH Scale and the Objectified Body Consciousness Scale. All the experts identified as female and consisted of three assistant professors of psychology, a social worker, and a legal professional. The average number of years of work experience was 15.2 years. Additionally, three of the five experts reported making scholarly presentations and two participants reported authoring peer reviewed articles on the topic of ESH or gender based harassment. All the experts claimed they had attended seminars on ESH and one participant reported conducing 20 seminars on the topic of sexual harassment. The average rating on a 10-point scale of (1- *Not an Expert* to 10-*Absolutely an Expert*) of expertise in the field ESH was 4.6. Though all the participants fulfilled the criteria to define an expert set by the current researchers, the average self-reported expertise rating provided by the participants was low. This can be due to the Asian Indian cultural emphasis on being modest. Thus, modesty bias (Barron & Sackett, 2008) could explain the lower expertise ratings.

Next, four other experts living in India were recruited to assess the relevance of the constructs and items on the Coping with ESH and Fear of Rape Scale. All of the experts were

female and consisted of a psychologist, an organizational consultant, a psychological researcher and a professor of psychology. The experts reported an average of 18 years of work experience. Additionally, three experts reported giving scholarly presentations, two claimed they had authored peer reviewed publications and all experts reported attending seminars on the topic of ESH, gender based harassment or sexual harassment. The average self-reported rating on the 10-point scale of expertise (1- Not an Expert to 10-Absolutely an Expert) in the field of ESH was 6.5. The relatively low expertise ratings again could be explained by a modesty bias. It is a tendency to be conservative while reporting one's personal achievement or accomplishment (Barron & Sackett, 2008). Furthermore, Kurman and Sriram (2002) argued that individuals from collectivistic cultures such as India are more likely to be modest while reporting their accomplishments. Specifically, persons living in collectivistic cultures emphasize 'fitting in' instead of self-enhancement or uniqueness, which in turn encourages modesty while responding to self-report surveys. Thus, in future STEP studies, the expert rating question might have to be changed to reduce modesty bias.

Instruments. All the instruments were presented according to Gerstein's (2016) STEP format (see Appendix C). In the first phase of the study, four self-identified research experts were asked to assess the relevance of different research methods (Step 1) and item scaling (Step 2) to the Asian Indian cultural setting. In phase two of the study, an additional set of 9 self-identified experts were asked to assess the relevance of the concepts of ESH, coping with ESH, self-objectification and fear of rape and their items, using a 6-point Likert scale ranging from 1-*Highly Irrelevant* to 6-*Highly Relevant* (Step 3). If low relevance ratings of 1, 2, or 3 were reported, experts were asked to provide a reason. Next, the experts were asked to suggest any additional factors that were not measured by the questionnaires (Step 4). Additionally, they were

asked to identify and describe the new factor and 8 to 10 items that may adequately capture the factor. Subsequently, experts were asked to assess the relevance of individual items in the questionnaires using quantitative scales ranging from1-*Highly Irrelevant* to 6-*Highly Relevant* (Step 5). If the experts rated any of the items below 3 they were asked to provide reasons. A cut-off of 3 was selected because it is the mid-point of the scale ranging from 1-*Highly Irrelevant* to 6-*Highly Relevant*. Finally, experts determined if the items loading on the different targeted factors were relevant to the Indian context and they were also asked to suggest additional items that may be required to measure such factors (Step 6).

Demographics questionnaires. The experts were asked to respond to questions about their age, gender, occupation, education, years of work experience, number of presentations, scholarly articles, and attendance of workshops or seminars in the field of ESH, sexual harassment, gender harassment, or gender based discrimination (see Appendix B). Finally, the experts were asked to provide a rating of their level of expertise conducting research on ESH on a scale ranging from *1- Not an Expert* to *10-Absolutely an Expert.*

Procedure

The experts were contacted by the researcher by phone and email. A recruitment email was sent containing a brief overview of the study and total time required to complete the questionnaires. The experts were informed that their participation was voluntary and that their responses were anonymous. A snowball sampling technique was used and the experts were requested to suggest another individual who was eligible to participate in the study. A Qualtrics online survey link containing the informed consent (see Appendix D), demographics form (see Appendix B) and copies of questionnaires measuring ESH, objectified body consciousness scale, coping with ESH, and fear of rape (see Appendix C) were emailed to the experts. The first page

of the survey contained an informed consent and the experts were asked to click on 'I agree,' if they consented to participating in the study.

Analyses. Means and frequencies of the relevance ratings on the factors and items were calculated. Next, the researcher and her faculty advisor jointly reviewed and evaluated the ratings and the comments provided by the experts. If certain constructs or items were rated below 3, the comments of the experts were examined to determine if the item had to be removed or modified. When appropriate, the language of the items was modified and additional items suggested by the experts were added to the scales to increase their content validity in the Indian cultural setting.

Results

Steps 1 and 2. In Step 1, all four experts reported that methods such as self-report quantitative survey instruments, interviews, questions on an instrument that ask the participant to write a response, and focus groups were culturally relevant methods to collect data from Indian college students. Three out of four experts considered methods such as direct observations, hypothetical scenarios (i.e., cases), and using informants (i.e., collect information from individuals that know a project participant) as culturally relevant. They also provided additional comments on the relevance of the methods. For example, experts commented that, "Students learn about these methods. They are likely to have participated in research using self-report, hypothetical case scenarios, and interviews," "Direct observation and collecting information from informants may not be well-taken," and "Hypothetical scenarios would be excellent with Indian college students."

In Step 2, experts were asked to identify item response formats that were culturally appropriate. All four experts considered Likert type, forced choice (e.g., multiple choice) and

Guttman scale questions as culturally relevant. Whereas, three experts reported that true-false, semantic differential, and Thurstone scales were appropriate. The experts commented that, "a combination of Likert and forced choice scale helps in Indian context," and "I would suggest not having a mid-point for Likert type scales. True or false would be excellent!"

Steps 3 to 6. On the Frequency of ESH Scale (Fairchild & Rudman, 2008), mean ratings for the factor of ESH was 5.4 on scales ranging from 1-Highly Irrelevant to 6-Highly Relevant. Mean factor ratings for Verbal Pressure and Sexual Pressure were 4.8 and 4.4 (see Table 1). Mean individual item ratings for each of the 9 items on the Frequency of ESH scale ranged from 4.4 to 5.6 (see Table 2). For the Objectified Body Consciousness Scale (OBCS, McKinley & Hyde, 1996), mean rating for the of objectified body consciousness factor was 5.6 (see Table 3). Experts provided high ratings for each of three factors of the scale including Body Shame (*Mn* = 5.6), Surveillance (*Mn* = 5.8) and Control (*Mn* = 5.4; see Table 3). The mean item ratings for the 24-items of the OBCS ranged from 5.75 to 6 (see Table 4). Since all the factors and items on the Frequency of ESH Scale and the OBCS were rated above 3, these scales were considered relevant to college students in the Indian cultural context.

For the Coping with ESH Scale (Fairchild & Rudman, 2008), mean ratings for the overall scale construct was 5.75 (see Table 5). Mean expert ratings for the individual subscale factors were 5.50 for Passive Coping, 5.50 for Self-Blame, 4 for Benign Coping, and 5.25 for Active Coping (see Table 5). Additionally, the mean ratings for the 20 items on the scale ranged from 2.50 to 5.75 (see Table 6). For item 16 "I figured he must really like me" (*Mn* = 2.50), an expert commented that, "Figured is very American, change to thought/guessed/inferred." Based on this comment, the researcher and her advisor decided to change the word 'figured' to 'thought' to increase comprehensibility and reduce item bias. Similarly, for item 9, "I assumed he meant

well" (*Mn* = 3), an expert suggested to "add 'he had no bad intention' to make it clearer." Thus, the item was modified to "I assumed he had no bad intention." For item 20, "I just 'blew it off' and acted like I didn't care" (*Mn* = 4.75) an expert commented that "'Blew it off' is American slang, change it to something simpler such as 'ignored.'" Considering this comment, the item was changed to "I ignored it and acted like I didn't care." The experts also suggested additional items to measure the Passive Coping factor ("I felt helpless," "I was upset and did not know what to do in the moment") and two additional items to measure the Active Coping ("I shouted at him," "I slapped him") factor. The resulting scale was considered to have improved relevance for Indian college students.

For the Fear of Rape Scale (Senn & Dzinas, 1996), the mean rating for the scale factor was 5.25 (see Table 7). A similar rating of 5.25 was obtained for the central fear of rape factor measured by the scale. The experts did not suggest alternative factors for this scale. For the 31 items on the scale, the mean ratings ranged from 2 to 5 (see Table 8). A total of 4 items were rated below 3 by the experts. As stated earlier, if an expert rated an item as 1, 2, or 3 s/he was asked to provide a reason. A cut-off of 3 was selected because it was the mid-point of the scale that was administered (1-*Highly Irrelevant* to 6-*Highly Relevant*). First, for item 1, "Before I go to bed at night I double check to make sure the doors are securely locked" (*Mn* = 2.0), an expert commented that, "Few girls live alone in Mumbai and elders in the home usually do the locking or checking." The item was modified to "Before I go to bed at night I check with my parents or elders to make sure that the doors are securely locked" to make it more relevant to the experiences of Indian female college students. Second, for item 6, "I ask friends to walk me to my car/the subway if it is late at night" (*Mn* = 2.75), an expert commented that, "you might want to add "local train" as subway is a very American term." To reflect this, the item was changed to

"I ask friends to walk me to my car/the train station/bus stop if it is late at night." Other items that included the term 'subway' were also modified to make them comprehensible and more relevant to India. Third, for item 20, "If I was driving alone and I had to park my car I would try to park on a well-lit street" (*Mn* = 2.75), experts commented that, "very few girls even own cars in Mumbai because it is a large city and has public transit." This item was modified to, "If I had a car and I was driving alone and I had to park my car I would try to park on a well-lit street." Other items that included a reference to owning a car were also modified based on expert feedback. Finally, for item 14, "I am wary of men," the experts indicated that, "wary is a difficult word, change to cautious or another simpler word." The item was changed to, "I am cautious of men." Additionally, experts suggested two items related to rape: "At times, girls are drunk and they don't realize that they have themselves invited the stranger for rape," "You may include an item on party / drinking and its impact on fear of rape." Further, one item related to date rape was also suggested, "date rape is a common event. In fact, questions on alcohol consumption with same sex or opposite sex are necessary." However, since these items were not directly related to the Fear of Rape concept, they were not added to the scale.

In summary, some of the items on the Coping with ESH Scale and the Fear of Rape Scale were modified to reduce item bias and additional items were included to the former scale to improve the content validity of the scale to improve its cultural relevance. The resulting scales can be considered to have lower construct and item bias, thereby improving the validity of the scales with Asian Indian college students.

Discussion of the Pilot Study Results

This pilot study was conducted using the STEP (Gerstein, 2016) approach to systematically gather expert feedback to assess for method and construct equivalence, and cross-

cultural validity of the factors and items of the U.S. versions of the questionnaires used in this study.

In Steps 1 and 2, expert feedback indicated that similar research methods (i.e., self-report surveys) and item response formats (i.e., Likert type scales) could be utilized in the U.S. and India. These results helped establish the method equivalence of self-report and Likert type scales. Establishing method equivalence will reduce measurement artifact brought about by differences in instrumentation or lack of familiarity to the manner of responding to the instrument (Van de Vijver & Tanzer, 2004).

In Steps 3 to 6, expert feedback was used to establish that the central constructs measured by the Frequency of ESH, OBCS, Coping with ESH, and Fear of Rape scales exist in the Indian cultural setting for female college students. Further, since all factors and items on the Frequency of ESH and OBCS were rated above 3, no changes were made to the original instruments.

On the Coping with ESH and Fear of Rape scales, items with expert ratings below 3 were linguistically modified without changing their meaning to make them more comprehensible and relevant to Asian Indian female college students. Further, four additional items were added to the Coping with ESH scale based on suggestions from the expert to improve the overall content validity of the scales in the Asian Indian cultural setting. Hence, these modified scales can be assumed to have higher content validity, lower item bias, and can be used to measure the constructs in India. The four new items were added to both the Asian Indian and U.S. version of the questionnaire to assess if they increased construct coverage in both countries. Though the four new items added by the experts to the Coping with ESH scale are assumed to increase its content validity for Asian Indian college students, these indigenous items could make cross-cultural comparisons difficult (Gerstein, 2016). To potentially resolve this issue, an exploratory

factor analysis will be conducted in the main study on items that are common to the U.S. and Asian Indian participants. Another factor analysis will be conducted to analyze responses to the newly added items on the active and passive coping subscales of the Coping with ESH measure. Gerstein predicted that differences in the scores obtained by participants from the two countries would indicate if the items were unique to the Asian Indian participants.

The STEP approach was utilized to establish the construct and method equivalence of a self-report instrument and Likert type response format when conducting research in India with college students. Additionally, expert feedback was obtained to modify the language of some of the items and to add items to the existing scales to make them more comprehensible and relevant for Indian college students. In conclusion, based on these modifications and the results reported earlier it was possible to use the Frequency of ESH, Objectified Body Consciousness, Fear of Rape, and Coping with Harassment scales in a study involving Indian and U.S. female college students.

Main Study

Methods

Participants. Consistent with Kline's (2005) recommendations regarding sample sizes for path analysis, 250 participants from the U.S and 259 from India were recruited using a convenience sampling method. To be eligible to participate in the study, individuals had to identify as female and be above the age of 18. The respondents consisted of female college students from various universities in the U.S. and India. The ages of the U.S. participants ranged from 18 to 50 years with a mean age of 18.67 (*SD* = 4.596). In the Asian Indian sample, the age range was 18 to 22 years with a mean age of 18.92 (*SD* = .889). With regard to ethnic identity, approximately 76.8% of U.S. individuals identified as Caucasian American, 8.1% as White Non-

American, 3.1% as Hispanic Latino/a American, 3.1% as African American, 2.3% as biracial, 2.3% as multiracial, 1.5% as Black, .4% as Asian American, and .8% as other. On the other hand, all of the Asian Indian participants identified as Asian.

In terms of sexual orientation, 83.8% of U.S. respondents identified as heterosexual, 8.1% as bisexual, 2.7% as pansexual, 1.9% as questioning, 1.5 % as lesbian, .4% as gay and 1.5% as other. In the Asian Indian sample, 88.4% identified as heterosexual, 4.6% as questioning, 4.2% as bisexual, .8% as pansexual and 2% as other. Further, about 47.5% of U.S. participants identified that they were single, 41.3% were in a romantic relationship, 7.7% were married, and 1.9% were divorced. In the Asian Indian sample, 83% reported being single, 16.2% being in a romantic relationship and .8% were married.

Approximately 30.5% of U.S. participants were in their freshman year of college, 15.8% were sophomores, 16.6% were juniors, 20.5% were seniors, and 16.6% were graduate students. All the Asian Indian participants were undergraduates. Approximately 1.9% of respondents were in the first year, 74.9% were in the second year, and 23.2% were in the third year of college.

In terms of religious views, 29.5% of U.S. participants identified as Protestant Christian, 16.6% as Roman Catholic, 17.4% as Agnostic, 12.4% as Atheist, .8% as Buddhist, .8% as Jewish, and 22.4% as Other. In the Asian Indian sample, 39.4% identified as Hindu, 21.6% as Muslim, 16.2% as Roman Catholic, 1.3% as Protestant Christian, and 21.5% as Other.

In the demographic survey, sexual assault was defined as a situation where someone made the person engage in kissing, sexual touch, oral contact, or intercourse when they did not want to. Additionally, attempted sexual assault was defined as a failed attempt at initiating sexual contact with a person by using or threatening to use physical force. Approximately 46.7% of the U.S. participants reported surviving some form of sexual assault and 26.3% reported surviving

attempted sexual assault. In the Asian Indian sample, 22% reported surviving sexual assault and 17.8% claimed surviving an attempted sexual assault. Table 9 presents the demographic information for the U.S. and Asian Indian participants.

Instruments. In addition to the demographic questionnaire, four questionnaires were utilized to test the hypotheses proposed in this study: (a) Frequency of ESH Scale (Fairchild & Rudman, 2008), (b) Objectified Body Consciousness Scale (OBCS, McKinley & Hyde, 1996), (c) Fear of Rape Scale (FORS, Senn & Dzinas, 1996), and the (d) Coping with Harassment Scale (CWHS, Fairchild & Rudman, 2008). Expert feedback gathered using the STEP (Gerstein, 2016) was used to modify the language of several items on the Asian Indian version of the FORS and CWHS. The modified items had the same meaning as those on the U.S. version of the questionnaire, but were assumed to be more comprehensible and valid for Asian Indian college students. Further, four additional items were added to the CWHS based on the results of the pilot study reported earlier. These items were added to both the U.S. and Asian Indian versions of the questionnaires.

***Frequency of Everyday Stranger Harassment Scale*.** The ESH scale measures the frequency with which women experience sexual harassment in public places (see Appendix F). Fairchild and Rudman (2008) modified the Sexual Experiences Questionnaire (Fitzgerald, et al., 1997) to measure ESH. It is a 9-item scale with two subscales: Verbal Pressure and Sexual Pressure. The Verbal Pressure subscale is a 5-item subscale designed to measure the frequency with which women receive verbal comments of a sexual nature from strangers (e.g., "How frequently have you experienced crude and offensive sexual remarks, jokes, or actions from a stranger?"). The Sexual Pressure subscale is a 4-item scale that was developed to measure the frequency with which women experience sexual coercion and inappropriate physical contact

from strangers (e.g., “How frequently have you experienced direct or forceful fondling or grabbing from a stranger?”). Participants are asked to report the frequency with which they experience verbal or sexual pressure in terms of: *Once, Once a month, 2-4 times per month, Every few days, Every day*. Moderate Cronbach’s alphas of .85 and .75 were obtained for the Verbal Pressure and Sexual Pressure subscales, respectively (Fairchild & Rudman). A principle components analysis with varimax rotation was used to assess the construct validity of the ESH scale. Results of this analysis revealed that the items loaded on two factors: verbal pressure and sexual pressure (Fairchild & Rudman).

In the current study, a ‘*0- Never*’ response alternative was added to the Likert type response format that ranged from *1- Once* to *5- Everyday*. A series of principle components analysis with varimax rotation were conducted on the U.S. and Asian Indian data. Using the guidelines provided by Tabachnik and Fidell (2013), factors with eigenvalues greater than 1 were considered to be important. Additionally, Scree plots and factor loadings were examined to determine the number of factors. Only items with factor loadings greater than .40 were retained and items that loaded .40 or higher on 2 or more factors were deleted to avoid split loadings. These guidelines were applied to all the factor analyses conducted in this study.

Results of the U.S. analyses indicated that a two-factor solution was the best fit for the data (see Table 10). The two-factor solution accounted for 59.43% of the explained variance and the eigenvalues for the factors were 3.4 and 3.1, respectively. Items 1, 2, 3, 4 and 9 loaded on Factor 1 (Verbal Pressure) and Items 5, 6, 7 and 8 loaded on Factor 2 (Sexual Pressure) Further, responses to the two factors were found to be correlated ($r = .67$, $p < .05$). The Cronbach’s alpha for the Verbal Pressure subscale was .89 and .86 for the Sexual Pressure subscale.

In the Asian Indian sample, a two-factor solution seemed to be a good fit for the data (see Table 11). The two-factor solution accounted for 32.7% of the explained variance. Additionally, the eigenvalues for the two factors were 2.9 and 2.3, respectively. Responses to the two factors were found to be correlated ($r = .52$, $p < .05$). Items 1, 2, 3, 4, 7 and 9 loaded on Factor 1 (Verbal Pressure) and had a Cronbach's alpha of .81and Items 5, 6 and 8 loaded on Factor 2 (Sexual Pressure) and had a Cronbach's alpha of .75.

Objectified Body Consciousness Scale. The Objectified Body Consciousness Scale (OBCS) uses the feminist theory framework to measure the impact of internalized cultural standards of feminine beauty on the body image of women (McKinley & Hyde, 1996; see Appendix G). The OBCS is a 24-item measure that contains three subscales: Surveillance, Body Shame, and Control Beliefs. Each subscale contains 8 items. The items are on a 7-point Likert scale, with 1 being *strongly disagree* and 7 being *strongly agree*. The Surveillance subscale was designed to measure how a person views her body from an observer's perspective (e.g., "I rarely think about how I look."). The Body Shame subscale was developed to tap feelings of shame experienced when a person believes that their body does not match the ideal standards of beauty (e.g., "When I can't control my weight I feel like something must be wrong with me."). The Control Beliefs subscale was designed to assess the extent to which a person believes she has control over her appearance (e.g., "I think a person is pretty much stuck with the looks they are born with.").

McKinley and Hyde (1996) found that the internal consistency reliability of the three subscales ranged from moderate to high: Surveillance (.89), Body Shame (.75), and Control Beliefs (.72). Test retest reliability using a two-week interval was found to be .79, .79 and .73 for the Surveillance, Body Shame and Control subscales, respectively. Adequate discriminant

validity of the Body Shame subscale was evidenced by a strong negative correlation (r = -.51, p < .001) between the responses on the Body Shame and Body Esteem scale (Franzoi & Sheilds, 1984). Construct validity of the Control Beliefs subscale was established by comparing scores on the Control Beliefs subscale obtained by restricting and non-restricting eaters. Restricting eaters scored significantly highly than non-restricting eaters ($F_{(1,119)}$ = 6.38, p < .02). The effect size for the difference was found to be moderate (d = .48). Construct validity was established by examining the relationship between the responses on the Surveillance subscale and the Public and Private Self-Consciousness subscales of the Self-Consciousness Scale (Fenigstein, Scheier & Buss, 1975). A positive correlation (r = .73, p < .001) was obtained between responses on the Surveillance subscale and the Public Self-Consciousness subscale. This was expected since both measure how a woman believes her body is perceived by others. Responses on the Private Self-Consciousness subscale measure personal aspects of the self that are not visible to others. Divergent validity for the Surveillance subscale was established when responses on the scales were found to be uncorrelated because they measure different aspects of self-image (McKinley & Hyde).

In the current study, a 6-point Likert-type response format was used that ranged from *1-strongly agree* to *6-strongly disagree* because Asians have a tendency to favor the mid-point (preference for the neutral) on Likert type items (e.g., Heine, Kitayama, Lehman, Takata, Ide, Leung, & Matsumoto, 2001). Additionally, researchers have found no differences on how the OBCS items loaded when using a 6 and 7-point response format (e.g. Choma, et al., 2009). Hence, it seems that removing the mid-point could reduce the mid-point bias without compromising the psychometric soundness of the scale.

Responses to the OBCS for the U.S. and Asian Indian participants were analyzed using a principal components exploratory factor analysis with oblimin rotation with Kaiser Normalization. A three-factor solution also seemed to be a good fit for the U.S. data (see Table 16). The three-factor solution accounted for 27% of the explained variance and the eigenvalues for the three factors were 4.8, 3.3, and 3.8, respectively (see Table 16). A total of 3 items were deleted because of low or split loadings. Items 1, 2, 3, 4, 5, 6, 7 and 8 loaded on Factor 1 (Surveillance) and had a Cronbach's alpha of .86. Further, items 9, 10, 11, 12, 14, 15 and 16 loaded on Factor 2 (Body Shame) and had a Cronbach's alpha of .79. Finally, items 17, 18, 20, 21, 22 and 24 (Control Beliefs) and had a Cronbach's alpha of .79. Relatively low correlations were observed between the responses to items measuring body shame and surveillance (r = -.43, p < .05) and body shame and control beliefs (r = -.21, p < .05).

In the Asian Indian sample, items 5, 13, 15, 18, 19 and 23 were removed because of low or split factor loadings (see Table 17). The results of the factor analysis indicated a three-factor solution. The three-factor solution accounted for 18% of the explained variance and the eigenvalues for the three factors were 3.1, 2.7, and 2.6, respectively. Further, low correlations were obtained between responses to items measuring body shame and control beliefs (r = -.19, p < .05), and surveillance and body shame (r = .18, p < .05). Items 6, 9, 10, 11, 12, 14 and 16 loaded on Factor 1 (Body Shame) and had a Cronbach's alpha of .77. Further, items 1, 2, 3, 4, 8 and 7 loaded on Factor 2 (Surveillance) and had a Cronbach's alpha of .72. Finally, items 17, 20, 21, 22 and 24 loaded on Factor 3 (Control Beliefs) and had a Cronbach's alpha of .71 (see Table 17).

Fear and Rape Scale. The Fear of Rape Scale (FORS) is a 31-item scale that measures the fear of being raped (Senn & Dzinas, 1996; see Appendix H). The scale contains 5 items that

measure perceptions of personal safety (e.g., “How safe do you feel in your apartment when you are by yourself?”) and 26 items that measure behaviors that women engage in to keep themselves safe from being victimized by rape (e.g., “I avoid going out alone at night.”). The items measuring personal safety are on a 5-point Likert scale ranging from 0 being *completely safe* to 4 being *completely unsafe*. Further, items measuring precautionary behaviors are on a 5-point Likert scale, with 0 being *always* to 4 being *never*. Total fear of rape scores are obtained by adding responses to all the 31 items. Senn and Dzinas found a high Cronbach’s alpha (.91) and a Spearman-Brown split half reliability (.92). Additionally, Watson, Marszalek, Dispensa, and Davids (2015) found good internal consistency for the FORS (alphas ranged from .89 to .90). Discriminant validity was established when low correlations were obtained between responses to the Rape Myth Acceptance Scale (Burt, 1980) and Rosenberg’s Self-Esteem Scale (Rosenberg, 1965), which indicated that the concept of fear of rape is distinct from accepting rape myths and self-esteem. Further, Snyder and Fessler (2013) found a significant correlation (r = .72) between responses to the FORS and the Rape Avoidance Inventory (McKibbin et al. 2009), thus providing support for the convergent validity of the FORS. Finally, construct validity for the FORS was demonstrated by the finding that women who had experienced rape in the past scored higher on the FORS than those who had not (Senn & Dzinas, 1996).

In the current study, a series of principle components analysis with varimax rotation were conducted on the U.S. and Asian Indian data. Results indicated that a one-factor solution was the best fit for both datasets (see Table 12, 13). The Cronbach’s alpha was .92 and .88 respectively for the U.S. and Asian Indian samples. For the U.S. sample, the one factor solution accounted for 33.25% of the explained variance and had an eigenvalue of 10.3, while for the Asian Indian

sample, the single factor solution accounted for 20.1% of the explained variance and had an eigenvalue of 6.2.

Coping with Harassment Scale (CWHS). The CWHS was developed by Fairchild and Rudman (2008) by modifying items from the Coping with Harassment Questionnaire developed by Fitzgerald (1990). It is a 20-item scale that measures how women typically respond to experiences of ESH (Fairchild & Rudman). The CWHS has four subscales: passive coping, self-blame, benign coping, and active coping. The Passive Coping subscale has 7 items that reflect coping by ignoring or avoiding the harassment and the harasser (e.g., "I just let it go."). The Self-Blame scale has 4 items that measure coping by blaming oneself for causing the harassment (e.g., "I felt stupid for letting myself get into the situation."). The Benign Coping subscale measure has 5 items that assess coping with ESH by considering the comments as flattering or as compliments (e.g., "I considered it flattering."). Finally, the Active Coping subscale has 4 items that measure the use of coping strategies such as confronting or reporting the harasser (e.g., "I let him know that I did not like what he was doing."). The items are accompanied by a 7-point Likert scale, with 1 being n*ot at all descriptive* to 7 being *extremely descriptive*. Fairchild and Rudman conducted a principle components factor analysis using varimax rotation to assess the construct validity of the CWHS. Results of this analysis revealed that the items loaded on four factors: passive, self-blame, benign, and active coping. Cronbach's alphas for each of the subscales were found to range from high to moderate: Passive (.90), Self-Blame (.77), Benign (.75), and Active (.74).

In the current study, 4 new items were added to the CWHS as suggested by experts in the STEP pilot study reported earlier (see Appendix J). A series of principle components analysis with varimax rotation were conducted on the U.S. and Asian Indian data. In the U.S. sample, a

four-factor solution seemed to best fit the data and a total of 2 items were removed because of split loadings (see Table 14). This four-factor solution accounted for 26.7% of the explained variance. Further, the eigenvalues for each of the four factors were 4.4, 3.2, 3.1, and 2.2. The first factor (Passive Coping) consisted of items 1, 2, 8, 11, 12, 18, 19 and 20 had a Cronbach's alpha of .88 The second factor (Benign Coping) consisted of items 3, 4, 9, 13, 16 and 17 and had a Cronbach's alpha of .79. The third factor (Active Coping) consisted of items 5, 6, 7, 14, 23 and 24 and had a Cronbach's alpha of .78. Finally, the fourth factor (Helplessness) consisted of items 21 and 22 and had a Cronbach's alpha of .83. Moderately low correlations were found between responses to passive and active coping (r = -.44, p < .05), passive and benign coping (r = .33, p < .05), active and benign coping (r = -.44, p < .05), helpless and benign coping (r = .20, p < .05) and, active and benign coping (r = .12, p < .05) factors (see Table 14).

A three-factor solution seemed to be a better fit for the Asian Indian data (see Table 15). The three-factor solution accounted for 16.5% of the explained variance. Additionally, the eigenvalues for the three factors were 3.5, 2.5, and 2.4, respectively. The correlations between responses to the factors ranged from -.06 to -.34. The relationship between responses to the items measuring active and passive coping was found to be significant (r = -.34, p < .05). Items 1, 2, 8, 11, 12, 15, 18, 20, 21, and 22 loaded on Factor 1 (Passive Coping) and had a Cronbach's alpha of .79. Further, items 4, 3, 10, 13, 16, 17 and 19 loaded on Factor 2 (Self-Oriented Coping) and had a Cronbach's alpha of .68. Finally, items 5, 6, 14, 23 and 24 loaded on Factor 3 (Active Coping) and had a Cronbach's alpha of .70.

Demographics Questionnaire. Participants were asked to respond to questions, for example, about their age, gender, nationality, ethnicity, sexual lifestyle, year in college, major of study, religious affiliation, and relationship status (see Appendix E).

Procedure

In India, the researcher contacted the Chairs of Psychology Departments of four colleges located in Mumbai, India. Paper and pencil surveys were utilized to gather data because the participants had limited access to the internet. The Departments allowed the researcher to hand out surveys to willing participants at the end of an undergraduate Psychology or Foundation Course lecture. Additionally, the researcher recruited individuals in the college food court. The researcher handed out candy to the participants in return for their participation.

U.S. participants were recruited from the Counseling Psychology research pool and through a campus wide email at a mid-sized university in the Midwest. Further, requests were also sent out to Departments of Psychology at various universities in the USA. The participants responded to the survey online. They were provided with incentives to take part in the study. They were either given an opportunity to participate in a drawing of 2 gift cards from Amazon worth twenty dollars, 4 worth 10 dollars, and 4 worth 5 dollars, or they received .5 research credit for a Counseling Psychology course. The participants were asked to email the researcher if they wished to participate in the drawing or if they wanted to receive research credit.

All participants were informed that their participation in the study was completely voluntary and anonymous and that they could withdraw from the study without any consequences. The U.S. students were asked to provide their consent to participate in the study by checking an 'I agree' box.

Research Design

The current study was a non-experimental, cross-sectional, survey-type research. A path analysis was conducted to test the interrelationships between verbal pressure, sexual pressure, self-blame, body surveillance, control beliefs, fear of rape, and, active and passive coping (see

Figure 1). Path analysis is a more complex version of multiple regression and a specialized form of structural equation modeling (SEM; Streiner, 2005). Complex, realistic, direct and indirect explanatory relationships between variables can be analyzed (Raykov & Marcoulides, 2000) with this procedure. Though path analysis was originally called causal modeling, it does not predict causality. Instead, it helps identify whether the results obtained are a good fit with the proposed model (Streiner. 2005). This allows researchers to compare several models and reject models that seem to be a poor fit. Multiple indicator SEM models seem to be generally preferred over path models, because the latter are more vulnerable to measurement error (Kline, 2009). Using psychometrically strong measures can counter issues with path analysis. Conversely, multiple indicator models are more difficult to examine because they require larger sample sizes and multiple measures to assess the variables (Kline, 2009). In a cross-cultural study like the current one, getting large sample sizes and using multiple measures could be problematic and time consuming.

In the current study, the hypothesized relationships between the variables were tested using a causal path model. The proposed path model (see Figure 1) contained six endogenous variables (self-blame, body surveillance, control beliefs, fear of rape, active and passive coping) and two exogenous variable (verbal and sexual pressure). The model was recursive because all the paths were unidirectional. Curved lines in the model indicated correlated variables. Direct paths were hypothesized to exist between verbal and sexual pressure and self-blame, body surveillance, control beliefs, and fear of rape. Active and passive coping were hypothesized to moderate the relationship between ESH and the remaining variables.

According to Streiner (2005), path analysis can be conducted only if five assumptions are met. First, all the variables in the model should have a linear relationship. Linearity was assessed

in this study by examining a matrix scatterplot depicting relationships between the endogenous variables. The second assumption is that unspecified interactions should not exist between the variables. Unspecified interactions between variables in this study were identified by examining scatterplots. The third assumption is that all the endogenous variables in the model should be normally distributed and be continuous in nature. This assumption is considered to be met if the skewness and kurtosis values for the endogenous variables are lower than 1 and if the data are normally distributed as indicated in a histogram. The fourth assumption is that the path model should be developed in consideration of previous research and theory as the addition of irrelevant variables could be problematic. This assumption was considered to have already been met in this study as the current model was developed using previous research and objectification theory. The last assumption is that the covariance estimates of the error terms should be zero. The errors are considered to be uncorrelated if there are no specific patterns in the residual plots. In the current study, the data was analyzed to assess if the assumptions were met before conducting the path analysis (see Results).

If all the assumptions are met, the fit between the data and the hypothesized path models is examined. Fit indices such as $\chi 2$ /df ratio, goodness of fit index (GFI), root mean square error of approximation (RMSEA), and comparative fit index (CFI), were calculated to test the fit (see Results) in this study. Kline (2005) suggested a $\chi 2$ /df ratio less than 3 as indicating good fit. Further, a GFI close to 1, RMSEA less than .08, and CFI above .95 were considered to indicate good fit between the data and the model.

Results

Preliminary Analyses

The means and standard deviations of the measured variables were calculated (see Tables 18 and 19). Both U.S. and Asian Indian college students reported experiencing evaluative, verbal comments at a higher frequency than sexual pressure from strangers. Additionally, participants from both countries reported experiencing moderate levels of fear of rape, body shame, body surveillance, and control beliefs (see Tables 18 and 19). Furthermore, both U.S. and Asian Indian participants reported using passive coping strategies (e.g., avoiding the harasser, acting like the harassment did not occur) at a higher frequency than active coping (e.g., confronting the harasser, filing a complaint). Correlations between variables in the U.S. sample ranged from .03 to .69 (see Table 20). In the Asian Indian sample, correlations between variables ranged from .01 to .52 (see Table 21).

An independent samples *t-test* was conducted to test Hypothesis 4- that the frequency of experiencing ESH is higher in India than the U.S. Results indicated that there was no difference in the frequency of experiencing verbal pressure between the two samples ($t_{(515)} = .925$, p = ns; see Table 22). However, the frequency of experiencing sexual pressure was higher in the U.S. sample compared to the Asian Indian sample ($t_{(515)} = 7.83$, $p = .000$). The results thus indicated that hypothesis 4 was not supported. The frequencies with which U.S. and Asian Indian participants experienced ESH are presented in Tables 23 and 24, respectively. It must be noted that extreme harassment experiences such as subtle or direct pressure to cooperate and forceful sexual fondling that are considered as sexual coercion or assault (Fairchild & Rudman, 2008) were experienced at least once a month by most participants from both countries. Approximately 16.6% of the U.S. and 30.9% of Asian Indian participants reported experiencing forceful fondling every few days or more.

Path Analyses

Path analyses were conducted using IBM SPSS AMOS 24 software, a Maximum Likelihood Estimation, and a 95% Confidence Interval. In specific, two separate moderated path analyses were conducted with the U.S. and Asian Indian respondent data (see Figure 1 for hypothesized model). First, the assumptions listed by Streiner (2005) were tested. In both the U.S. and Asian Indian samples, scatter plots revealed linear relationships between the variables with no unspecified interactions. Next, all endogenous variables were continuous in nature and were normally distributed as indicated by the histograms, skewness, and kurtosis values below 1. The Sexual Pressure exogenous variable was positively skewed (2.5) in the Asian Indian sample. A Square root transformation was used to reduce skewness because the variable was moderately skewed (Atkinson, 1973). Consequently, skewness was reduced to .75 as a result of the transformation.

The relationships between the variables obtained in the path analyses were examined to test Hypothesis 1- that ESH will predict higher levels of body shame, and surveillance and control beliefs. In the U.S. sample, higher frequencies of experiencing sexual pressure predicted higher levels of body shame (β = .25, p = .00), but not surveillance (β = .05, p = ns) or control beliefs (β = .03, p = ns). Similarly, higher frequencies of experiencing verbal pressure were associated with higher body shame (β = .13, $p < .05$), but not surveillance (β = .07, p = ns) or control beliefs (β = .03, p = ns). In the Asian Indian sample, higher frequencies of verbal pressure predicted higher levels of body shame (β = .14, $p < .05$) and body surveillance (β = .15, $p < .05$), but not control beliefs (β = .06, p = ns). Sexual pressure was not related to body shame (β = .05, p = ns), body surveillance (β = .07, p = ns) or control beliefs (β = .08, p = ns). In

summary, Hypothesis 1 seemed to be partially supported by the findings discovered for both the U.S. and Asian Indian samples.

Path analysis also was used to test Hypothesis 2- that ESH will predict higher levels of fear of rape in both the U.S. and Asian Indian samples. In the U.S. sample, experiencing higher frequencies of sexual pressure predicted higher levels of fear of rape ($\beta = .15$, $p < .05$). However, verbal pressure was not a significant predictor of fear of rape ($\beta = .12$, $p = .06$). In the Asian Indian sample, both verbal ($\beta = .02$, p = ns) and sexual pressure ($\beta = .02$, p = ns) were not associated with fear of rape. Thus, Hypothesis 2 was partially supported by the results found for the U.S. sample and not supported by the findings discovered for the Asian Indian sample.

Next, two path analyses were conducted to test Hypothesis 3- that active and passive coping would moderate the relationship of verbal and sexual pressure with body shame, surveillance, control beliefs and fear of rape in the U.S. and Asian Indian samples. In the path model, verbal pressure and sexual pressure were predictors, active and passive coping were moderators, and body shame, surveillance, control beliefs and fear of rape were examined as dependent variables. A model was assumed to be a good fit for the data by a non-significant $\chi 2$, $\chi 2$/df less than 3, CFI higher than .90, GFI close to 1, and RMSEA less than .08 (Kline, 2005). In the U.S. model, the model fit statistics indicated a poor fit ($\chi 2 = 1637.10$, p = .00; $\chi 2$/df = 49.6; CFI = .102; GFI = .90; RMSEA = .434). Similarly, in the Asian Indian path model, the model fit statistics indicated a poor fit ($\chi 2 = 262.65$, p = .00; $\chi 2$/df = 10.94; CFI = .102; GFI = .91; RMSEA = .196).

Supplementary Analyses

Since the originally hypothesized path models were a poor fit, the models were re-specified using theory, path trimming, and modification indices. According to Kline (2005), path

models can be improved by pruning non-significant paths by utilizing modification indices. He argued that empirically and theoretically driven path trimming can help identify simplified models. Following Kline's guidelines, therefore, secondary path models were developed using modification indices and path trimming. After removing non-significant direct paths and adding interrelationships between variables using modification indices, a new secondary model emerged for each sample (see Figure 2 and 3). In the U.S. sample, higher levels of verbal pressure were associated with higher levels of body shame (β = .16, p = .005). Further, active coping moderated the relationship between body shame and verbal pressure. Higher levels of active coping weakened the relationship between verbal pressure and body shame. Moderation was indicated by a significant interaction between active coping and verbal pressure (β = -.18, p = .005). Finally, higher levels of body shame predicted higher levels of fear of rape (β = .80, $p < .05$). The model fit statistics indicated a good fit ($\chi 2$ = 4.32, p = .155; $\chi 2/df$ = 2.0; CFI = .93; GFI = .96; RMSEA = .06). The relationships between the variables are presented in Table 25 and the secondary path model for the U.S. sample is depicted in Figure 2.

For the Asian Indian sample, the re-specified model was inconsistent with objectification theory, was mainly based on previous results obtained in the current study, and was exploratory in nature. Results indicated that higher levels of verbal pressure were associated with higher levels of using passive coping (β = .17, p = .005). Further, higher levels of using passive coping were associated with lower levels of control beliefs (β = -.24, p = .000). In contrast, higher levels of using passive coping were associated with higher levels of body shame (β = .17, p = .005). Higher levels of body shame were associated with increased levels of fear of rape (β = .13, $p <$ .05). However, there was no association between increased levels of control beliefs and fear of rape (β = .10, p = ns). Passive coping was found to fully mediate the relationship of verbal

pressure with body shame and control beliefs. Further, body shame also fully mediated the relationship between passive coping and fear of rape. In contrast, control beliefs did not mediate the relationship between passive coping and fear of rape (see Tables 26). Direct and indirect relationships in the re-specified model were tested using confidence intervals and bootstrapping (see Figure 27).

The relationships between the variables in the re-specified model for the Asian Indian sample (see Figure 3) were much different than those predicted in the originally hypothesized model (see Figure 1). For instance, in the originally hypothesized model, passive coping was predicted to be a moderator and body shame was predicted as a dependent variable (see Figure 1). In contrast, in the re-specified model, passive coping was found to mediate the relationship of verbal pressure with body shame and control beliefs, and body shame mediated the relationship between passive coping and fear of rape. It must be noted that the rationale for using these variables as mediators was based on the modification indices obtained for the results in the current study.

The re-specified model for the Asian Indian sample seemed to be a good fit for the data as indicated by the model fit statistics ($\chi 2 = 6.56$, $p = .161$; $\chi 2/df = 1.6$; CFI = .97; GFI = .97; RMSEA = .05). The modified model is represented in Figure 3. Squared multiple correlations (R^2) were calculated to determine the variance in the endogenous variables accounted for by the predictor variables. In the Asian Indian model, the squared multiple correlation value for fear of rape was .33, indicating that verbal pressure accounted for 33% of the variance in fear of rape.

Discussion

ESH is the sexual harassment of women by strangers in public spaces (Bowman, 1993). It consists of evaluative verbal comments about the woman's appearance or unwanted physical

touching (Gardner, 1995). ESH has been found to occur at varying frequencies around the world (Kearl, 2010). However, the impact of ESH on women has gathered scant attention from researchers because it is often considered a normal or innocuous part of a woman's experience in the public domain (Gardner, 1995). Currently, there is limited research examining the adverse impact of ESH on the self-objectification, freedom of movement, and fear of rape among women (Dhillon & Bakaya, 2014; Fairchild & Rudman, 2008). The purpose of this current cross-cultural study was to fill this gap in the literature and further examine the impact of ESH on body shame, body surveillance, control beliefs, and fear of rape among U.S. and Asian Indian college students. Strategies used by women to cope with ESH were also examined as moderators in the relationship between ESH and other measured variables. The current study consisted of a pilot and a main study. The results of the pilot study are discussed in the subsequent section.

Cross-Cultural Validity Pilot Study of Research Methods and Questionnaires

Since all the questionnaires utilized in this study were developed in the U.S., it first was necessary to examine their cross-cultural validity in the Asian Indian cultural setting before collecting data for the main study (Gerstein et al., 2009). A pilot study using the Systematic Test of Equivalence Procedure (STEP; Gerstein, 2016) was conducted to systematically gather feedback from experts to assess the cultural relevance of different research methodologies (e.g., self-report surveys), item scaling methods (e.g., Likert type), and the validity of the questionnaires developed to measure ESH, self-objectification, fear of rape, and coping with ESH in the Asian Indian cultural setting. A total of 9 Asian Indians residing in India or the U.S. who had at least one publication, presentation, workshop, or seminar in the field of ESH, sexual harassment, or gender based discrimination in the Asian Indian context were recruited for the study.

Results of the STEP revealed that Asian Indian college students are familiar with self-report measures and Likert type response formats. This helped establish method equivalence and determine that using self-report survey instruments and a Likert type scaling method would not introduce measurement bias while collecting data in India (van de Vijver & Tanzer, 2004). Further, the findings of the STEP also helped establish construct and linguistic equivalence of the measures developed in the U.S. in the Asian Indian cultural setting. Based on expert feedback, no changes were made to the Frequency of ESH (Fairchild & Rudman, 2008) and the Objectified Body Consciousness Scales (OBCS, McKinley & Hyde, 1996). However, on the Fear of Rape (Senn & Dzinas, 1996) and Coping with ESH scales (Fairchild & Rudman, 2008), the experts identified some items that had words that were unfamiliar to Asian Indian college students. For example, based on expert feedback, the item, "Before I go to bed at night I double check to make sure the doors are securely locked" was changed to "Before I go to bed at night I check with my parents or elders to make sure that the doors are securely locked," because most female college students in India live with their family. Additionally, in the Asian Indian culture, it is the responsibility of an elder to make sure a house is secured at night. Hence, the item was modified to make it more culturally relevant to the experiences of Asian Indian college students without changing its central meaning. Furthermore, two new items were added to each of the active and passive coping subscales of the Coping with ESH scale. As suggested by Gerstein (2016), an Exploratory Factor Analysis (EFA) was conducted on the data collected in the main study to explore the psychometric properties of the original and newly added items relevant to the Asian Indian cultural setting. The EFAs also helped determine whether the four newly added items were unique to the Asian Indian sample. Results indicated that the four items loaded highly (factor loadings above .40) on the relevant active and passive coping factors in both the U.S. and

Asian Indian samples. Additionally, the items also increased the overall reliability of the Coping with ESH scale in both samples. The newly added items were thus not culturally unique to India. In summary, the results of cross-cultural studies are often questionable because researchers fail to attend to issues of method and content validity (Ægisdóttir, et al, 2008). The results of the current pilot study helped establish the cultural relevance of the research methods used and scales administered in the main study, thereby making its results more interpretable. The results of the main study are discussed in the next section.

Discussion of Main Study Results

The findings of this cross-cultural study provide unique insight into the similarities and differences in the impact of ESH and strategies used to cope with ESH by female college students in the U.S. and India. Results indicated that a range of 5.8% to 37.1% of the U.S. participants and a range of 3.9% to 24.3% of Asian Indian participants reported experiencing sexist remarks, unwanted sexual attention, cat calls, forceful fondling or pressure to cooperate sexually at least once a month. Strikingly, 30.9% of Asian Indian participants reported experiencing direct, forceful fondling or grabbling from a stranger every few days or more. These results are consistent with Gardner (1995) and Fairchild and Rudman's (2008) finding that unwanted sexual attention from male strangers is often a regular part of a woman's experience in public spaces. Further, it was hypothesized in the current study that since India is a classic patriarchy and the power differentials between men and women are greater in India than the U.S. (Kandiyoti, 1988), the frequency with which Asian Indian women experience ESH would be higher. The current results, however, did not support this hypothesis, as there was no difference in the frequency with which the participants from these countries experienced evaluative, verbal comments of a sexual nature. In contrast, U.S. participants reported experiencing unwanted

sexual behavior from strangers at a higher frequency than Asian Indian participants. This result can be explained by the taboo of revealing information about sexual experiences in India, which could have prevented Asian Indian participants from honestly responding to the items. According to Dhillon and Bakaya's (2014), the rate of sexual crimes against women in India is much higher than reported because of the cultural taboo related to talking about sexual violence and the overarching fear of retaliation for reporting such an experience.

Turning to the topic of coping with ESH, results indicated that both U.S. and Asian Indian participants greatly preferred using passive coping strategies (e.g., ignoring the harasser, pretending like the harassment did not occur, acting like they did not care) over active coping strategies (e.g., confronting the harasser, seeking social support, reporting the harassment to the authorities). Previous researchers have found that women endorse a strong preference for passive coping strategies because it helps foster feelings of psychological safety and reduces fear of retaliation from the harasser (e.g., Gruber & Bjorn, 1986). From a cultural perspective, in collectivistic cultures like India, women prefer non-confrontational strategies to respond to ESH because they do not want to bring attention to themselves or lose face (Dhillon & Bakaya, 2014; Sur, 2014). In contrast, in individualistic cultures like the U.S., action oriented coping is generally rewarded (Marcus & Kitayama, 1991). However, while coping with sexual harassment, even women from individualistic cultures display a strong preference for passive coping strategies (Gruber, 1989; Magley, 2002). Hence, the current results reflect that across cultures, women generally have little support, resources or legal alternatives while coping with ESH (Gardner, 1995), and as a result, passive, non-confrontational strategies seem more accessible.

In the present study, it also was hypothesized that active and passive coping strategies would moderate the relationship between ESH (verbal and sexual pressure) and body shame,

surveillance, control beliefs, and fear of rape in both U.S. and Asian Indian samples. Two separate path analyses were tested, one per sample. Results indicated that the models were a poor fit for the data as indicated by the model fit indices (i.e., χ 2, χ 2 /df, GFI, CFI, and RMSEA). The models were then modified by deleting statistically non-significant paths and by examining model fit statistics. Two secondary models emerged for the U.S. and Asian Indian samples. The resulting secondary models will be discussed in the subsequent sections.

Relationships between ESH, Body Shame, Body Surveillance, Control Beliefs, and Fear of Rape in U.S. Sample. The results partially supported Hypothesis 1 that higher frequencies of ESH will be associated with higher body shame, body surveillance, and control beliefs. A close examination of the relationship between the variables revealed that ESH (verbal and sexual pressure) was associated with higher levels of body shame, but was not associated with body surveillance and control beliefs. Given that previous researchers have found positive associations between body surveillance and ESH (e.g., Fairchild & Rudman, 2008), it was surprising to find a lack of association between the two variables in the current study. In Fairchild and Rudman's (2008) study, the respondents reported experiencing ESH every few days or, at a higher frequency, than the participants in the current study. Also, based on objectification theory, the process of internalizing sexual objectification is a result of repeated exposure to such experiences (Fredrickson & Roberts, 1997). Thus, from an empirical and theoretical perspective, it is possible that body surveillance, which is the desire to change one's appearance to avoid negative evaluations from others (McKinley & Hyde, 1996), is a result of experiencing ESH at a consistently high frequency.

Turning to the control beliefs variable, contrary to Hypothesis 1, no relationship was observed between control beliefs and ESH. Previous researchers have found that weaker control

beliefs increased perceived sense of failure to control one's weight, which in turn exacerbated disordered eating (McKinley & Hyde, 1996). However, an increased sense of control over one's appearance was found to be associated with increased personal agency (Parsons & Betz, 2001) and lower stress (Taylor, 1989). These results highlight the conflicting and confusing relationships between control beliefs and indicators of mental wellbeing. Recently, researchers attempted to explain these confusing results by examining the psychometric functioning of the control beliefs subscale of the OBCS for a U.S. population. For example, Moradi and Varnes (2017) found that the items measuring control beliefs were not good indicators for the underlying factor. They argued this was because the control beliefs variable was poorly operationalized in the literature. Based on the results of their study, Moradi and Varnes concluded that body shame and body surveillance might be better indicators of self-objectification. Hence, it is possible the lack of association between ESH and control beliefs found in the U.S. sample in the current study, could have been because the control beliefs subscale did not measure the construct of self-objectification. Another explanation for the lack of association between ESH and control beliefs in the current study has to do with the very nature of the control belief variable. Specifically, control belief is the only purely cognitive component of objectified body consciousness. In contrast, body shame and body surveillance have emotional and behavioral components respectively (Dakanalis et al., 2015). It is thus possible that ESH impacts the emotional (i.e., increased consciousness about one's body) and behavioral (i.e., increased attention to one's appearance) more than cognitive experiences (i.e., concerns related to the degree to which one can control their weight).

The current results supported Hypothesis 2, that higher frequencies of experiencing ESH will be associated with higher levels of fear of rape. Specifically, higher levels of sexual pressure

were associated with higher levels of fear of rape as predicted. These relationships can be explained by the Shadow Hypothesis (Ferraro, 1996). According to this hypothesis, statistically, men are more likely to be victims of serious crimes. However, women report stronger fears of being criminally victimized. Ferraro (1996) explained that for women, the fear of rape is a persistent concern and it can exacerbate the fear of experiencing other offenses. Previous researchers have found that the fear of rape reduces perceived feelings of safety and limits freedom of movement (Fisher & Sloan, 2003). However, other researchers have discovered that even when women engaged in constrained behaviors this activity did not predict increased perceptions of safety and instead further intensified the fear of rape (MacMillan et al., 2000). The Shadow Hypothesis can be applied to explain the association between ESH and fear of rape. Specifically, ESH was found to have a stronger impact on the fear of victimization than non-stranger harassment because it occurs at a higher frequency than the latter (MacMillan et al., 2000). Moreover, because unknown strangers perpetrate ESH, it is appraised as being more dangerous. This perception had a stronger impact on fear of rape and predicted greater efforts to engage in constrained behaviors to keep oneself safe (MacMillan et al., 2000).

The results partially supported Hypothesis 3, that active and passive coping would moderate the relationship of ESH with body shame, body surveillance, control beliefs, and fear of rape. The results of the secondary path model indicated that active coping moderated the relationship between verbal pressure and body shame. Thus, it appears that using active coping strategies such as confronting the harasser or seeking social support after experiencing harassment can reduce the internalization of sexual objectification and in turn lower the impact of ESH on body shame (Fairchild & Rudman, 2008). The results of the path analysis revealed that higher levels of body shame were associated with higher levels of fear of rape. The positive

relationship between body shame and fear of rape can be explained using objectification theory. According to Fredrickson and Roberts (1997), self-objectification is associated with increased concern about how one's body is perceived and judged by others. They also posited that a heightened sense of body awareness could increase fear of rape and reduce perceptions of personal safety. To summarize, the results of the path analysis indicated that higher levels of verbal pressure predicted higher levels of body shame. However, the strength of this relationship was moderated by active coping. Finally, higher levels of body shame predicted higher levels of fear of rape. Hence, verbal pressure indirectly predicted fear of rape through its association with body shame.

Hypothesis 3 was only partially supported because both active and passive coping did not moderate the relationship of sexual pressure with body shame or fear of rape. These findings indicated that how participants coped with sexual pressure did not lower their levels of body shame or fear of rape. This could be because the sexual pressure aspect of ESH includes behaviors that are considered as sexual coercion or sexual harassment and are more extreme than verbal harassment (Fairchild & Rudman, 2008). This is consistent with Fredrickson and Roberts (1997) finding that the experience of unwanted sexual physical touching from strangers can increase body awareness which in turn can predict higher levels of body shame and fear of rape.

Relationships between ESH, Body Shame, Body Surveillance, Control Beliefs and Fear of Rape in Asian Indian Sample. The results of the current study indicated partial support for Hypothesis 1. Hypotheses 1 predicted that there would be a positive association between ESH and body shame, body surveillance and control beliefs. However, only verbal pressure was associated with higher levels of body shame and body surveillance. Furthermore, Hypothesis 2, that higher levels of ESH would be associated with higher levels of fear of rape, was also

partially supported. Results indicated that verbal pressure and not sexual pressure was associated with higher levels of fear of rape. Surprisingly, sexual pressure was not found to be associated with any of the variables measured in the study. This could be because the sexual pressure variable was positively skewed in the Asian Indian sample, meaning most respondents denied ever experiencing inappropriate sexual behaviors from male strangers on the street. This can be explained by the social stigma associated with sex in the Asian Indian context (Chakraborty & Guha-Thakurta, 2013). Specifically, the questionnaire used to measure ESH included questions about experiencing unwanted sexual advances from strangers. It is possible, therefore, that the respondents were hesitant to reveal such sensitive information. Moreover, social desirability was not measured, hence respondents could have underreported experiencing sexual pressure from strangers to avoid humiliation or negative evaluation. This omission highlights the importance of measuring social desirability when conducting research on sexual harassment experienced by Asian Indian college students.

The current results did not support Hypothesis 3, that coping would moderate the relationship between ESH and the other variables. The results of the secondary path model for the Asian Indian sample indicated that passive coping mediated the relationship of verbal pressure with control beliefs and body shame. Additionally, passive coping was found to fully mediate the relationship of verbal pressure with body shame and control beliefs. Body shame in turn was associated with increased fear of rape. There was no association between control beliefs and fear of rape. The findings of the current study are in line with the results of a qualitative study conducted in New Delhi, India as well, where women reported that experiencing ESH increased feelings of fear because of the possibility of it escalating into rape, acid attacks or even kidnapping (Dhillon & Bakaya, 2014). However, the path model for the Asian Indian sample in

the current study was mainly based on the results of this study, was exploratory in nature, and not supported by objectification theory. According to objectification theory, sexually objectifying comments from strangers (i.e., verbal pressure) are often internalized and are associated with increased self-objectification (i.e., body shame, body surveillance, and control beliefs; Fredrickson & Roberts, 1997). In the re-specified model, however, verbal pressure was associated with body shame and control beliefs only through its relationship to passive coping. These results are inconsistent with objectification theory. It must be noted that objectification theory was developed in the U.S. and has been tested almost exclusively with individuals living in the U.S. (Crawford et al., 2009). It is, therefore, possible that further research is needed to expand and adapt the tenets of the objectification theory to make it more relevant to the experiences of Asian Indian college students.

Turning to the relationship between ESH and coping, because coping was originally predicted to be a moderator of the relationship between ESH and other outcome variables, the current results did not support Hypothesis 3. Instead, results indicated that passive coping served as a mediating mechanism that explained how verbal pressure is associated with body shame and control beliefs. According to Baron and Kenny (1986), mediator variables explain how an event becomes psychologically significant for an individual. Therefore, the current results could indicate that verbal comments from strangers could become psychologically significant for an individual when passive coping strategies are used, which in turn could increase body shame and reduce control beliefs. It must be noted that higher frequency of using passive coping was associated with *higher* levels of body shame and *lower* levels of control beliefs. In previous research, non-confrontational passive coping strategies (e.g., not doing anything, trying to ignore or forget the harassment) have been found to be associated with increased self-blame and

helplessness (Fairchild & Rudman, 2008). Hence, the results of the current study could indicate that responding to verbal pressure with passive coping strategies could elicit feelings of self-blame, which in turn could increase awareness about one's bodily imperfections and shame. With respect to the control beliefs variable, lower scores would indicate a belief that appearance is a function of factors beyond one's control such as heredity. In contrast, respondents with higher scores endorse the belief that if they try hard enough they can control their appearance (McKinley & Hyde, 1996). The results of the current study revealed that the lower use of passive coping could be associated with the belief that one has agency and control over one's appearance. Overall, the current results indicate that responding to verbal pressure with passive coping was associated with increased levels of body shame. These findings are supported by previous research that indicated that though passive coping with sexual harassment is culturally sanctioned in collectivistic cultures, the helplessness and self-blame associated with such strategies could adversely impact overall wellbeing (Wasti & Cortina, 2002).

Earlier, the relationships between ESH, body shame, body surveillance, control beliefs and coping in the U.S. and Asian Indian respondents were examined separately. Now, the cross-cultural similarities and differences in the impact of ESH on U.S. and Asian Indian female college students will be presented in the next section.

Similarities and Differences in Impact of ESH and Coping among U.S. and Asian Indian Participants Observed in the Current Study. The present study is unique because it is the first to explore the impact of ESH and coping on women in two cultures in the same project. Associations between verbal pressure and body shame were observed in both cultures. This indicated that evaluative comments about one's appearance from male strangers was internalized and was associated with increased shame about one's appearance and weight. Previous

researchers have found that increased body shame predicted higher levels of depression and eating disorder symptomology (e.g., Moradi & Huang, 2008). Hence, it is possible that experiencing ESH could negatively impact overall wellbeing through its association with self-objectification (Fairchild & Rudman, 2008).

Though positive associations were observed between verbal pressure and body shame in both the U.S. and Asian Indian sample in the current study, a positive relationship between sexual pressure and body shame was observed only among U.S. participants. In the U.S. culture, revealing information about sexual experiences is not taboo. In contrast, in the Asian Indian culture, the cultural taboo surrounding sexual experiences often prevent respondents from being open and honest when responding to surveys that require them to reveal sensitive information (Dhillon & Bakaya, 2014). Indeed, though sexual violence against women in India is generally high, women are often hesitant to report it or talk about it openly because of a culture of sexual silence and a fear of retaliation from harassers (Butalia, 2003).

Another difference observed in the current study was that active coping strategies were associated with lower levels of sexual and verbal pressure only with the U.S. participants and not the Indian participants. This result is supported by a greater cultural sanction for action oriented coping in the U.S. compared to India (Marcus & Kitayama, 1991). The active coping strategies measured in the current study included: talking to someone, reporting the harassment to authorities and so forth. College students in the U.S. have greater awareness of supportive resources available to them on the college campuses and have some avenues to seek support if they are experiencing sexual harassment (Sable et al., 2006). Conversely, in India, there is a social stigma surrounding seeking mental health services and reaching out to family after experiencing sexual violence (Sharma, 2015). As a result, women in India rarely have access to

supportive resources. Sur (2014) found that most Asian Indian women preferred using avoidance based strategies (e.g., avoiding public transit, not leaving one's home after dark) and made special efforts to avoid attracting attention to themselves in public places (e.g., completely covering one's body, carrying large bags for protection). Sur's results indicated that active coping strategies might not be available or accessible for Asian Indian college students. The results of the current study, therefore, provide a better understanding of how cultural differences could influence the way women respond to ESH.

Now that the results of the current study have been discussed, the following section will present an evaluation of the strengths and limitations of the methods used to gather data and other strengths and limitation of this study.

Strengths and Limitations

The present study has several strengths. First, the pilot study conducted using the STEP method (Gerstein, 2016), helped establish method equivalence of self-report surveys and Likert type response formats for Asian Indian college students. Additionally, expert feedback gathered in the pilot study helped address issues of construct and linguistic equivalence before gathering data for the main study as recommended by previous researchers (e.g., Lonner, 1985; Ægisdóttir, et al, 2008). In addition, EFAs were conducted on responses to all the scales, which helped to explore their factor structure in India and address issues of structural equivalence (van de Vijver & Leung, 2011). Results of these EFAs indicated that the items loaded highly on their relevant factors. Moreover, the reliability estimates of the scales administered to the Asian Indian participants were comparable to those obtained in the U.S. sample, indicating that the measures were relevant to Asian Indian college students. In contrast to previous research on ESH,

therefore, the methodological challenges of conducting cross-culturally valid research were systematically addressed.

A second strength of the current project is linked with the limited research on ESH and its impact. The results obtained in the current study contributed to the research on the effects of ESH on the self-objectification and fear of rape and coping among Asian Indian and U.S. women. Additionally, the cross-cultural design of the study helped provide some understanding into the similarities and differences in experiences and consequences of ESH in these cultures.

The present study also had some limitations. First, path analyses were conducted to test the relationships between the variables. Since path analyses are based on correlation (Streiner, 2005), it is not be possible to ascertain causal connections between the variables of interest. Second, the sampling method and the sample obtained in the study presented some limitations. Specifically, convenience sampling was utilized to recruit participants. Since randomized sampling techniques were not applied, the generalizability of the results is limited. Additionally, there was a lack of demographic variation in both the U.S. and Asian Indian samples. Specifically, most of the participants in the U.S. sample identified as Caucasian, which limited the generalizability of the results to college students belonging to diverse ethnic backgrounds. In India, the sample consisted of women attending colleges in an urban setting, thus limiting the applicability of the results to women living in rural environments. Fourth, the sexual pressure variable was positively skewed in the Asian Indian sample, which could have occurred because of the taboo associated with revealing personal experiences of sexual harassment in India (Chakraborty & Guha-Thakurta, 2013). This could have prevented participants from being open about their experiences of ESH when responding to the survey questionnaire, which is a limitation of the current study. Fifth, since the originally proposed path models were a poor fit

for the data, two new, re-specified models were constructed based on data and theory. In the U.S. sample, the re-specified model was consistent with self-objectification theory. However, in the Asian Indian sample, the re-specified model was exploratory and based on data, which was a major limitation of the current study. Finally, the frequencies with which women experienced ESH also could have been influenced by the age differences between the Asian Indian and U.S. participants and the city where the respondents' universities was located (i.e., Muncie versus Mumbai). With respect to age, the age range of the U.S. participants was wider than that of the Asian Indian participants. It is possible that older participants have had more experiences of ESH compared to younger participants, which could, in part, explain the differences in the frequency of ESH observed between the two samples. Further, the location where participants lived could also have brought about differences in the frequency with which they experienced ESH. For instance, Mumbai, India is a large metropolis with a population of 20.7 million (India Census, 2011), and in contrast, Muncie, Indiana is a small city with a population of 70 thousand (U.S. Census Bureau, 2015). Additionally, most people in Mumbai utilize public transit and travel long distances to get to school or work (Singh, 2005). In comparison, most college students in Muncie own cars or live on campus. This alone could have increased the frequency with which Asian Indian respondents experienced ESH compared to U.S. respondents.

Finally, though special efforts were made by the researcher to assess the cross-cultural validity of the methods and measures used in the study, other unaccounted threats to the cultural validity could have impacted the results. For instance, because the surveys were in English, there could have been variations in the level of mastery or familiarity with the English language for the Asian Indian respondents. This, in turn, could have increased the chances of the respondents misinterpreting the items and providing responses that did not accurately represent their

experiences, making it difficult to interpret the results. Hence, the results obtained in the Asian Indian sample should be interpreted and applied with caution.

Overall, however, considering the strengths and limitations of the present study, the results of this project contribute to a better understanding of the impact of ESH and coping from a cross-cultural lens. However, further research is necessary to address the limitations of the current study.

Future Directions

There are several avenues to continue empirically examining the impact of ESH across cultures. First, the current study did not assess the direct impact of ESH on the mental health of women. It was assumed that ESH could impact depression, anxiety, and disordered eating through its link to body shame. Future researchers should directly assess self-objectification as a mediator between ESH and mental health outcomes. Second, the frequency of ESH varies based on geographic location (i.e., rural, urban, and suburban) and physical location (e.g., public transit, clubs, streets etc.). Future ESH research should recruit a larger sample of both college and non-college women to better account for these variables. Third, past experience of sexual assault or attempted sexual assault can heighten the impact of ESH. It is recommended, therefore, that future researchers should compare the impact of ESH on samples of women who have and have not experienced past sexual trauma. Fourth, cultural self-construal (Markus & Kitayama, 1991; Wasti &Cortina, 2002) and gender role identification (Matud, 2004), two variables that can influence how women cope with sexual harassment, were not included in the current study. It is recommended that these variables be measured by future researchers to get a deeper understanding of the mechanisms underlying coping. Fifth, in the current study, only the relationships between active and passive coping with ESH and self-objectification and fear of

rape were examined. However, there are coping strategies other than active or passive coping that women use to cope with ESH such as benign coping (considering ESH as a compliment) or self-blame coping (blaming oneself for causing the harassment). In future research, it would be valuable to measure a wider range of strategies that women use to cope with ESH and examine their relationship with self-objectification and fear of rape. Sixth, in the current study, the re-specified path model for the Asian Indian sample was inconsistent with the tenets of objectification theory. Objectification theory was developed in the U.S. and has been tested mostly with undergraduate students in the U.S (Crawford et al., 2008). The results of the current study could indicate that objectification theory might not be suitable to explain the experiences of sexual harassment among Asian Indian college students. Hence, it is recommended that objectification theory be adapted to make it more culturally relevant in India or an indigenous theory be used when examining and explaining the impact of ESH in the Asian Indian population. Seventh, in the current study feedback was collected from experts to establish method, construct, and linguistic equivalence. In future research, it would be valuable to pilot the measures with Asian Indian students before conducting the main study to gather further evidence about the cross-cultural validity of the scales. Finally, researchers collecting data on the experiences of sexual harassment or violence against women in India should consider administering a measure of social desirability, to control for the impact of social stigma in India about revealing sensitive information. In the current study, the Asian Indian respondents reported experiencing sexual pressure at low frequencies. This could indicate the Asian Indian female respondents may have been hesitant to reveal ESH experiences that involved sexual touching and other inappropriate sexual attention from strangers. In fact, the actual rate of gender-based

violence in India is much higher than what is reported (Butalia, 2003), thus administered a social desirability measure may help improve the validity of the data obtained.

Theoretical Implications

Although there are several avenues to refine future research on ESH, it is important to emphasize the theoretical, research and practical implications of the results of the current study. The theoretical implications will be presented first, beginning with how the results of the current study provide support for the objectification theory (Fredrickson & Roberts, 1997) and the shadow hypothesis (Ferraro, 1996).

According to Fredrickson and Roberts (1997), women's bodies are often viewed in the society as a collection of sexualized body parts and are treated as a commodity whose primary function is for others to desire and evaluate (Szymanski, Moffitt, & Carr, 2011). Self-objectification leads to women observing their own bodies from an evaluative perspective, which increases body consciousness and focus on appearance over competence (McKinley & Hyde, 1996). There is an abundance of research documenting the impact of self-objectification on increasing depression, eating disorder symptomology (Stice, Burton, & Shaw, 2004), substance use (Carr & Szymanski, 2011), and fear of victimization (Fredrickson & Roberts). ESH is a prime example of sexual objectification because perpetrators ignore the individual characteristics of women and treat them as objects by making evaluative comments, and initiating uninvited sexual touching (Gardner, 1995). Drawing from research on objectification theory, self-objectification serves as the theoretical link between a sexually objectifying experience like ESH and body consciousness (Fairchild & Rudman, 2008). As found in the current study, higher levels of ESH were associated with higher body shame. The results of the current study help us understand how self-objectification serves as a path through which ESH impacts the body

consciousness of U.S. and Asian Indian college students. This provides further evidence of how systemic oppression in the form of ESH can impact the lives of women. The results highlight the nexus between external, societal oppression and internalized self-objectification and their combined impact on the mental health issues experienced by women (Szymanski, Carr, & Moffitt, 2011)

There are similar theoretical implications of the current findings in relation to the Shadow Hypothesis. According to the Shadow Hypothesis (Ferraro, 1996), women consistently report a strong fear of rape over other forms of victimization such as robbery or homicide. Moreover, women tend to predict the likelihood of sexual assault occurring in tandem with other kinds of victimization (e.g., sexual assault occurring during a break-in), which exacerbates fear of crime in general (Ferraro, 1996). In addition to experiencing the unpleasant emotion of fear, women also tend to engage in constrained behaviors (e.g., not leaving home after dark) to alleviate the fear (Warr, 1985). However, researchers found that engaging in constrained behavior provides a false sense of security and does not reduce overall levels of fear (MacMillan et al., 2000). The main antecedent of the fear of rape lies in how men and women are socialized (Ferraro, 1996; Warr, 1985). Specifically, men are socialized to be protectors and value physical strength and fearlessness. On the other hand, women receive messages that they are weaker and thus prone to victimization (Smith & Torstensson, 1991). The fear of rape becomes embedded in the female consciousness and increases a general fear of victimization (Warr, 1985). There is a connection between ESH and fear of rape. Specifically, MacMillan and colleagues (2000) found that experiencing ESH further intensifies fear of rape and constrained behavior. The results of the current study highlighted the positive relationship between ESH and fear of rape among U.S. and Asian Indian female respondents. Moreover, the results helped connect self-objectification to

fear of rape. Specifically, ESH was found to be associated with increased body awareness as indicated by increased body shame, which in turn was associated with increased fear of rape. Due to these results, it is evident that experiencing ESH reduces perceived psychological and physical safety. These results further bolster the importance of attending to how systemic oppression in form of ESH can intensify the pervasive fear of rape and predict constrained behaviors, which limits a woman's motivation to participate in the public domain.

Research Implications

From an empirical perspective, the current study makes two important contributions. First, the results of the pilot study helped demonstrate the importance of systematically determining the cultural relevance of research methods, constructs, and measures developed in the U.S., in another cultural setting. Feedback gathered from the experts helped establish that constructs such as ESH, self-objectification, and fear of rape exist in the Asian Indian culture. Additionally, expert feedback helped modify the language of the items and add items to make the measures more relevant to the experiences of Asian Indian college students. The modified scales are assumed to have greater cultural relevance to Asian Indian college students. Because of this, it also is assumed that these scales can be used to further research on ESH and its correlates in India. These results highlight the importance of addressing issues of bias and equivalence in cross-cultural studies before using U.S. developed research methods and measures in another culture. Second, the results of the main study helped expand existing empirical evidence on the impact of ESH on self-objectification and fear of rape in U.S. and India. This was the first study of its kind to study ESH in two different countries at the same time. The results helped challenge the popular belief that ESH is a harmless part of a woman's experience in the public sphere and

that it has no impact on their well-being. The study also contributes to research on how women cope with ESH.

Clinical Implications

There are also several clinical implications of the present research findings. First, the results of the current study re-confirm past research evidence on the negative impact of ESH on the self-objectification and fear of rape. Through its association with self-objectification, it is possible that ESH could increase symptoms of depression, anxiety, eating disorders, and trauma (Fairchild & Rudman, 2008). The results of the current study highlight the need for mental health practitioners to address concerns arising from gender based oppression experienced by female clients. Szymanski and colleagues (2011) suggested that psychologists must be diligent about asking their female clients about the frequency which they experience sexual objectification during clinical interviews and use assessments measuring the impact of such experiences on mental health (e.g., OBCS, McKinley & Hyde, 1997; Interpersonal Sexual Objectification Scale, Kozee et al., 2007). Additionally, since ESH is a manifestation of systemic oppression against women, using feminist theory based counseling techniques might be helpful. Techniques, such as feminist reframing of a sexually objectifying experience, can help women recognize that their trauma is a result of systemic oppression (Brown, 2004). This has been found to reduce self-blame and help regain a sense of control (Enns, 2004). For example, a counselor working with a female client experiencing body shame and disordered eating could encourage her to explore how unrealistic societal standards of beauty and sexual objectification impact her presenting issue. This could reduce self-blame and increase motivation for dealing with symptoms of psychopathology (Szymanski, et al). Though individual feminist focused therapy might be beneficial in reducing symptoms of trauma and self-blame, group therapy also might be helpful

for survivors of ESH. Indeed, Salisbury and colleagues (1986) found that survivors of sexual harassment often prefer group therapy over individual therapy because it gave them an opportunity to receive validation from fellow group members. Additionally, previous researchers have found that attending group therapy was associated with reduced self-blame, improved interpersonal relationships, increased sense of trust, hope, feelings of safety and overall wellbeing (e.g., VanDeusen & Carr, 2003; Salisbury et al.). Drawing from these results, a supportive process group offered at a University Counseling Center or in the community might be beneficial to help survivors of ESH.

Second, in addition to individual and group counseling interventions, the findings of the current study also suggest the need for mental health professionals to advocate and implement systemic changes to reduce the incidence and raise awareness about the impact of ESH in both the U.S. and India. Specifically, systemic interventions can be developed using three key previous research findings. First, male peer interactions play a vital role in the development of sexist attitudes towards women (e.g., Boswell & Spade, 1996). Second, sexually objectifying behaviors such as ESH often occur when there are male onlookers and it is often considered as a display of the perpetrator's masculinity to a male audience (Quinn, 2002). And third, though ESH occurs in public, crowded locations, bystanders rarely choose to intervene and assist the victim (Dhillon & Bakaya, 2014; Gardner, 1995). Drawing from this research, psychologists can develop programs for young males attending school or college that focus on increasing bystander intervention and challenging rape myths. For example, Latane and Darley's (1970) bystander intervention model can be used to train participants to identify ESH, determine the need to intervene, take personal responsibility to intervene, acknowledge that they have the skills needed to help the victim, and then intervene. Further, role-plays can be used to encourage participants

to intervene to stop peers from engaging in sexually objectifying behaviors towards women (Miller et al., 2012, 2014). Small group discussions also can be used as a method to encourage participants to respect women, increase pro-social behaviors, challenge sexist language, and confront rape myths (Miller et al., 2012). Overall, such programs could be effective in reducing the incidence of ESH. The suggestions discussed in this section provide a roadmap for counselors in India and the U.S. to intervene potentially at a systemic level to reduce the incidence of ESH and its impact on women.

Conclusion

In summary, ESH violates the rights of women to feel safe and prevents them from participating in the public sphere because of the fear of victimization (Bowman, 1993). However, the topic of ESH has elicited scarce scholarship. The results of the current cross-cultural study represent the first few steps towards gaining a better understanding of the impact of ESH on self-objectification and fear of rape. Additionally, the role of active and passive coping strategies when buffering women from the impact of ESH were explored. Results elucidating how women cope with ESH revealed that both U.S. and Asian Indian college students show an overwhelming preference for non-confrontational coping strategies, which foster a sense of helplessness and self-blame. Likewise, in the U.S. sample, experiencing physical fondling and other types of sexual coercion was associated with increased body shame irrespective of the type of coping strategy utilized. Women across individualistic and collectivistic cultures rarely have control over curbing ESH, which can negatively impact their wellbeing. Moreover, women are often blamed for inviting harassment from strangers and few systemic resources exist to help women cope with ESH (Bowman, 1993; Dimond et al. 2013). Presently, there are no programs in place to reduce the general frequency of ESH in the U.S. or India. The current researcher hopes that

the results of this project help spreading awareness about the impact of ESH and highlight the need for systemic changes to reduce the sexual victimization of women in the public domain.

References

Aldwin, C. M. (2007). *Stress, coping, & development: An integrative perspective*. New York: Guildford Press.

Atkinson, A. C. (1973). Testing transformations to normality. *Journal of the Royal Statistical Society. Series B, 35,* 473-479. doi: 10.1007/978-1-4612-1160-0_4

Baron, R. M., & Kenny, D. A. (1986). The moderator–mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology*, *51*, 1173-1182. doi: 10.1037/0022-3514.51.6.1173

Barron, L. G., & Sackett, P. R. (2008). Asian variability in performance rating modesty and leniency bias. *Human Performance*, *21*, 277-290. doi: 10.1080/08959280802137754

Boswell, A. A., & Spade, J. Z. (1996). Fraternities and collegiate rape culture: Why are some fraternities more dangerous places for women? *Gender and Society, 10,* 133-147. doi: 10.1177/089124396010002003

Bowman, C. G. (1993). Street harassment and the informal ghettoization of women. *Harvard Law Review, 106*, 517–580. doi:10.2307/1341656

Brown, L. S. (2004). Feminist paradigms of trauma treatment. *Psychotherapy: Theory, Research, Practice, Training*, *41*, 464-471. doi: 10.1037/0033-3204.41.4.464

Burt, M. R. (1980). Cultural myths and supports for rape. *Journal of Personality and Social Psychology*, *38*, 217-230. doi: 10.1037/0022-3514.38.2.217

Butalia, U. (2003). Confrontation and negotiation: The women's movement's responses to violence against women. In Kapadia, K. (Ed.), The *violence of development: the politics of identity, gender and social inequalities in India*. (pp. 207-235). London: Zed Books

Butler, J. (1988). Performative acts and gender constitution: An essay in phenomenology and feminist theory. *Theatre Journal*, *40,* 519-531. doi: 10.2307/3207893

Carr, E. R., & Szymanski, D. M. (2011). Sexual objectification and substance abuse in young adult women. *The Counseling Psychologist, 39,* 39-66. doi: 10.1177/0011000010378449

Census of India. (2014, June, 6). District census handbook Mumbai. Village and town wise primary census abstract. Retrieved from http://censusindia.gov.in/

Chakraborty, K., & Guha-Thakurta, R. (2013). Indian concepts on sexuality. *Indian Journal of Psychiatry, 55*, 250-255. doi: 10.4103/0019-5545.105546

Chaudhuri, M. (2012). Indian" modernity" and" tradition": A gender analysis. *Polish Sociological Review, 2,* 281-293. doi: 10.4103/0019-5545.105546

Choma, B. L., Shove, C., Busseri, M. A., Sadava, S. W., & Hosker, A. (2009). Assessing the role of body image coping strategies as mediators or moderators of the links between self-objectification, body shame, and well-being. *Sex Roles*, *61*, 699. doi: 10.1007/s11199-009-9666-9

Crawford, M., Lee, I. C., Portnoy, G., Gurung, A., Khati, D., Jha, P., & Regmi, A. C. (2009). Objectified body consciousness in a developing country: A comparison of mothers and daughters in the U.S. and Nepal. *Sex Roles*, *60*, 174-185. doi: 10.1007/s11199-008-9521-4

Dakanalis, A., Timko, C. A., Clerici, M., Riva, G., & Carrà, G. (2015). Objectified body consciousness (OBC) in eating psychopathology: Construct validity, reliability, and measurement invariance of the 24-item OBC scale in clinical and nonclinical adolescent samples. *Assessment,* Advance online publication. doi. 10.1177/ 1073191115602553.

Derné, S. (1994). Hindu men talk about controlling women: Cultural ideas as a tool of the powerful. *Sociological Perspectives*, *37*, 203-227. doi: 10.2307/1389320

Dhillon, M., & Bakaya, S. (2014). Street Harassment. *SAGE Open*, *4*. doi:10.1177/2158244014543786

Dimond, J. P., Dye, M., LaRose, D., & Bruckman, A. S. (2013, February). Hollaback!: the role of storytelling online in a social movement organization. In *Proceedings of the 2013 conference on Computer supported cooperative work* (pp. 477-490). ACM.

Enns, C. Z. (2004). *Feminist theories and feminist psychotherapies: Origins, themes, and diversity* (2nd Ed.). New York: Haworth.

Evans, S. M. (2009). Sons, daughters, and patriarchy: Gender and the 1968 generation. *The American Historical Review*, *114*, 331-347. doi: 10.1086/ahr.114.2.331

Fairchild, K., & Rudman, L. A. (2008). Everyday stranger harassment and women's objectification. *Social Justice Research*, *21*, 338-357, doi: 10.1007/s11211-008-0073-0

Fenigstein, A., Scheier, M. F., & Buss, A. H. (1975). Public and private self-consciousness: Assessment and theory. *Journal of Consulting and Clinical Psychology*, *43*, 522-527. doi:

Ferraro, K. F. (1996). Women's fear of victimization: Shadow of sexual assault? *Social Forces*, *75*, 667-690. doi: 10.1037/h0076760

Fisher, B. S., & Sloan, J. J. (2003*).* Unraveling the fear of victimization among college women: Is the "shadow of sexual assault hypothesis" supported? *Justice Quarterly, 20,* 633-659. doi: 10.1080/07418820300095641

Fitzgerald, L. F., Drasgow, F., Hulin, C. L., Gelfand, M. J., & Magley, V. J. (1997). Antecedents and consequences of sexual harassment in organizations: A test of an integrated model. *Journal of Applied Psychology, 82,* 578–589. doi: 10.1037/0021-9010.82.4.578

Franzoi, S. I, & Shields. S. A. (1984). The Body Esteem Scale: Multidimensional structure and sex differences in a college population. *Journal of Personality Assessment, 48,* 173-178. doi: 10.1207/s15327752jpa4802_12

Fredrickson, B. L., & Roberts, T. A. (1997). Objectification theory: Toward understanding women's lived experiences and mental health risks. *Psychology of Women Quarterly, 21*, 173–206. doi: 10.1111/j.1471-6402.1997.tb00108.x

Heine, S. J., Kitayama, S., Lehman, D. R., Takata, T., Ide, E., Leung, C., & Matsumoto, H. (2001). Divergent consequences of success and failure in japan and North America: an investigation of self-improving motivations and malleable selves. *Journal of Personality and Social Psychology*, *81*, 599-615. doi: 10.1111/j.1471-6402.1997.tb00108.x

Hickman, S. E., & Muehlenhard, C. L. (1997). College women's fears and precautionary behaviors relating to acquaintance rape and stranger rape. *Psychology of Women Quarterly, 21*, 527–547. doi: 10.1111/j.1471-6402.1997.tb00129.x

Hofstede, G. (1980) *Culture's consequences: International differences in work-related values.* Beverly Hills, CA: Sage.

Hoque, M. A. (2014). Eve teasing in Bangladesh: Causes and impact on society, a study from Islamic perspective. *Social Sciences Review of Pakistan, 2,* 43-51. doi: 10.9790/0837-2111050106

Gardner, C. B. (1995). *Passing by: Gender and public harassment.* Berkley, CA: University of California Press.

Gelfand, M. J., Fitzgerald, L. F., & Drasgow, F. (1995). The structure of sexual harassment: A confirmatory analysis across cultures and settings. *Journal of Vocational Behavior, 47,* 164–177. doi: 10.1006/jvbe.1995.1033

Gerstein, L. H. (2016). Systematic test of equivalence procedure: New method to investigate cross-cultural validity. Unpublished manuscript.

Gerstein, L. H., Heppner, P. P., Ægisdóttir, S., Leung, S. A., & Norsworthy, K. L. (2009). Cross-cultural counseling: History, challenges, and rationale. In L.H. Gerstein, P.P. Heppner, S. Ægisdóttir, S.A., Leung, & K.L. Norsworthy (Eds.), *International handbook of cross-cultural Counseling: Cultural assumptions and practices worldwide* (pp. 3-32). CA: Sage Publications.

Greenleaf, C., & McGreer, R. (2006). Disordered eating attitudes and self-objectification among physically active and sedentary female college students. *The Journal of Psychology*, *140*, 187-198. doi: 10.3200/JRLP.140.3.187-198

Gruber, J. E. (1989). How women handle sexual harassment: A literature review. *Sociology and Social Research, 74,* 3–9. Retrieved from http://web.b.ebscohost.com/ehost/detail/detail?vid=5&sid=495928ea-3983-41ef-87ec-7c346cd80e65%40sessionmgr

Gruber, J. E., & Bjorn, L. (1986). Women's responses to sexual harassment: An analysis of sociocultural, organizational, and personal resource models. *Social Science Quarterly, 67,* 814-826. Retrieved from http://connection.ebscohost.com/c/articles/16543952/womens-responses-sexual-harassment-analysis-sociocultural-organizational-personal-resource-models

Gutek, B. A., & Koss, M. P. (1993). Changed women and changed organizations: Consequences of and coping with sexual harassment. *Journal of Vocational Behavior*, *42*, 28-48. doi: 10.1006/jvbe.1993.1003

Kandiyoti, D. (1988). Bargaining with patriarchy. *Gender and Society*, *2*, 274-290. doi: 10.1177/089124388002003004

Kearl, H. (2010). *Stop street harassment: Making public places safe and welcoming for women.* Santa Barbara: Praeger.

Kearl, H. (2014). *Unsafe and harassed in public spaces: A national street harassment report.* Retrieved from http//:www.stopstreetharassment.org/our-work/nationalstudy/

Kline, R. B. (2005). *Principles and practice of structural equation modeling* (2nd Ed.). New York, NY: Guilford Press.

Kozee, H. B., Tylka, T. L., Augustus-Horvath, C. L., & Denchik, A. (2007). Development and psychometric evaluation of the Interpersonal Sexual Objectification Scale. Psychology of *Women Quarterly, 31,* 176-189. doi: 10.1111/j.1471-6402.2007.00351.x

Kurman, J., & Sriram, N. (2002). Interrelationships among vertical and horizontal collectivism, modesty, and self-enhancement. *Journal of Cross-Cultural Psychology, 33*, 71-86. doi: 10.1177/0022022102033001005

Latane, B., & Darley, J. M. (1970). *The unresponsive bystander: Why doesn't he help.* New York: Appleton-Century-Crofts.

Lindberg, S. M., Grabe, S., & Hyde, J. S. (2007). Gender, pubertal development, and peer sexual harassment predict objectified body consciousness in early adolescence. *Journal of Research on Adolescence, 17,* 723-742. doi: 10.1111/j.1532-7795.2007.00544.x

Lonner, W. J. (1985). Issues in testing and assessment in cross-cultural counseling. *The Counseling Psychologist*, *13*, 599-614. doi: 10.1177/0011000085134004

Macmillan, R., Nierobisz, A., & Welsh, S. (2000). Experiencing the streets: Harassment and perceptions of safety among women. *Journal of Research in Crime and Delinquency*, *37*, 306-322. doi: 10.1177/0022427800037003003

Madan, M., & Nalla, M. K. (2016). Sexual harassment in public spaces: Examining gender differences in perceived seriousness and victimization. *International Criminal Justice Review*, *26*, 80-97. doi: 10.1177/1057567716639093

Magley, V. J. (2002). Coping with sexual harassment: Reconceptualizing women's resistance. *Journal of Personality and Social Psychology*, *83*, 930-946. doi:

Matud, M. P. (2004). Gender differences in stress and coping styles. *Journal of Personality and Individual Differences, 37*, 1401-1415. doi: 10.1037/0022-3514.83.4.930

McKibbin, W. F., Shackelford, T. K., Goetz, A. T., Bates, V. M., Starratt, V. G., & Miner, E. J. (2009). Development and initial psychometric assessment of the rape avoidance inventory. *Personality and Individual Differences*, *46*, 336-340. doi: 10.1016/j.paid.2008.10.026

McKinley, N. M. (1998). Gender differences in undergraduates' body esteem: The mediating effect of objectified body consciousness and actual/ideal weight discrepancy. *Sex Roles, 39*, 113–123. doi:10.1023/A:1018834001203

McKinley, N. M. (1999). Women and objectified body consciousness: Mothers' and daughters' body experience in cultural, developmental, and familial context. *Developmental Psychology, 35,* 760–769. doi: 10.1037/0012-1649.35.3.760

McKinley, N. M. (2006). The developmental and cultural contexts of objectified body consciousness: A longitudinal analysis of two cohorts of women. *Developmental Psychology, 42,* 679–687. doi: 10.1037/0012-1649.42.4.679

McKinley, N. M., & Hyde, J. S. (1996). The objectified body consciousness scale Development and validation. *Psychology of Women Quarterly*, *20*, 181-215. doi: 10.1111/j.1471-6402.1996.tb00467.x

McNeil, P. (2014). *Street harassment at the intersections: the experiences of gay and bisexual men* (Doctoral dissertation). Retrieved from ProQuest Dissertations and Theses. (Accession No. 1550487)

Miller, E., Tancredi, D. J., McCauley, H. L., Decker, M. R., Virata, M. C. D., Anderson, H. A. & Silverman, J. G. (2012). "Coaching boys into men": A cluster-randomized controlled trial of a dating violence prevention program. *Journal of Adolescent Health*, *51*, 431-438. doi: 10.1016/ j.2012.01.018

Miller, E., Das, M., Tancredi, D. J., McCauley, H. L., Virata, M. C. D., Nettiksimmons, J. & Verma, R. (2014). Evaluation of a gender-based violence prevention program for student athletes in Mumbai, India. *Journal of Interpersonal Violence*, *29*, 758-778. doi: 10.1177/0886260513505205

Moradi, B., & Huang, Y. (2008). Objectification theory and psychology of women: A decade of advances and future directions. *Psychology of Women Quarterly, 32*, 377–398. doi:10.1111/j.1471-6402.2008.00452.x

Moradi, B., & Varnes, J. R. (2017). Structure of the Objectified Body Consciousness Scale: Reevaluated 20 Years later. *Sex Roles*, 1-13. doi:10.1007/s11199-016-0731-x

Nielsen, L. B. (2000). Situating legal consciousness: Experiences and attitudes of ordinary citizens about law and street harassment. *Law and Society Review, 34,* 1055–1090. doi: 10.2307/3115131

Noll, S. M., & Fredrickson, B. L. (1998). A mediational model linking self-objectification, body shame, and disordered eating. *Psychology of Women Quarterly*, *22*, 623-636. doi: 10.1111/j.1471-6402.1998.tb00181.x

Parsons, E. M., & Betz, N. E. (2001). The relationship of participation in sports and physical activity to body objectification, instrumentality, and locus of control among young women. *Psychology of Women Quarterly, 25*, 209–222. doi:10.1111/1471-6402.00022

Pryor, J.B. and Whalen, N.J. (1997) 'A typology of sexual harassment: Characteristics of harassers and the social circumstances under which sexual harassment occurs. In O'Donohue, W. (Ed.) *Sexual harassment: Theory, research, and treatment.* (pp. 129–151). Boston, MA: Allyn & Bacon.

Rao, Y. (2012, September 6). *97% girls sexually harassed: Survey.* Retrieved from http://articles.timesofindia.indiatimes.com/2012-09-06/mumbai/33648534_1_single-girl-survey-city-colleges

Raykov, T., & Marcoulides, G. A. (2000). A method for comparing completely standardized solutions in multiple groups. *Structural equation modeling*, *7*, 292-308. doi: 10.1207/S15328007SEM0702_9

Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.

Sable, M. R., Danis, F., Mauzy, D. L., & Gallagher, S. K. (2006). Barriers to reporting sexual assault for women and men: Perspectives of college students. *Journal of American College Health*, *55*, 157-162. doi: 10.3200/JACH.55.3.157-162

Salisbury, J., Ginorio, A. B., Remick, H., & Stringer, D. M. (1986). Counseling victims of sexual harassment. *Psychotherapy: Theory, Research, Practice, Training*, *23*, 316-324. doi: 10.1037/h0085616

Schneider, K. T., Swan, S., & Fitzgerald, L. F. (1997). Job-related and psychological effects of sexual harassment in the workplace: Empirical evidence from two organizations. *Journal of Applied Psychology*, *82*, 401-415. doi: 0.1037/0021-9010.82.3.401

Senn, C. Y., & Dzinas, K. (1996). Measuring fear of rape: A new scale. *Canadian Journal of Behavioural Science, 28,* 141–144. doi: 10.1037/0008-400X.28.2.141

Sharma, I. (2015). Violence against women: Where are the solutions? *Indian Journal of Psychiatry, 57.* 131-139. doi: 10.4103/0019-5545.158133

Singh, S. K. (2005). Review of urban transportation in India. *Journal of Public Transportation, 8*, 79-97. doi: 10.5038/2375-0901.8.1.5

Smith, W. R., & Torstensson, M. (1997). Gender differences in risk perception and neutralizing fear of crime: Toward resolving the paradoxes. *British Journal of Criminology*, *37*, 608-634. doi: 10.1093/oxfordjournals.bjc.a014201

Snyder, J. K., & Fessler, D. M. (2013). Reexamining individual differences in women's rape avoidance behaviors. *Archives of Sexual Behavior*, *42*, 543-551. doi: 10.1007/s10508-012-9987-6

Stice, E., Burton, E. M., & Shaw, H. (2004). Prospective relations between bulimic pathology, depression, and substance abuse: unpacking comorbidity in adolescent girls. *Journal of Consulting and Clinical Psychology*, *72*, 62-72. doi: 10.1037/0022-006X.72.1.62

Streiner, D. L. (2005). Finding our way: an introduction to path analysis. *The Canadian Journal of Psychiatry*, *50*, 115-122. doi: 10.1177/070674370505000207

Sullivan, C., & Cottone, R. R. (2010). Emergent characteristics of effective cross-cultural research: A review of the literature. *Journal of Counseling and Development*, *88*, 357-362. doi: 10.1002/j.1556-6678.2010.tb00033.x

Szymanski, D. M., & Henning, S. L. (2007). The role of self-objectification in women's depression: A test of objectification theory. *Sex Roles*, *56*, 45-53. doi: 10.1007/s11199-006-9147-3

Szymanski, D. M., Moffitt, L. B., & Carr, E. R. (2011). Sexual objectification of women: advances to theory and research. *The Counseling Psychologist*, *39*, 6-38. doi: 10.1177/0011000010378402

Tabachnick, B. G., and Fidell, L. S. (2013). *Using multivariate statistics*, (6th ed.) Boston : Allyn and Bacon.

Taylor, S. E. (1989). Positive illusions: Creative self-deception and the healthy mind. New York: Basic Books.

U.S. Census Bureau. (2015, June, 5). State and county Quickfacts: Muncie city, Indiana. Retrieved from http://quickfacts.census.gov

Ussher, J. M. (1989). *The psychology of the female body*. London: Routledge.

VanDeusen, K. M., & Carr, J. L. (2003). Recovery from sexual assault: an innovative two-stage group therapy model. *International Journal of Group Psychotherapy*, *53*, 201-223. doi: 10.1521/ijgp.53.2.201.42815

Van de Vijver, F. J., & Leung, K. (2011). Equivalence and bias: A review of concepts, models, and data analytic procedures. In Matsumoto, D. & Van de Vijver, F.J. (Eds.). *Cross-cultural Research Methods in Psychology*, (pp.17-45). London: Cambridge University Press.

Van de Vijver, F., & Tanzer, N. K. (2004). Bias and equivalence in cross-cultural assessment: An overview. *European Review of Applied Psychology, 54*, 119-135. doi: 10.1016/j.erap.2003.12.004

Warr, M. (1985). Fear of rape among urban women. *Social Problems*, *32*, 238-250. doi: 10.2307/800684

Wasti, S. A., & Cortina, L. M. (2002). Coping in context: Sociocultural determinants of responses to sexual harassment. *Journal of Personality and Social Psychology*, *83*, 394-405. doi: 10.1037//0022-3514.83.2.39

Watson, L. B., Marszalek, J. M., Dispenza, F., & Davids, C. M. (2015). Understanding the relationships among white and African American women's sexual objectification experiences, physical safety anxiety, and psychological distress. *Sex roles*, *72*, 91-104. doi: 10.1007/s11199-014-0444-y

Yuval-Davis, N., & Anthias, F. (Eds.). (1989). *Woman, nation, state*. London: Macmillan.

Ægisdóttir, S., Gerstein, L. H., & Çinarbaş, D. C. (2008). Methodological Issues in Cross-Cultural Counseling Research Equivalence, Bias, and Translations. *The Counseling Psychologist*, *36*, 188-219. doi: 10.1177/0011000007305384

Table 1

Mean expert factor ratings for Frequency of ESH Scale (N = 5)

Factor	Mean	SD
ESH Factor	5.4	1.07
Verbal Pressure	4.8	1.51
Sexual Pressure	4.4	.894

Note: Potential responses could range from 1-Highly Irrelevant to 6-Highly Relevant.

Table 2

Mean expert item ratings for Frequency of ESH Scale (N = 5)

Item	Mean	SD
1. How frequently have you experienced sexist remarks or behaviors from a stranger?	5.6	.548
2. How frequently have you experienced crude and offensive sexual remarks, jokes, or actions from a stranger?	5.6	.548
3. How frequently have you experienced seductive behavior, remarks, or 'come ons' from a stranger?	5.6	.548
4. How frequently have you experienced unwanted sexual attention or interaction from a stranger?	5.4	.894
5. How frequently have you experienced subtle pressure or coercion to cooperate sexually from a stranger?	4.4	.548
6. How frequently have you experienced direct or explicit pressure to cooperate sexually from a stranger?	5.6	.548
7. How frequently have you experienced unwanted touching, stroking, or hugging from a stranger?	5.6	.548
8. How frequently have you experienced direct or forceful fondling or grabbing from a stranger?	5.6	.548
9. How frequently have you experienced catcalls, whistles, or stares from a stranger?	5.6	.548

Note: Potential responses could range from 1-Highly Irrelevant to 6-Highly Relevant.

Table 3

Mean expert factor ratings for Objectified Body Consciousness Scale (OBCS) (N = 5)

Factor	Mean	SD
Objectified Body Consciousness	5.6	.894
Body Shame	5.8	.447
Surveillance	5.6	.548
Control Beliefs	5.4	.894

Note: Potential responses could range from 1-Highly Irrelevant to 6-Highly Relevant.

Table 4

Mean expert item ratings for Objectified Body Consciousness Scale (OBCS) (N = 5)

Item	Mean	SD
1. I rarely think about how I look.	6	0
2. I think it is more important that my clothes are comfortable than whether they look good on me.	6	0
3. I think more about how my body feels than how my body looks.	6	0
4. I rarely compare how I look with how other people look.	6	0
5. During the day, I think about how I look many times.	6	0
6. I often worry about whether the clothes I am wearing make me look good.	6	0
7. I rarely worry about how I look to other people.	6	0
8. I am more concerned with what my body can do than how it looks.	6	0
9. When I can't control my weight I feel like something must be wrong with me.	6	0
10. I feel ashamed of myself when I haven't made the effort to look my best.	6	0
11. I feel like I must be a bad person when I don't look good as I could.	6	0
12. I would be ashamed for people to know what I really weigh.	6	0
13. I never worry that something is wrong with me when I am not exercising as much as I should.	6	0
14. When I'm not exercising enough, I question whether I am a good enough person.	5.75	.447
15. Even when I can't control my weight, I think I'm an okay person.	6	0
16. When I'm not the size I think I should be, I feel ashamed.	6	0
17. I think a person is pretty much stuck with the looks they are born with.	6	0
18. A large part of being in shape is having that kind of body in the first place.		

19. I think a person can look pretty much how they are willing to work at it.	6	0
20. I really don't think I have much control over how my body looks.	6	0
21. I think a person's weight is mostly determined by the genes they are born with.	6	0
22. It doesn't matter how hard I try to change my weight, it's probably always going to be about the same.	6	0
23. I can weigh what I'm supposed to when I try hard enough.	6	0
24. The shape you are in depends mostly on your genes.	6	0

Note: Potential responses could range from 1-Highly Irrelevant to 6-Highly Relevant.

Table 5

Mean expert factor rating for Coping with Harassment Scale (CWHS) (N = 4)

Factor	Mean	SD
Coping with Harassment Factor	5.75	.447
Active Coping	5.50	.816
Passive Coping	5.50	.816
Benign Coping	4.00	1.643
Self-Blame Coping	5.25	.425

Note: Potential responses could range from 1-Highly Irrelevant to 6-Highly Relevant.

Table 6

Mean expert item rating for Coping with Harassment Scale (CWHS) (N = 4)

Item	Means	SD
1. I treated it as a joke.	3.75	1.924
2. I pretended nothing was happening.	5.25	1.00
3. I considered it flattering.	4.25	1.00
4. I realized that I had probably brought it on myself.	4.50	1.504
5. I let him know I didn't like what he was doing.	4.00	1.817
6. I reported him.	4.00	1.817
7. I talked to someone about what happened.	4.50	1.504
8. I acted like I didn't notice.	4.50	1.504
9. I assumed he meant well.	3.00	1.225
10. I felt stupid for letting myself get into the situation.	5.25	1.00
11. I just let it go.	5.50	1.225
12. I just ignored the whole thing.	5.50	1.225
13. I blamed myself for what happened.	5.75	1.304
14. I let him know how I felt about what he was doing.	5.50	1.225
15. I tried to forget the whole thing.	5.75	1.304
16. I figured he must really like me.	2.50	1.594
17. I realized he probably wouldn't have done it if I had looked or dressed differently.	5.00	1.00
18. I didn't do anything.	5.75	1.304
19. I assumed he was trying to be funny.	5.25	1.00
20. I just 'blew it off' and acted like I didn't care.	4.75	1.206

Note: Potential responses could range from 1-Highly Irrelevant to 6-Highly Relevant.

Table 7

Mean expert factor rating for Fear of Rape Scale (FORS) (N = 4)

Factor	Means	SD
Fear of Rape Factor	5.25	549

Note: Potential responses could range from 1-Highly Irrelevant to 6-Highly Relevant.

Table 8

Mean expert item rating for Fear of Rape Scale (FORS) (N = 4)

Item	Means	SD
1. Before I go to bed at night I double check to make sure the doors are securely locked.	2.00	1.897
2. When someone rings/knocks at my door I ask who it is (or look through the peephole) before I open the door.	4.75	1.602
3. I think twice before going out for a walk late at night.	5.00	1.211
4. If I have to take the subway/bus alone night I feel anxious.	3.50	1.366
5. I avoid going out alone at night.	5.00	1.211
6. I ask friends to walk me to my car/the subway if it is late at night.	2.75	
7. I think about the shoes/clothes I am wearing in terms of my ability to run in a dangerous situation.	3.25	1.756
8. In general, how safe do you feel at night?	2.50	1.835
9. When I am walking alone I think about where I would run if someone came after me.	5.00	1.211
10. I have turned down invitations/opportunities because I didn't want to risk coming home alone afterwards.	4.75	1.366
11. I feel confident walking alone late at night.	4.00	1.00
12. I am especially careful of wearing the "proper" clothes."	3.50	1.751
13. If I was waiting for an elevator and it arrived with one man alone inside, I would wait for the next one.	3.25	1.756
14. I am wary of men.	2.75	1.329
15. I am afraid of being sexually assaulted.	4.50	.548
16. How safe would you feel walking to your car alone if it was parked in an underground parking lot?	3.25	1.756
17. If I have to walk outside late at night I take precautions.	3.50	1.751
18. In general, I am suspicious of men.	4.25	.894
19. If it was dark and I had to walk to my car, I would make sure I was accompanied by someone I trusted.	3.33	1.472

20. If I was driving alone and I had to park my car I would try to park on a well lit street.	2.75	1.329
21. How safe do you feel going into public washrooms in subways or malls?	2.00	1.033
22. How safe do you feel in your apartment/house when you are by yourself?	3.50	1.751
23. I am afraid of men.	4.50	1.169
24. I carry objects (keys, knife, something sharp) when I walk alone at night.	3.33	1.472
25. When I'm walking out alone at night I am very cautious.	4.50	1.169
26. If I heard that someone had been sexually assaulted in my neighbourhood, I wouldn't leave the house unless I really had to.	5.00	1.211
27. When I am choosing a seat on the bus or subway I am conscious of who is sitting nearby.	3.00	1.643
28. How safe do you feel being out alone in your neighbourhood at night?	3.25	1.756
29. If I am going out late at night, I avoid certain parts of town.	3.50	1.751
30. When I get on the bus/ streetcar/ subway I take a seat that allows me to keep an eye on those sitting nearby.	3.50	1.751
31. The possibility of rape affects my freedom of movement.	4.50	1.169

Note: Potential responses could range from 1-Highly Irrelevant to 6-Highly Relevant.

Table 9

Participant demographics

	USA		India	
	Range	Mean (SD)	Range	Mean (SD)
Age	18-50 years	21.08 (4.371)	18-22 years	18.92 (.889)
	N	Percentage	N	Percentage
Ethnicity				
Caucasian	201	77.6%		
Asian Indian	0	0%	259	100%
White Non-American	19	7.3%		
Hispanic Latino/a	9	3.5%		
Black	5	1.9%		
African American	3	1.2%		
Asian American	2	.8%		
Biracial	8	3.1%		
Multiracial	8	3.1%		
Other	2	.8%		
Religion				
Protestant Christian	82	31.7%	8	1.3%
Roman Catholic	42	16.2%	42	16.2%
Agnostic	39	15.1%	13	5%
Atheist	26	10%	12	4.6%
Buddhist	3	1.2%	7	2.7%
Jewish	3	1.2%	0	0%
Hindu	0	0%	102	39.4%
Muslim	0	0%	56	21.6%
Other	64	24.7%	56	21.6%
Sexual Orientation				
Heterosexual	222	85.7%	229	88.4%
Bisexual	19	7.3%	11	4.2%
Pansexual	5	1.9%	2	.8%
Questioning	4	1.5%	12	4.6%
Gay	2	.8%	0	0%
Other	5	1.5%	5	2%
Relationship Status				
Single	124	47.9%	215	83%
In a Relationship	116	44.8%	42	16.2%
Married	14	5.4%	2	.8%
Divorced	3	1.2%	0	0%
School Year				
Freshman (First Year)	81	31.3%	5	1.9%
Sophomore (Second Year)	43	16.6%	194	74.9%
Junior (Third Year)	44	17%	60	23.2%
Senior	49	18.9%		

Graduate	42	16.2%		
Living Situation				
With Parents	38	14.7%	219	84.6%
With Roommates	169	65.3%	20	7.7%
With Spouse	24	9.3%	0	0%
Alone	17	6.6%	0	0%
Other	11	4.2%	20	7.7%

Table 10

Frequency of Everyday Stranger Harassment Scale: Final Factor Loadings, Eigenvalues, Explained Variance, and Cronbach's Alpha for U.S. Sample

Item	Factor name	
	Verbal Pressure	Sexual Pressure
1. How frequently have you experienced sexist remarks or behaviors from a stranger?	.844	
2. How frequently have you experienced crude and offensive sexual remarks, jokes, or actions from a stranger?	.822	
3. How frequently have you experienced seductive behavior, remarks, or 'come ons' from a stranger?	.756	
4. How frequently have you experienced unwanted sexual attention or interaction from a stranger?	.665	
5. How frequently have you experienced catcalls, whistles, or stares from a stranger?	.796	
6. How frequently have you experienced subtle pressure or coercion to cooperate sexually from a stranger?		.780
7. How frequently have you experienced direct or explicit pressure to cooperate sexually from a stranger?		.812
8. How frequently have you experienced unwanted touching, stroking, or hugging from a stranger?		.736
9. How frequently have you experienced direct or forceful fondling or grabbing from a stranger?		.835
Eigenvalue	3.9	3.1
Verbal Pressure		.67*
Cronbach Alpha	.89	.85
Explained Variance	37.73%	34.19%

* *Note.* $p < .05$; Extraction Method: Principal Component Analysis; Rotation Method: Varimax with Kaiser Normalization; Rotation converged in 3 iterations.

Table 11

Frequency of Everyday Stranger Harassment Scale: Final Factor Loadings, Eigenvalues, Explained Variance, and Cronbach's Alpha for Asian Indian Sample

Item	Factor name	
	Verbal Pressure	Sexual Pressure
1. How frequently have you experienced sexist remarks or behaviors from a stranger?	.681	
2. How frequently have you experienced crude and offensive sexual remarks, jokes, or actions from a stranger?	.742	
3. How frequently have you experienced seductive behavior, remarks, or 'come ons' from a stranger?	.624	
4. How frequently have you experienced unwanted sexual attention or interaction from a stranger?	.683	
5. How frequently have you experienced unwanted touching, stroking, or hugging from a stranger?	.584	
6. How frequently have you experienced catcalls, whistles, or stares from a stranger?	.747	
7. How frequently have you experienced subtle pressure or coercion to cooperate sexually from a stranger?		.858
8. How frequently have you experienced direct or explicit pressure to cooperate sexually from a stranger?		.877
9. How frequently have you experienced direct or forceful fondling or grabbing from a stranger?		.686
Eigenvalue	2.9	2.3
Cronbach Alpha	.81	.75
Correlation Matrix		
Verbal Pressure		.519*
Explained Variance	32.68%	26%

**Note.* $p < .05$; Extraction Method: Principal Component Analysis; Rotation Method: Varimax with Kaiser Normalization; Loadings < |. 40| were omitted; Rotation converged in 3 iterations.

Table 12

Fear of Rape Scale: Final Factor Loadings Factor Loadings, Eigenvalue, Explained Variance, and Cronbach's Alpha for U.S. Sample

Item	Factor name Fear of Rape
1. Before I go to bed at night I double check to make sure the doors are securely locked.	.393
2. When someone rings/knocks at my door I ask who it is (or look through the peephole) before I open the door.	.337
3. I think twice before going out for a walk late at night.	.680
4. If I have to take the train/bus alone at night I feel anxious.	.631
5. I avoid going out alone at night.	.612
6. I ask friends to walk me to my car/the train station/bus stop if it is late at night.	.589
7. I think about the shoes/clothes I am wearing in terms of my ability to run in a dangerous situation.	.613
8. In general, how safe do you feel at night?	.573
9. When I am walking alone I think about where I would run if someone came after me.	.469
10. I have turned down invitations/opportunities because I didn't want to risk coming home alone afterwards.	.583
11. I feel confident walking alone late at night.	.710

12. I am especially careful of wearing the "proper" clothes."	.652
13. If I was waiting for a lift and it arrived with one man alone inside, I would wait for the next one.	.698
14. I am cautious of men.	.688
15. I am afraid of being sexually assaulted.	.606
16. Suppose you had a car, how safe would you feel walking to your car alone if it was parked in an underground parking lot?	.488
17. If I have to walk outside late at night I take precautions.	.645
18. In general, I am suspicious of men.	.457
19. If I had a car and it was dark and I had to walk to my car, I would make sure I was accompanied by someone I trusted.	.580
20. If I had a car and I was driving alone and I had to park my car I would try to park on a well lit street.	.463
21. How safe do you feel going into public washrooms/bathrooms in train stations or malls?	.600
22. How safe do you feel in your apartment/home when you are by yourself?	.572
23. I am afraid of men.	.574
24. I carry objects (such as keys, knife, something sharp) when I walk alone at night.	.698

25. When I'm walking out alone at night I am very cautious.	.649
26. If I heard that someone had been sexually assaulted in my area/locality, I wouldn't leave the house unless I really had to.	.579
27. When I am choosing a seat on the bus or train I am conscious of who is sitting nearby.	.665
28. How safe do you feel being out alone in your area/locality at night?	.523
29. If I am going out late at night, I avoid certain parts of the city.	.415
30. When I get on the bus/train I take a seat that allows me to keep an eye on those sitting nearby.	.390
31. The possibility of rape affects my freedom of movement.	.473
Eigenvalue	10.3
Cronbach Alpha	.92
Explained Variance	33.25%

Note: Extraction Method: Principal Component Analysis; 1 Component extracted.

Table 13

Fear of Rape Scale: Final Factor Loadings, Eigenvalue, Explained Variance, and Cronbach's Alpha for Asian Indian Sample

Item	Factor name Fear of Rape
1. Before I go to bed at night I check with my parents or elders to make sure that the doors are securely locked.	.560
2. When someone rings/knocks at my door I ask who it is (or look through the peephole) before I open the door.	.501
3. I think twice before going out for a walk late at night.	.571
4. If I have to take the train/bus alone at night I feel anxious.	.654
5. I avoid going out alone at night.	.652
6. I ask friends to walk me to my car/the train station/bus stop if it is late at night.	.670
7. I think about the shoes/clothes I am wearing in terms of my ability to run in a dangerous situation.	.580
8. In general, how safe do you feel at night?	.529
9. When I am walking alone I think about where I would run if someone came after me.	.576
10. I have turned down invitations/opportunities because I didn't want to risk coming home alone afterwards.	.555
11. I feel confident walking alone late at night.	.593
12. I am especially careful of wearing the "proper" clothes."	.550
13. If I was waiting for a lift and it arrived with one man alone inside, I would wait for the next one.	.538
14. I am cautious of men.	.537
15. I am afraid of being sexually assaulted.	.572
16. Suppose you had a car, how safe would you feel walking to your car alone if it was parked in an underground parking lot?	.605
17. If I have to walk outside late at night I take precautions.	.518
18. In general, I am suspicious of men.	.606
19. If I had a car and it was dark and I had to walk to my car, I would make sure I was accompanied by someone I trusted.	.569
20. If I had a car and I was driving alone and I had to park my car I would try to park on a well lit street.	.583
21. How safe do you feel going into public washrooms/bathrooms in train stations or malls?	.580
22. How safe do you feel in your apartment/home when you are by yourself?	.640
23. I am afraid of men.	.599
24. I carry objects (such as keys, knife, something sharp) when I walk alone at night.	.635
25. When I'm walking out alone at night I am very cautious.	.529

26. If I heard that someone had been sexually assaulted in my area/locality, I wouldn't leave the house unless I really had to.	.489
27. When I am choosing a seat on the bus or train I am conscious of who is sitting nearby.	.559
28. How safe do you feel being out alone in your area/locality at night?	.574
29. If I am going out late at night, I avoid certain parts of the city.	.537
30. When I get on the bus/train I take a seat that allows me to keep an eye on those sitting nearby.	.503
31. The possibility of rape affects my freedom of movement.	.500
Eigenvalue	6.2
Cronbach Alpha	.88
Explained Variance	20.1%

Note. Extraction Method: Principal Component Analysis; 1 Component extracted.

Table 14

Coping with Harassment Scale: Final Factor Loadings Factor Loadings, Eigenvalues, Explained Variance, and Cronbach's Alpha for U.S. Sample

Item	Factor name			
	Passive Coping	Benign Coping	Active Coping	Helplessness
1. I treated it as a joke.	.630			
2. I pretended nothing was happening	.768			
3. I acted like I did not notice.	.782			
4. I just let it go.	.805			
5. I just ignored the whole thing.	.821			
6. I didn't do anything.	.506			
7. I just blew it off and acted like I didn't care.	.726			
8. I assumed he was trying to be funny.	.509			
9. I considered it flattering.		.614		
10. I realized that I had probably brought it on myself.		.778		
11. I assumed he meant well.		.624		
12. I blamed myself for what happened.		.712		
13. I figured he must really like me.		.729		
14. I realized that he probably wouldn't have done it if I had looked or dressed differently.		.653		
15. I let him know that I didn't like what he was doing.			.668	
16. I reported him.			.588	
17. I talked to someone about what happened.			.407	
18. I let him know how I felt about what he was doing.			.763	
19. I slapped him.			.751	

20. I shouted at him.			.790	
21. I was upset and did not know what to do in the moment.				.835
22. I felt helpless.				.857
Eigenvalues	4.4	3.2	3.1	2.2
Cronbach's Alpha	.88	.79	.78	.83
Correlation Matrix				
Passive Coping		.33*	-.44*	.09
Benign Coping			-08	.20*
Active Coping				.12*
Explained Variance	20.27%	14.86%	14.01%	9.79%

**Note.* $p < .05$; Extraction Method: Principal Component Analysis; Rotation Method: Varimax with Kaiser Normalization; Loadings < |. 40| were omitted. Rotation converged in 11 iterations.

Table 15

Coping with Harassment Scale: Final Factor Loadings, Eigenvalues, Explained Variance, and Cronbach's Alpha for Asian Indian Sample

Item	Factor name		
	Passive Coping	Active Coping	Self-Oriented
1. I pretended nothing was happening.	.545		
2. I acted like I didn't notice.	.585		
3. I just let it go.	.732		
4. I just ignored the whole thing.	.736		
5. I tried to forget the whole thing.	.625		
6. I didn't do anything.	.528		
7. I just 'blew it off' and acted like I didn't care.	.652		
8. I was upset and did not know what to do in that moment.	.541		
9. I felt helpless.	.412		
10. I let him know I didn't like what he was doing.		.601	
11. I reported him.		.723	
12. I let him know how I felt about what he was doing.		.596	
13. I slapped him.		.570	
14. I shouted at him.		.700	
15. I realized that I had probably brought it on myself.			.496
16. I considered it flattering.			.557
17. I felt stupid for letting myself get into the situation.			.471
18. I blamed myself for what happened.			.627
19. I figured he must really like me.			.621
20. I realized he probably wouldn't have done it if I had looked or dressed differently.			.596
21. I assumed he was trying to be funny.			.607
Eigenvalue	3.5	2.5	2.4
Cronbach's Alpha	.79	.70	.68
Passive Coping		-342*	.099
Active Coping			-.06
Explained Variance	16.5%	11.85%	11.07%

**Note.* $p < .05$; Extraction Method: Principal Component Analysis; Rotation Method: Varimax with Kaiser Normalization; Loadings < |. 40| were omitted; Rotation converged in 5 iterations.

Table 16

Objectified Body Consciousness Scale: Final Factor Loadings Factor Loadings, Eigenvalues, Explained Variance, and Cronbach's Alpha for U.S. Sample

Items	Factor name		
	Surveillance	Body Shame	Control Beliefs
1. I rarely think about how I look.	-.653		
2. I think it is more important that my clothes are comfortable than whether they look good on me.	-697		
3. I think more about how my body feels than how my body looks.	-.737		
4. I rarely compare how I look with how other people look	.520		
5. During the day, I think about how I look many times.	-.580		
6. I often worry about whether the clothes I am wearing make me look good.	-.607		
7. I rarely worry about how I look to other people.	-.538		
8. I am more concerned with what my body can do than how it looks.	-.571		
9. When I can't control my weight, I feel like something must be wrong with me.		.838	
10. I feel ashamed of myself when I haven't made the effort to look my best.		.575	
11. I feel like I must be a bad person when I don't look as good as I could.		.638	
12. I would be ashamed for people to know what I really weigh.		.742	
13. When I'm not exercising enough, I question whether I am a good enough person.		.794	
14. Even when I can't control my weight, I think I'm an okay person.		.682	
15. When I'm not the size I think I should be, I feel ashamed.		.790	
16. I think a person is pretty much stuck with the looks they are born with.			.608
17. A large part of being in shape is having that kind of body in the first place.			.631
18. I really don't think I have much control over how my body looks.			.706

19. I think a person's weight is mostly determined by the genes they are born with.			.805
20. It doesn't matter how hard I try to change my weight, it's probably always going to be about the same.			.727
21. The shape you are in depends mostly on your genes.			.797
Eigenvalue	4.8	3.2	3.8
Cronbach's Alpha	.86	.79	.79
Correlation Matrix	.80	.87	.81
Surveillance		.43*	-.09
Body Shame			-.21*
Explained Variance	27%	14.17%	10.37%

**Note.* $p < .05$; Extraction Method: Principal Component Analysis; Rotation Method: Oblimin with Kaiser Normalization*; Loadings* < |. 40| were omitted; Rotation converged in 7 iterations.

Table 17

Objectified Body Consciousness Scale: Final Factor Loadings, Eigenvalues, Explained Variance, and Cronbach's Alpha for Asian Indian Sample

Item	Factor name		
	Body Shame	Surveillance	Control Beliefs
1. I often worry about whether the clothes I am wearing make me look good.	.422		
2. When I can't control my weight I feel like something must be wrong with me.	.615		
3. I feel ashamed of myself when I haven't made the effort to look my best.	.703		
4. I feel like I must be a bad person when I don't look good as I could.	.678		
5. I would be ashamed for people to know what I really weigh.	.694		
6. When I'm not exercising enough, I question whether I am a good enough person.	.697		
7. When I'm not the size I think I should be, I feel ashamed.	.696		
8. I rarely think about how I look.		.608	
9. I think it is more important that my clothes are comfortable than whether they look good on me.		.634	
10. I think more about how my body feels than how my body looks.		.750	
11. I rarely compare how I look with how other people look.		.723	
12. I am more concerned with what my body can do than how it looks.		.642	
13. I rarely worry about how I look to other people.		.484	
14. I think a person is pretty much stuck with the looks they are born with.			.464
15. I really don't think I have much control over how my body looks.			.522
16. I think a person's weight is mostly determined by the genes they are born with.			.940
17. It doesn't matter how hard I try to change my weight, it's probably always going to be about the same.			.424
18. The shape you are in depends mostly on your genes.			.939
Eigenvalue	3.4	2.9	2.7
Cronbach Alpha	.77	.72	.71
Correlation Matrix			

Body Shame		.18*	-.19*
Surveillance			.11
Explained Variance	18%	15.76%	11.69%

**Note.* $p < .05$; Extraction Method: Principal Component Analysis; Rotation Method: Oblimin with Kaiser Normalization; Loadings < |. 40| were omitted; Rotation converged in 7 iterations.

Table 18

U.S. sample variable means, standard deviations, range, and internal consistencies

Variable	Mean	Standard deviation	Range	Cronbach's alpha
Verbal Pressure	9.73	4.68	0-15	.89
Sexual Pressure	1.41	0.98	0-15	.86
Fear of Rape	75.89	17.08	12-115	.92
Body Shame	20.49	7.84	7-42	.79
Surveillance	31.76	6.48	10-46	.86
Control Beliefs	20.49	5.34	10-36	.79
Active Coping	17.83	7.60	6-42	.78
Passive Coping	30.29	11.17	8-56	.88

Table 19

Asian Indian sample variable means, standard deviations, range, and internal consistencies

Variable	Mean	Standard deviation	Range	Cronbach's alpha
Verbal Pressure	10.19	5.56	0-28	.81
Sexual Pressure	1.26	1.92	0-28	.75
Fear of Rape	69.03	17.53	17-109	.88
Body Shame	13.79	6.97	6-36	.77
Surveillance	22.63	6.86	7-39	.72
Control Beliefs	22.93	6.73	6-36	.71
Active Coping	17.31	7.09	5-35	.70
Passive Coping	34.74	128.18	10-66	.79

Table 20

Correlations between variables in the U.S. sample

Variable	1	2	3	4	5	6	7	8
1. Verbal Pressure								
2. Sexual Pressure	.67*							
3. Fear of Rape	.11	.15*						
4. Body Shame	.13*	.25*	.19*					
5. Body Surveillance	.06	.06	.14*	.43*				
6. Control Beliefs	.06	.03	.01	-.21*	.05			
7. Active Coping	-.15*	-.14*	.06	.09	.06	.07		
8. Passive Coping	.03	.06	.08	.16*	.03	.03	-.44*	

* $p < .05$.

Table 21

Correlations between variables in the Asian Indian sample

Variable	1	2	3	4	5	6	7	8
1. Verbal Pressure								
2. Sexual Pressure	.52*							
3. Fear of Rape	-.03	-.02						
4. Body Shame	.14*	.04	.17*					
5. Body Surveillance	.11	-.01	.01	.18*				
6. Control Beliefs	-.03	.07	-.14*	-.19*	.10			
7. Active Coping	.02	.02	-07	-.09	-.12*	.05		
8. Passive Coping	.14*	.03	.14*	.17*	.05	-.25*	-.33*	

* $p < .05$.

Table 22

Mean item scores on the Frequency of Everyday Stranger Harassment Scale

Item	U.S. mean	U.S. standard deviation	India mean	India standard deviation
How frequently have you experienced sexist remarks or behaviors from a stranger?	2.06	1.04	1.63	1.32
How frequently have you experienced crude and offensive sexual remarks, jokes, or actions from a stranger?	1.89	1.11	1.76	1.34
How frequently have you experienced seductive behavior, remarks, or 'come ons' from a stranger?	1.75	1.11	1.29	1.91
How frequently have you experienced unwanted sexual attention or interaction from a stranger?	1.55	1.18	1.42	1.33
How frequently have you experienced unwanted touching, stroking, or hugging from a stranger?	.83	.93	.37	.82
How frequently have you experienced catcalls, whistles, or stares from a stranger?	.59	.86	.24	.60

How frequently have you experienced subtle pressure or coercion to cooperate sexually from a stranger?	1.05	1.0	1.41	1.16
How frequently have you experienced direct or explicit pressure to cooperate sexually from a stranger?	.49	.71	.64	.89
How frequently have you experienced direct or forceful fondling or grabbing from a stranger?	2.47	1.13	2.66	1.43

Note: Potential responses could range from 0 (Never) to 5 (Everyday).

Table 23

Reported frequency (in percent) of ESH experiences among U.S. women

Item	Once a month	Twice a month	Every few days or more
How frequently have you experienced sexist remarks or behaviors from a stranger?	37.1	28.2	6.6
How frequently have you experienced crude and offensive sexual remarks, jokes, or actions from a stranger?	36.7	22.8	6.2
How frequently have you experienced seductive behavior, remarks, or 'come ons' from a stranger?	31.7	18.9	6.2
How frequently have you experienced unwanted sexual attention or interaction from a stranger?	27.8	27.8	6.6
How frequently have you experienced unwanted touching, stroking, or hugging from a stranger?	13.5	5.4	5.1
How frequently have you experienced catcalls, whistles, or stares from a stranger?	5.8	3.9	1.2

How frequently have you experienced subtle pressure or coercion to cooperate sexually from a stranger?	18.1	9.3	1.2
How frequently have you experienced direct or explicit pressure to cooperate sexually from a stranger?	5.8	2.3	0
How frequently have you experienced direct or forceful fondling or grabbing from a stranger?	29.7	34.0	16.6

Note: Potential responses could range from 0 (Never) to 5 (Everyday).

Table 24

Reported frequency (in percent) of ESH experiences among Asian Indian women

Item	Once a month	Twice a month	Every few days or more
How frequently have you experienced sexist remarks or behaviors from a stranger?	24.3	14.3	11.2
How frequently have you experienced crude and offensive sexual remarks, jokes, or actions from a stranger?	19.7	15.4	14.2
How frequently have you experienced seductive behavior, remarks, or 'come ons' from a stranger?	21.2	13.1	4.6
How frequently have you experienced unwanted sexual attention or interaction from a stranger?	19.7	13.5	8.5
How frequently have you experienced unwanted touching, stroking, or hugging from a stranger?	3.9	2.7	1.2
How frequently have you experienced catcalls, whistles, or stares from a stranger?	4.2	.8	1.2

How frequently have you experienced subtle pressure or coercion to cooperate sexually from a stranger?	15.8	11.6	19.3
How frequently have you experienced direct or explicit pressure to cooperate sexually from a stranger?	5.8	2.3	2.3
How frequently have you experienced direct or forceful fondling or grabbing from a stranger?	18.5	23.9	30.9

Note: Potential responses could range from 0 (Never) to 5 (Everyday).

Table 25

Relationships between variables in the re-specified moderated model for the U.S. sample

Variables	β	p value	SE
Verbal Pressure →Body Shame	.16	.005	.06
Active Coping → Body Shame	-.05	.354	.05
Active Coping x Verbal Pressure→ Body Shame	-.15	.008	.05
Body Shame → Fear of Rape	.77	.022	.03

Table 26

Relationships between variables in the re-specified mediated model for the Asian Indian sample

Variables	β	p value	SE
Verbal Pressure →Passive Coping	.17	.005	.03
Passive Coping → Body Shame	.17	.000	.04
Passive Coping → Control Beliefs	-.24	.005	.03
Body Shame → Fear of Rape	.14	.032	.03
Control Beliefs → Fear of Rape	-.10	086	.16

Table 27

Boot strap results of indirect effects of mediators in the Asian Indian re-specified model

Relationships	95% CI		
(BC) IV→ M→ DV	Standardized	Indirect Effects	Results
Verbal Press-Passive Cop-Body Shame	.0580	.0838	FM
Verbal Press-Passive Cop-Control Beliefs	-0.0189	-.1282	FM
Passive Cop-Body Shame-Fear of Rape	.0061	.0905	FM
Passive Cop-Control Beliefs-Fear of Rape	-.0006	.1117	NM

Note: CI = confidence interval; BC = bias corrected; IV = independent variable; M = mediator; DV = dependent variable; Verbal Press = verbal pressure; Passive Cop = passive coping; FM = full mediation; NM = no mediation.

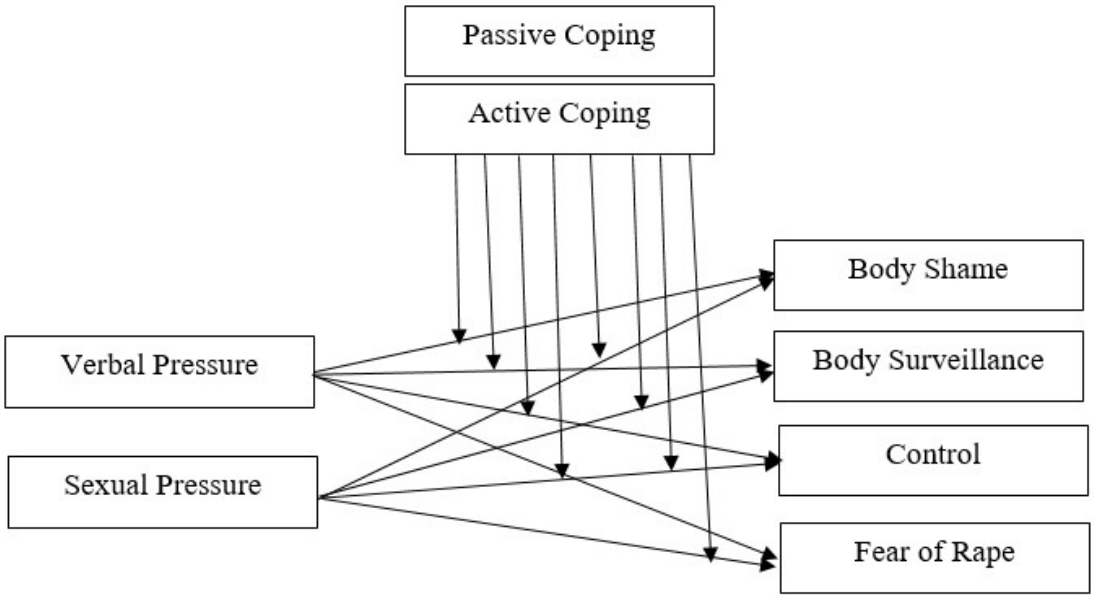

Figure 1: Path model indicating relationships between variables.

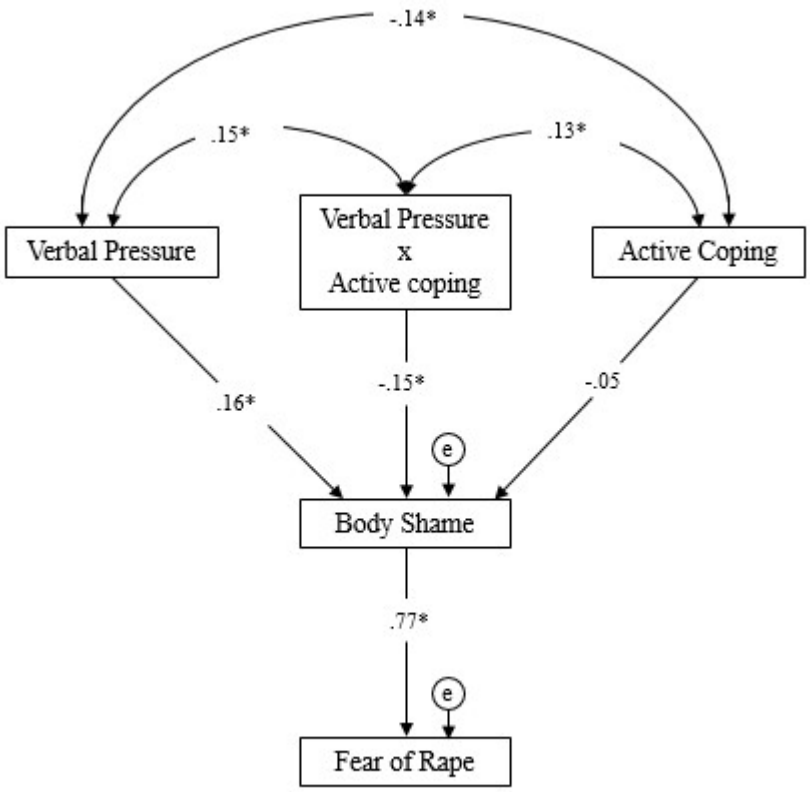

Figure 2: Re-specified path model for U.S. participants

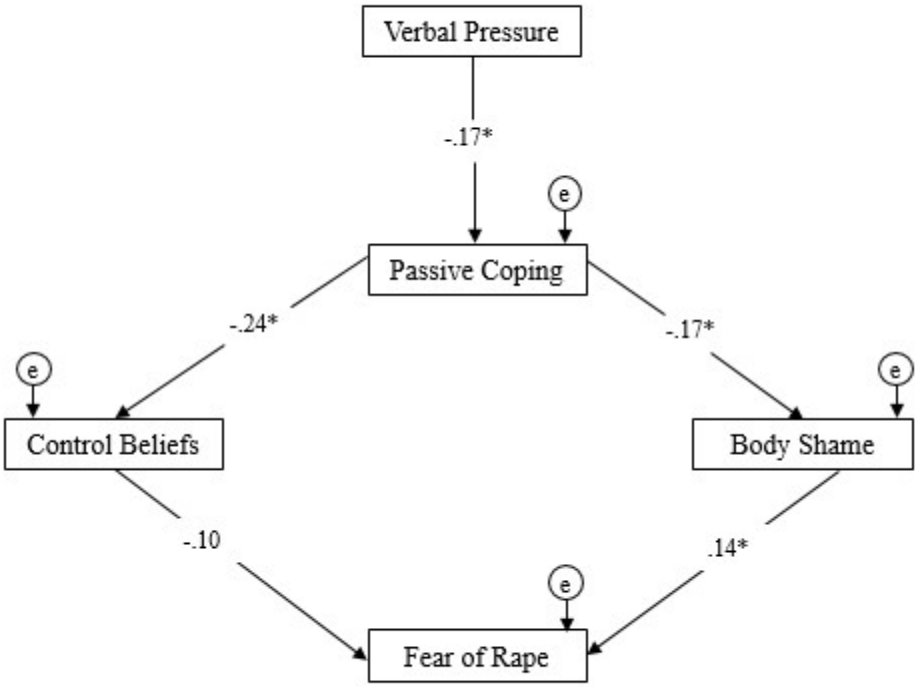

Figure 3: Re-specified path model for Asian Indian participants

Appendix A – Extended Literature Review and References

This cross-cultural study examined the impact of everyday stranger harassment (ESH) on self-objectification and fear of rape among U.S. and Asian Indian female college students. How women cope with ESH was also explored. ESH involves inappropriate use of language and touching to harass women in public places (Kissiling, 1991). It occurs in public areas such as streets or on public transit and consists of verbal (sexist remarks and comments) and non-verbal (unwanted touching, grabbing etc.) behaviors that are intended to annoy or harass women. This integrated literature review provides an overview of the antecedents and consequences of ESH experienced by women. First, the influence of culture on the etiology of ESH in India and the U.S. will be discussed. Next, theoretical conceptualizations for the occurrence of ESH will follow. Third, literature on how women cope with ESH will be examined. Finally, an overview of the current study will be presented.

Gender in the Indian Cultural Context

It is a difficult task to describe Asian Indian culture and its influence on gender roles due to the natural diversity within India. Sunder (1996) suggested scholars should examine the intersectionality of gender, religion, region, caste, and class, and its impact on the experience of oppression. In addition to the intersection of diverse identities, a complex combination of traditional values, colonialism, and modernization have shaped the gender roles and experiences of Indian women (Sunder). This section will provide an overview of how the gender roles of women in India have changed across history.

In ancient India, women were viewed as a symbol of honor. Hindu scriptures and philosophers stated that Gods reside in a home where women are respected (Kohli & Malhotra, 2011). Religious texts portrayed women as emblems of purity, chastity, and self-sacrifice. Such

stereotypes led to women living sheltered and domestic lives within their homes. Men could economically support the family by leaving the home to work in the public domain (Mukhopadhay & Seymar, 1994). Thus, men were providers and women were considered as being dependent and subservient to men. India is a classic patriarchy (Kandiyoti, 1988), where men have full control over the traditional Indian household. Patriarchal values encouraged males to display their sexuality and females to be modest and pure (Derne, 1994). In a patriarchal system, parents prefer male children as men could inherit wealth and would be eventually economic providers of the household. Daughters are commonly considered as economic burdens due to the dowry system. In this system, parents of the bride in India are expected to shower the groom with money and gifts to ensure a secure future for the married couple. The dowry system was deemed illegal in India in 1961 because it was the leading cause of female infanticide (Sen, 2002). However, preferential treatment towards male children and discrimination toward female children has been found to be common in traditional households even in present day India (Kohli & Malhotra, 2011). Historical patriarchal practices of gender based discrimination are still deeply rooted in the Indian culture.

Colonization also had a massive impact on the gender roles and hierarchy in India. India was colonized by the British from 1600 to 1947. British officials advocated to abolish several discriminatory practices such as child marriage and the ill treatment of widows (Chaudhuri, 2012). They introduced the idea that the status of women in a country reflects the status of the nation (Chaudhuri, 2012). Scholars have argued that India experienced a colonially mediated modernization (Chaudhuri, 2012). The colonial rule also led to the creation of the Indian middle class, whose members were educated in the British school system in India. The middle class began to challenge traditional gender roles of Indian women based on Victorian

ideals (Chaudhuri, 2012). Social reforms related to women's empowerment were strongly debated because they could threaten traditional patriarchal norms and they were 'too alien or western.' The only way reformers could advocate for women's empowerment was by arguing that education could help women become better homemakers and mothers. Since mothers were tasked with propagating and teaching their children about culture, this approach to women's empowerment seemed to be effective (Chaudhuri, 2012).

Mishra (1997) argued that the first wave of Indian feminism occurred concurrently with the nationalist movement for independence from the British rule. Indian leaders like Mohandas Karamchand Gandhi stressed the importance of women's emancipation on the development of a free India. Social reforms gradually helped women to pursue higher education and begin working to become economically independent (Parameswaran, 2001). After independence in 1947, the Indian government struggled to reform laws associated with women's emancipation. Bills that were proposed to provide equal rights to women were rejected because they would threaten the traditional patriarchal hierarchy and conservative religious beliefs (Mishra, 1977; Sarkar, 1994). Even two decades after independence, women continued to occupy inferior positions in the society and had poor access to political, economic, and educational opportunities (Mishra, 1997). The second wave of the Indian feminist movement began in the late 1960's. Several grassroots organizations, support groups, and feminist newsletters were created to fight against dowry, sati (widow burning), and sexual violence against women. Men initiated the first feminist movement in India. It was elitist and focused on the issues of upper caste women. In contrast, the second wave focused on issues that cut across class, caste, and religion, while exploring the diversity in women's experiences (Liddle & Joshi, 1986). However, scholars lamented that the second wave feminist movement only benefitted middle and upper class women living in urban areas (Mishra,

1997). Women in rural areas continued to live in gendered hierarchies and were deprived of their constitutional rights.

Though ancient practices of sati (widow burning), dowry, and discriminatory laws against women were abolished, the patriarchal hierarchies continue to be maintained in the modern times. Derne (1994) explained that maintaining patriarchy requires conscious propagation of gender role ideologies. Through interviews, Derne found that men were deeply aware of the advantages of controlling and restricting the movements and behaviors of the women in their families to maintain a powerful status in their family. This study explained why patriarchal beliefs continue to be expressed and enforced. However, Derne conducted his study in the North Indian city of Varanasi, thus the generalizability of the results to other regions of India is limited. Additionally, Kandiyoti (1988) argued that through patriarchal bargaining, even women collude with these patriarchal practices to preserve the only life they know. After surviving years of oppression, women are hesitant to fight for empowerment or challenge patriarchal norms. This is because breaking patriarchal traditions would mean that the suffering women endured may have been for nothing (Kandiyoti). Patriarchal bargaining helps explain the role that women play in perpetuating conservative patriarchal traditions. However, it is not a form of victim blaming. On the contrary, it portrays how difficult it is to break the chains of patriarchy. Patriarchal hierarchies often prevent women from uniting, thus many remain isolated in their individual struggles for equality, while all women remain second class individuals (Derne, 1999). Advocating for women's rights was and continues to be taboo in India, since women's emancipation is a serious threat to traditional gender hierarchy (Kohli & Malhotra, 2011).

Interestingly, India is currently a land of disparities, where some women have been elected to the posts of President and Prime Minister and have become leaders in the world of education and business (Kohli & Malhotra, 2011). In stark contrast, crimes against women have skyrocketed in the past few years; many women do not have access to primary education and India has a high rate of sex-based termination of fetuses (Chaudhuri, 2012). In present day India, women walk the fine line between modernity and tradition. Women are considered to be symbols of Indian culture and its values (Chaudhuri, 2012). This is because women give birth to the new generations and are tasked with teaching their children about culture (Yuval-Davis & Anthias, 1989). If a woman attempts to change her style of dressing or her behavior, it is considered a direct threat to Indian culture and tradition (Chaudhuri, 1993). Modernization challenged tradition because it countered traditional patriarchal norms and it was considered outlandish and 'western' (Chaudhuri, 1993). Crime against women is arguably a result of traditional patriarchal structures in the Indian society that attempt to force women to stay within the rigid bounds of traditional gender roles. ESH happens when women enter the public sphere to work, study, or engage in leisure activities. Harassment is a way to punish women for crossing the threshold of their homes to enter the outside world (Dhillon & Bakaya, 2014). The next section provides an overview of antecedents of violence against women in India.

Antecedents of sexual violence in the Asian Indian cultural context. Sexual harassment is a manifestation of power and oppression (McKinnon, 1982). The very act of sexual violence might not be pleasurable for the perpetrator. Instead, control, power, and domination over the victim encourages violence (Kalra & Bhugra, 2013). Further, within a patriarchal society, sexual harassment is used as punishment to confine women within traditional gender roles and fortify patriarchal gender differentials (Sunder, 1996). Such beliefs legitimize

harassment, encourage victim blaming, and further oppress women. This is evident in the Indian legal system, where survivors are portrayed as being 'western,' 'habituated to sexual intercourse,', 'wearing revealing clothes,' and 'unchaste' (Kohli & Malhotra 2011; Sarkar, 1994). This makes it extremely difficult to punish perpetrators of sexual violence in India because the onus of violence is placed on the victim's 'immoral' character (Sarkar, 1994).

Besides being used to maintain gender based dominance in India, sexual violence is also used to display the dominance of one's caste, religion, and community (Goonesekere, 2004). In India, a woman's virginity and modesty is highly valued because it helps the family maintain respect and an honorable status in the society. During the 1947 Hindu-Muslim riots, for example, men would sexually violate women belonging to the opposing faction to display their dominance and power, and tarnish the honor (izzat) of the opposing community (Goonesekere, 2004). This practice is rampant even today.

Patriarchy also heavily influences the expression of sexuality. Traditional gender norms within the patriarchal society encourage men in the Indian society to openly express sexual interest in women. Women, on the other hand, are perceived as 'hoarders' and 'miserly dispensers' of sexuality (Kalra & Bhugra, 2013). Furthermore, women in India rarely have control over their sexuality. If they reject sexual advances of men, it is considered as a threat to their masculinity and sexual violence is used as the means to 'resolve' this crisis (Kalra & Bhugra, 2013). This was evident in the 2012 Delhi gang rape case, where a woman resisted sexual advances of multiple men and was 'punished' for insulting their manhood (Kalra & Bhugra (2013). Furthermore, the use of sexual violence to display masculinity, display virility, and 'attract' women is clearly reflected in mainstream Bollywood movies (Ramasubramaniam & Oliver, 2003). In an analysis of randomly selected movies, sexual violence (i.e., sexual coercion,

attempted rape, everyday stranger harassment, sexist remarks) were portrayed as being fun, pleasurable, and "normal" expressions of love. The perpetrator was usually the male protagonist with whom the female protagonist eventually became involved with romantically. Thus, the portrayal of sexual violence in national media reflects the acceptance of rape myths and the normalization of sexual violence and coercion (Brownmiller, 1975). The next section provides an overview of the feminist movement in the U.S. and how cultural norms impact the incidence of sexual violence against women.

Gender and the Feminist Movement in the U.S. Context

It is important to discuss the Feminist Movement in the U.S. as it provides a context to understanding how the social position and the rights of women in the U.S. have changed across history. In the 21st century, women are entering the workforce in large numbers and it is not generally controversial for them to decide when or whether to have children (Remy-Hebert, 2011). However, less than 100 years ago, women were struggling and fighting the government for rights to vote, reproductive rights, and an equal status in the society (Hooks, 2000). An overview of the different waves of the feminist movement in the U.S will be provided in this section.

In the late 1800's, women engaged in slavery abolition and temperance movements in relatively large numbers. However, they were subordinated within the reform organizations because of sexism and discrimination. The experience of systemic and institutionalized sexism only strengthened the feminist cause and led to the "first wave" of the American feminist movement (Hooks, 2000). Women organized efforts to fight for issues such as voting rights, property rights, rights for married women, and custody of children after a divorce. The Seneca Falls Convention in New York in 1848 heralded the birth of the women's rights and suffragette

movement in the U.S. As a result of this convention, the Married Women's Property Act was passed in New York in 1860, which increased the legal rights of married women. Lucy Stone and Julia Ward Howe founded the American Suffrage Association in 1869 to push for the women's suffrage amendment to the U.S. constitution (Kraditor, 1965). After a tumultuous struggle for enfranchisement, the Congress approved the 19th amendment and granted women the rights to vote. The amendment became a law in 1920. However, few women used their right to vote and mostly chose to vote in line with their husbands' choices. Overall, the first wave of the feminist movement increased female literacy, encouraged women to become active in social reform, and led to the development of women's self-help organizations (Remy-Hebert, 2011).

World Wars I and II brought a fresh change in the roles of women in the U.S. society. Women joined the war effort by working on farms, in machine shops, and in chemical plants. The number of women in the clerical workforce in the government almost doubled during the war. Women earned wages to support their family, which gave them economic freedom (Remy-Hebert, 2011). Since most of the men were away at war, women took jobs that were traditionally reserved for men. "Rosie the Riveter" became a symbol for the American working women and a model of a patriotic woman (Colman, 1998). There was a noticeable conservative reaction to the change in women's position in the society as there was an effort made to reinforce a feminine imagery of motherhood. Despite this pushback, women continued to fight systemic oppression (Gianoulis, 2004). However, after the men returned from the war, women were forced to give up their positions and return to their traditional roles as homemakers.

Though women continued to enter the workforce and graduated with degrees in higher education, their job alternatives were limited. They were forced to take up "pink collar positions," which were helping positions such as teaching, nursing, and social work (Stewart,

Settles & Winters, 1998). The second feminist movement began in the early 1960's in response to women being prevented from pursuing prestigious positions and being relegated to lower paying jobs (Stewart, Settles & Winters, 1998). In 1963, Betty Friedan's book *Feminine Mystique* also played an important role in raising awareness about how women were forced to be subservient to men in different life domains and felt compelled to conform to the feminine ideal despite their unhappiness. Another significant development in the 1960's was the introduction of the birth control pill. Advances in contraceptive technology freed women from traditional sex roles of wife and mother (Heer & Grossbard-Shechtman, 1981). For the first time, women could delay pregnancy by their own choice. The introduction of "the pill" made it possible to separate feminine sexuality from childbearing, and women could plan their children around education and work (Goldin & Katz, 2002). At this point in time, Masters and Johnson (1960) pioneered research in human sexuality and challenged the belief that women did not enjoy sex. Thus, the sexual revolution began in the 1960's, which led to radical changes in lifestyles and romantic relationships. Feminists began considering sexual pleasure as empowering and as a means to reclaim the female body from patriarchal subjugation (Gerhard, 2001).

Political activism was heightened in the 1960's due to the reforms proposed by President Kennedy administration's Commission on the Status of Women and birth of the civil rights movement. This culminated into landmark legislation such as the Equal Pay Act (1963), Title VII of the Civil Rights Act (1964), Title IX (1972), the Women's Educational Equity Act (1974) and Roe v. Wade (1974), among several others (Baker, 2007). The Women's liberation movement also led to the development of the National Organization for Women (NOW). This group fought to help women fight for rights, freedom, and respect. They used the consciousness raising method to encourage women to reflect on their experiences in the society (Baker, 2007).

Raising awareness about rape myths, abortion rights, and day care for children became prominent causes in the late 60's and 70's.

In the second wave of the feminist movement, activists focused on employment discrimination in the 1960's. Feminist resistance against sexual harassment and rape began in the 1970's (Baker, 2007). The issue of sexual harassment and male aggression at the workplace came to the forefront of the feminist struggle. Women were often forced to engage in sex acts to keep their jobs and were fired if they resisted coercion (Baker, 2007). Additionally, women of color were more likely to be harassed at work due to their intersecting oppressed identities. In the mid-1970's, women began to speak out about the negative impact of sexual exploitation and harassment. They collectively organized a movement to push for legislation that protected them from sexual harassment. This movement led to stricter laws against sexual harassment. Sustained anti-rape activism led to the Violence against Women Act in 1994, which provided support for survivors and harsher punishments for perpetrators (Abolfazli, 2006).

Despite the decades-long fight for gender equality and women's rights, sexual assault and harassment remains a significant issue in the U.S. Researchers have identified acceptance of rape myths as an important factor that allow persons to justify sexual violence and elicit unsupportive reactions to survivors (Suarez & Gadalla, 2010). Conservative political beliefs, traditional gender role beliefs, and aggressiveness have previously been found to encourage rape acceptance beliefs (Anderson, Cooper, & Okamura, 1997). Modern feminist movements have focused on challenging entrenched rape myths and protesting victim blaming. The Slut Walk Movement, for example, started as a result of the Toronto police blaming survivors for inviting or causing the sexual assault by wearing revealing clothes. This movement rapidly spread around the world and highlighted issues such as objectification of the female body, consent, and sexual freedom

(McCormack & Prostran, 2012). The next section provides a discussion of theoretical explanations for the incidence of violence against women.

Etiology of ESH: Theoretical Conceptualizations

Few studies have tested the theoretical explanations of factors causing ESH. This section will provide a review of literature and research on social interaction theory, gender stereotypes theory, and the feminist theory that explain the causes of ESH.

Civil inattention theory. According to Goffman (1963), civil inattention occurs when strangers ignore one another in public except for briefly making eye contact. Hirschauher (1998) defined it as "a display of disinterestedness without disregard" (p. 41). It is a courtesy that helps maintain social order. Especially in an urban setting where encounters with strangers are common, civil inattention helps foster a sense of safety or anonymity in the public domain (Goffman, 1963). Certain situations could lead to a rupture in civil inattention. It happens in social interactions with strangers asking for help, the presence of celebrities, persons who defy social norms, women, and children. It is not just the presence of the aforementioned individuals but the reaction to their presence in public locations that causes the rupture. Goffman argued that sexual remarks made by men to women in the public domain are a normal part of social interaction. He claimed such breaches of civil inattention are brief and the woman could choose to either ignore or react to the remark. Gardner (1995) criticized this notion and stated ESH is iniquitous and exposes the gendered nature of public spaces and interactions. Bowman (1993) suggested women are considered 'open persons' which makes them receivers of unilateral verbal and non-verbal harassment from strangers. Further, the lapse of civil inattention in the form of ESH is often the reason that women cite for leaving their jobs, moving to a new neighborhood, or limiting their time in the public domain (Gardner, 1995). Social interaction theory, therefore,

helps explain why women are somehow more visible and thus susceptible to unwanted interactions from strangers on the street.

Gender stereotypes theory. Stereotypes are widely held beliefs that a certain group of individuals share a certain set of characteristics (Leyens et al., 1994). There are two categories of stereotypes: descriptive and prescriptive gender stereotypes (Burgess & Borgida, 1999). Descriptive stereotypes are characteristics that men and women are *believed* to possess. For example, women are assumed to be more passive and lacking initiative. Such stereotypes could lead to discrimination. For example, a man may not be hired for a stereotypically feminine position. Prescriptive stereotypes are characteristics that men and women *should* possess. Theorists stated women who step outside the bounds of traditional gender roles might be met with hostility and sexual harassment as punishment because they break prescriptive stereotypes (Burgess & Borgida, 1999; Gardner, 1995; Lenton et al., 1999). Prescriptive stereotypes reinforce action-oriented behavior in males and passive behavior in females, which maintain gendered power differentials in society (Eagly, 1987). Several researchers have found acceptance of traditional gender roles was associated with favorable attitudes supporting violence against women (e.g., Davis & Liddell, 2002). In contrast, acceptance of egalitarian gender roles was associated with rejection of rape myths, supportive attitudes towards survivors of sexual harassment, and overall denunciation of violence against women (e.g.; Grubb & Turner, 2012; White & Kurpius, 2002).

Gender roles and stereotypes shape the behavior of men and women in the public domain. Gardner (1995) highlighted that traditional gender roles dictate that women should be absent from the public domain, must have male companions to escort them in public, and must modify their public behavior to protect themselves. Men, on the other hand, feel at ease in public

locations as they consider it their home turf. ESH is also a way men could display their masculinity to other men (Gardner, 1995). Men often use gender stereotypes to normalize and explain the act of street harassment. ESH, therefore, serves as a message for women that their presence in public places breaks the traditional gender role.

Further, the level of conformity to conventional gender roles and stereotypes has been found to influence the occurrence of sexual harassment. Berdahl (2007) discovered that women who have masculine personalities or characteristics experienced sexual harassment at higher frequencies compared to women with feminine personalities. Women who work in stereotypically male occupations were also more likely to be sexually harassed at work than those working in stereotypically female occupations. Gender stereotypes segregate behaviors and occupations based on gender (Berdahl). Women who possess masculine characteristics or those who work in male-dominated workplaces blur traditional boundaries of gender. This was perceived as a violation of the gender stereotypes and roles, and was punished with sexual harassment because it threatens the traditional masculine identity (Berdahl,). In summary, acceptance of traditional gender roles and gender stereotypes help explain why men engage in ESH and how women respond to it.

Feminist theory. Feminist theorists propose gender inequalities at systemic and societal levels is at the root of violence against women (Bogard, 1988). Men have greater power, privilege, and resources in the society compared to women (Butler, 1988). In a patriarchal, gendered hierarchy, women assume subservient and dependent roles and have lower economic, political, and legal equality (Sugarman & Strauss, 1988). Women who challenge this gender hierarchy are most likely to experience sexual harassment (Maas et al. 2003). Thus, feminist

theory helps explain that sexual harassment is motivated by the harasser's need to display, protect, and enhance their dominant, sex based status (Berdahl, 2007; Gardner, 1995).

Patriarchy is not only an expression of male dominance over females; it is also a display of their masculinity, heterosexuality, and dominant position to other men (Cockburn, 1983). Girl watching happens when men sexually evaluate women in the presence of other men. In a qualitative study, Quinn (2002) found that men consider girl watching as "both a source of fun and a mechanism by which gendered identities, group boundaries and power relations are reproduced" (p. 393). The act of providing undesired social attention was found to objectify women by ignoring their other significant identities. Quinn explained that in order to display their masculinity, men have to learn how to 'de-empathize' with women to objectify them. She stated the need to assert masculinity prevented men from empathizing with women and acknowledging that girl watching is a disrespectful act (Quinn, 2002). Thus, the desire to sexually harass is brought about by an interaction between the need to assert domination and the desire to display one's masculinity to other men.

Heise (1998) argued that the feminist theory emphasis on societal gender hierarchy as the sole antecedent to violence against women is too narrow. She proposed an ecological theory of violence against women and highlighted that the likelihood to sexually harass depends on the complex interaction between person, sociocultural, and situation variables. This framework has been utilized to explain why some men are more likely to engage in violence against women than others. Pryor and Stoller (1994), for example, assessed person variables for men including their desire to maintain social dominance over women and considering women as sexual objects. Additionally, situational factors like social norms and work environments also have been found to increase the likelihood of sexual harassment (Pryor & Stoller). These findings could be

extended to study the antecedents of ESH. Using the Likelihood to Harass Scale (Pryor, 1987), Wesselman and Kelly (2010) examined the Person x Situation model in the context of ESH. They found men with the proclivity to sexually harass were most likely to engage in ESH when they were in a group. The group context served two functions. First, the group helped men feel a sense of inconspicuousness. Second, it helped enhance group cohesion. In summary, feminist theory provides a framework to explain the incidence of ESH and other forms of violence against women. Other theories such as the Objectification Theory have been proposed as offshoots of the feminist theory framework. The next section provides a brief overview of the aforementioned theory.

Objectification theory. According to feminist theory, the evaluative male gaze is a form of objectification that women tolerate on a daily basis as they participate in the public domain (Bartkey, 1990). Indeed, Calogoro (2004) found that simply informing female participants that they will be interacting with a male experimenter before responding to self-report measures increased levels of body shame and social physique anxiety. Hence, simply anticipating a male gaze was associated with increased levels of self-objectification. The results of Calogoro's study reflect how women are impacted by the frequent objectification of their bodies in industrialized societies. It is in such contexts that women's bodies are simply viewed as physical objects of desire. The feminine form is considered to be a commodity that can be viewed, evaluated, and consumed (Calogero, Tantleff-Dunn & Thompson, 2011). This is evident in the portrayal of women in the media where women are often sexualized and objectified (APA, 2007). Objectification allows for the physical attributes of women to be given more importance than their competence (Fredrickson & Roberts). According to the objectification theory, women often internalize experiences of sexual objectification and begin viewing themselves from an

observer's evaluative perspective (Fredrickson & Roberts, 1997). Objectification theory thus provides a framework to understand how the socio-cultural acceptance of sexual objectification impacts the lives of women.

There is abundant experimental and correlational research that highlights the negative impact of self-objectification on emotional states, body shame, task performance, life-satisfaction, self-esteem, risk taking, and eating (Harper & Tiggemann, 2008; Moradi & Huang, 2008). Swim et al. (2001), for example, used the daily diary method to assess the frequency, nature, and effects of sexism in the form of gender stereotyping, sexual objectification, and debasing remarks experienced by a sample of female and male college students. Results indicated women experienced sexism and objectification in a variety of settings (family, public, school) with a higher frequency than men and experienced at least two subjectively significant events a week. Such experiences were associated with negative emotional states of anger and depression and lower levels of state self-esteem. In summary, objectification theory provides an explanation of how societal messages about the female body impacts the mental health and well-being of women. The next section provides an overview of literature on coping and the strategies that women use to cope with sexual violence.

Coping

Coping is defined as a set of cognitions and behaviors that help a person deal with challenges and demands, brought about by a situation that is judged as stressful (Lazarus & Folkman, 1984). The dispositional model of coping suggested coping styles are as stable as enduring personality traits (Endler & Parker, 1990). This model was later replaced by the transactional model, which proposed dichotomous coping styles consisting of emotion focused and problem focused coping (Folkman & Lazarus, 2004). Problem-focused coping occurs when

an individual targets the source of the problem by seeking information and either eliminating the problem or reducing its negative consequences (Lazarus & Folkman, 1984). Emotion-focused coping aims at reducing the negative emotional response to the problematic situation. The transactional model allowed researchers to conceptualize coping as a complex interaction between traits of a person, characteristics of the environment, and interactions between the person and the environment. This model went beyond individual dispositions and included socio-cultural factors to explain the process of coping. In the next section, an overview of how culture influences the type of coping strategies used will be discussed.

Culture and coping. Cultural context and self-construal heavily influence the thoughts, emotions, drives, and behaviors of an individual and thus influence coping styles as well (Markus & Kitayama, 2001). Culture can influence how a person perceives the situation and influences the type of coping strategies used in response to stressful situations (Aldwin, 2007). Cultural norms can shape coping styles by reinforcing or punishing an individual for employing certain types of coping strategies (Lam & Zane, 2004). Individualistic cultures, for instance, reward action oriented and problem focused coping strategies that help a person to independently assert their control over a problematic situation (Markus & Kitayama, 1991). Collectivistic cultures, on the other hand, value group cohesion and harmony over autonomy. Coping strategies that help the person change and adjust to the situation are appreciated (Cross, 1995). Thus, coping styles that are appraised as avoidant, passive, and maladaptive in one culture are rewarded in another.

Similarly, coping has different meanings and functions in different cultures. Western models of coping may lose their construct validity when applied to conceptualize coping in non-Western populations without cultural considerations (Ægisdóttir, Gerstein, & Çinarbas, 2008).

Cross-cultural studies on coping must represent the concept of coping as it is defined in cultures under study. This helps to: a) develop an adequate cultural understanding of the construct and b) compare how the construct functions across cultures in a valid manner (Ægisdóttir, Gerstein& Cinarbas, 2008). The next section will examine literature on coping with sexual harassment and it will review cross-cultural studies that attempted to validate these models in diverse cultures.

Coping with sexual harassment. There is an abundance of research on how women cope with sexual harassment at the workplace. Through the use of focus groups, Fitzgerald (1990) developed the Coping with Harassment Questionnaire (CHQ). The CHQ yielded two dimensions of coping: external and internal. External coping like problem focused coping involved coping with sexual harassment by seeking social support or reporting the harasser. Internal coping like emotion focused coping involved ignoring the harassment, self-blame, denial, and endurance.

Some researchers have argued that a two-dimensional conceptualization of coping is insufficient in explaining how women cope with sexual harassment. For instance, Magley (2002) found four clusters of coping strategies. Cluster one included engagement coping, which included approaching the organization and confronting the harasser. Cluster two involved cognitive responses such as self-blame and finding reasons for pardoning the harasser. Cluster three included strategies aimed at denying that the harassment actually happened. Cluster three strategies were common in environments where women had no legal recourse because of a lack of systemic support from the organization. Cluster four included avoiding the harasser and seeking the support from others to deal with the unpleasant emotions associated with the harassment. Women used avoidance and social support, cluster four coping strategies, with the highest frequency and engagement, and cluster one coping strategies with the lowest frequency (Magley, 2002). These results were supported by previous research that found only 20% of

women used active coping in response to sexual harassment (Gruber, 1989). Coping strategies such as reporting the harasser, blaming oneself for the harassment, and taking the sexual remarks as a compliment are seldom used (Fitzgerald, 1990). In summary, women are often left with little support or resources to cope with sexual harassment and thus are more likely to resort to passive coping styles. Individuals' cultural self-construal also can impact the type of coping strategies women use to cope with sexual harassment.

Impact of cultural self-construal on coping with sexual harassment. Reviewing studies using indigenously developed coping models can help to acquire a better understanding of the types of coping women within a particular culture use to deal with sexual harassment. At present, there are no indigenous models of coping with sexual harassment in the Indian context. In this section, therefore, an overview of indigenous models of coping proposed and tested in collectivist cultures will be reviewed. This will help highlight how women in collectivist cultures cope with sexual harassment. Chan, Tang, and Chan (1999) examined how Chinese women in Hong Kong experienced and coped with sexual harassment in the workplace and academic settings. They found sexual harassment negatively impacted job satisfaction, but did not impact job commitment. The researchers explained that organizations in Hong Kong rarely enforce rules or support systems to help women feel safe in the workplace. Hence, women were more likely to attribute the harassment to the perpetrator alone rather than holding the organization responsible. The women in this study reported using passive, indirect coping strategies because they feared retaliation or loss of face (Chan, Tang & Chan). Seeking social support from friends or family was also a commonly utilized strategy. These coping strategies are consistent with collectivist cultural beliefs of valuing harmony, cooperation, and subservience to authority figures. Thus,

women in these cultures fear disrupting harmony or being perceived as rabble-rousers at the workplace or in college.

Few researchers have examined the coping styles of survivors of sexual harassment across different cultures. Wasti and Cortina (2002) studied the cross-cultural validity of the two by two typology model of coping with sexual harassment proposed by Knapp et al. (1997) using a sample of Hispanic, Turkish, and Anglo American professional and working-class women. According to this model, coping responses fall into two dimensions: focus and mode. The person or the harasser might be the *focus* of coping. The *mode* involves the presence or absence of seeking social support to cope. A combination of focus and mode led to four types of coping responses: advocacy seeking, seeking social support, avoidance/denial, and confrontation/negotiation. In their study, Wasti and Cortina predicted the type of coping strategy used (advocacy seeking, negotiation, social support seeking or avoidance) would be influenced by the individualistic or collectivistic cultural background of the participants. They found advocacy seeking was the least used coping strategy across cultures. The fear of calling attention to the personal experience of sexual harassment was experienced by women from both collectivist and individualistic cultures. Turkish women used more negotiation than Anglo American women, but also used indirect and non-verbal behaviors to express discomfort with the harassment. Women from collectivistic cultures resorted to denial/avoidance to maintain harmony at the workplace instead of confronting the harasser (Wasti & Cortina). Contrary to previous research on social coping, results indicated women from collectivistic backgrounds did not commonly resort to seeking social support in response to sexual assault (Wasti & Cortina). The researchers explained cultural endorsement of 'sexual silence' in Hispanic and Turkish cultures could heighten the fear of blame and shame. Thus, women from such cultures might

keep the experiences of sexual harassment to themselves instead of reaching out to their ingroup members. This study was the first of its kind to assess coping with sexual harassment at the workplace in individualistic and collectivistic cultures.

In summary, major finding across indigenous and cross-cultural studies of sexual harassment suggested cultural beliefs can influence how women cope. However, women were also likely to use coping strategies that did not match with culturally normative coping styles in response to sexual harassment. For example, women from collectivistic cultures habitually turned to their families or other ingroup members for support. However, sexual harassment has shame and fear associated with it that might lead women to keep the harassment to themselves (Kuruvilla & Suhara, 2014; Wasti & Cortina, 2002). In individualistic cultures, standing up for one's rights is appreciated and encouraged (Hofstede, 1980). However, researchers have found women in individualistic cultures rarely take action against their harasser (Fairchild & Rudman, 2008; Magley, 2002). Lack of resources, support, or legal recourse prevent women from using active coping strategies in response to sexual harassment. At present, very little is known about how women cope with ESH. The next section reviews existing literature in this area.

Coping with ESH. Compared to research on coping with sexual harassment at the workplace, there is a dearth of research examining coping with ESH. Fairchild and Rudman (2008) modified the CHQ (Fitzgerald, 1990) to measure coping with ESH. They found active coping strategies such as confronting the harasser or filing a police report were associated with lower self-objectification. In contrast, passive coping strategies such as ignoring the harasser, "letting it go," or pretending like nothing happened were associated with higher levels of self-objectification. Surprisingly, even benign coping that included taking ESH as a compliment predicted higher levels of self-objectification. Thus, ESH can adversely impact body shame,

surveillance, and control beliefs even when women consider it to be harmless (Fairchild & Rudman, 2008).

In the Indian context, researchers have studied the coping responses of the women displayed immediately after an experience of ESH (Sharma & Sharma, 2014). Women reported coping with ESH by shaming the harasser, calling attention to the harassment, or ignoring the harasser (Dhillon & Bakaya, 2014). Indian women also were found to seek social support from their families after experiencing ESH (Kuruvilla & Suhara, 2014; Leach & Sitaram, 2007). About 11% of the women in Sharma and Sharma's study chose to talk to their family about incidents of ESH. Researchers in India have found families either motivated women to confront the harasser or asked them to ignore the experience and adjust to the situation (Dhillon & Bakaya, 2014; Kuruvilla & Suhara, 2014). In a sample of school age girls, Leach and Sitaram (2007) found experiencing ESH while traveling to school led to reduced levels of motivation to continue schooling. On the other hand, some girls refused to seek family support due to the fear of being withdrawn from school. Thus, mixed results have been found in relation to the frequency and effectiveness social support coping in response to ESH in India.

It appears women have few alternatives while coping with sexist oppression and this can impact how they cope with ESH. In the long run, continuous victimization and lack of avenues for eliciting a change in the harasser's behavior have been found to be associated with internalization of blame (Szymanski & Feltman, 2014). Internalization occurs when a person blames herself for the harassment instead of holding the harasser responsible or engaging in action oriented or social support coping (Watson et al. 2012). In a patriarchal culture, women are often tasked with fulfilling the needs of men and saddled with the responsibility to curb unwanted sexual attention. In such environments, women are more likely to internalize or blame

themselves as a means to cope with sexual violence and discrimination (Szymanski & Feltman, 2014). In their study, Szymanski and Feltman (2014) found coping by internalizing sexually objectifying experiences was associated with global psychological distress. In summary, passive coping strategies or internalization is often utilized to cope with sexual harassment. The next section provides an overview of the current study.

Summary and Conclusions

Feeling safe and secure in the public domain is a basic human right. However, women from around the world experience ESH from strangers on the streets or while utilizing public transit at an alarming frequency (Kearl, 2010). Their experiences of harassment often prevent them from fully participating in the public sphere as they engage in leisurely activities or travel to school or work (Gardner, 1995). Additionally, the experience of ESH is often labeled as harmless and is considered to be a form of flattery of the physical form of a woman (Gardner, 1995). Women who raise their voices against ESH are often judged as being too sensitive or exaggerating the impact of such experiences (Kearl, 2010). While there is a growing body of literature on women and ESH, there is also a serious lack of research on the impact of ESH on the lives and mental well-being of women.

This study aimed to examine how women in India and the U.S. experience ESH. India is a classic patriarchy, where women are often treated as second-class citizens (Kandiyoti, 1988). Survivors of sexual harassment are often held responsible for causing such harassment because they were dressed in western clothing or were outside their homes after sunset (Kalra & Bhugra, 2013). Men in India use ESH to oppress women and display their masculinity to both the victim and other male onlookers (Dhillon & Bakaya, 2014). On the contrary, the dominant culture in the U.S. is egalitarian and the gender power differentials are low (Hofstede, 1997). However, women

in the U.S. also experience ESH at varying frequencies (Kearl, 2010). The incidence of ESH in both India and the U.S. can be explained theoretically using the gender stereotypes (Berdahl, 2007) and feminist theories (Szymanski et al. 2011). According to the gender stereotypes theory, women are expected to be passive and subservient and men are considered to be action oriented (Burgess & Borgida, 1999). Hence, the acceptance of traditional gender stereotypes has been found to be associated with increased acceptance of violence against women (White & Kurpius, 2002). Further, the feminist theory framework helps explain how systemic elements such as patriarchy and sexism function to oppress women in the society (Szymanski et al. 2011). Women experience different types of sexual objectification in the form of sexual harassment and depiction of women in the media. The feminist objectification theory helps to explain how women internalize the experience of sexual objectification and begin viewing themselves from an evaluative perspective (Fredrickson & Roberts, 1997). This theory, therefore, helps to explain how sexual harassment and objectification impacts the mental health and well-being of women.

Currently, there is limited research on how ESH influences the psychological well-being of women. In one study, Fairchild and Rudman (2008) found that ESH was associated with increased body shame, surveillance, fear of rape, and restriction of movement. There is also limited research on how women cope with ESH. (Dhillon & Bakaya, 2014; Fairchild & Rudman). For instance, among U.S. undergraduate students, coping behaviors that are assertive and action oriented (e.g. confrontation or advocacy seeking) have been found to be used with a much lower frequency than passive coping strategies (Fairchild & Rudman, 2008). In another study, a lack of control or power over curbing sexually objectifying experiences was found to be associated with coping by internalization and self-blame among U.S. women (Szymanski & Feldman, 2014). Though action oriented coping is the cultural norm in the U.S., the lack of legal

alternatives and the fear of retaliation from the harasser, often increases preference for passive coping strategies (Gardner, 1995). Coping strategies used by women to deal with ESH, however, seem to vary across cultures. Asian Indian women, for instance, preferred to approach their families to receive social support to cope with ESH (Kuruvilla & Suhara, 2007). However, like U.S. women, Asian Indian women also reported preferring using passive coping strategies to avoid confrontation or bringing attention to themselves (Dhillon & Bakaya, 2014). Overall, despite the high incidence of ESH around the world, there is scant research examining the impact of ESH and how women cope with this phenomena. There is thus an urgent need to examine the effect of ESH and the strategies used by women to cope with it. The current study attempts to fill this gap in research.

In summary, the current literature review provided a broad overview of the cultural context and theoretical conceptualizations of the antecedents of ESH and other forms of sexual violence against women in India and the U.S. There are serious gaps in the research associated with the effects of ESH on coping and well-being among women across cultures. Thus, the current research focused on the relationship between the experience of ESH and its impact on fear of rape, body shame, body surveillance, and control beliefs for female college students in the U.S. and India. Further, the impact of how women cope with ESH also was explored. A path model was developed to examine the relationship between ESH and self-blame, body surveillance, control beliefs, and fear of rape. Additionally, active and passive coping were examined as moderators of the relationships between the exogenous and endogenous variables (see Figure 1).

There are considerable advantages and practical implications to this study. No prior research has been conducted exploring the experience of ESH, its impact, and coping in India

and the U.S. The current study will add to the research on the effects of ESH on the self-objectification and fear of rape of Asian Indian and U.S. women and the strategies they use to cope with ESH. Additionally, the cross-cultural design of the study will lead to an understanding of the similarities and differences in the antecedents, experiences, and consequences of ESH in two diverse cultures. The study is grounded in a path model derived from a review of research and theoretical models. The findings have the potential to make a significant contribution to the development of research and theory driven programs to prevent ESH and help women to cope with its impact.

References

Abolfazli, L. (2006). Violence against women act (VAWA). *Gender & Law, 7*, 863-880.

Aldwin, C.M. (2007): *Stress, coping, and development.* New York: The Guilford Press,

American Psychological Association. (2007). *Report of the APA Task Force on the Sexualization of Girls*. Washington, DC: Author.

Anderson, K. B., Cooper, H., & Okamura, L. (1997). Individual differences and attitudes toward rape: A meta-analytic review. *Personality and Social Psychology Bulletin*, *23*, 295-315. doi: 10.1177/0146167297233008

Baker, C. N. (2007). The emergence of organized feminist resistance to sexual harassment in the United States in the 1970s. *Journal of Women's History*, *19*, 161-184. doi: 10.1353/jowh.2007.0051

Bartky, S. (1990). *Femininity and domination: Studies in the phenomenology of oppression.* New York: Routledge Press.

Berdahl, J. (2007). Harassment Based on Sex: Protecting Social Status in the Context of Gender Hierarchy. *The Academy of Management Review, 32*, 641-658. doi:10.5465/AMR.2007.24351879

Bogard, M. (1988). Feminist perspectives on wife assault: An introduction. In K. Yllö & M. Bogard (Eds.), *Feminist perspectives on wife abuse* (pp. 11-26). Newbury Park, CA: Sage.

Bowman, C. G. (1993). Street harassment and the informal ghettoization of women. *Harvard Law Review, 106*, 517–580. doi: 10.2307/1341656

Brownmiller, S. (1975). Against our will: Men, women and rape. *Violence against women: Classic papers*. Auckland, New Zealand. Pearson Education.

Burgess, D., & Borgida, E. (1999). Who women are, who women should be: Descriptive and prescriptive gender stereotyping in sex discrimination. *Psychology, Public Policy, and Law*, *5*, 665-692. doi: 10.1037/1076-8971.5.3.665

Calogero, R. M. (2004). A test of objectification theory: The effect of the male gaze on appearance concerns in college women. *Psychology of Women Quarterly*, *28*, 16-21. doi: 10.1111/j.1471-6402.2004.00118.x

Calogero, R. M., Tantleff-Dunn, S., & Thompson, J. K. (2011). *Self-objectification in women: Causes, consequences, and directions for research and practice.* Washington, DC: American Psychological Association.

Chan, D. K. S., Tang, C. S. K., & Chan, W. (1999). Sexual harassment a preliminary analysis of its effects on Hong Kong Chinese women in the workplace and academia. *Psychology of Women Quarterly*, *23*, 661-672. doi: 10.1111/j.1471-6402.1999.tb00390.x

Chaudhuri, M. (1993). *Indian Women's Movement: Reform and Revival*. New Dehli, India: Radiant Publishers.

Chaudhuri, M. (2012). Indian" Modernity" and" Tradition": A gender analysis. *Polish Sociological Review*, 2, 281-293. Retrieved from http://www.jstor.org/stable/41969445

Cockburn, C. (1983). *Brothers: male dominance and technological change*. London, United Kingdom: Pluto Press.

Colman, P. (1998). *Rosie the riveter: women working on the home front in World War II.* New York. Crown Publishers Inc.

Cross, S. E. (1995). Self-construals, coping, and stress in cross-cultural adaptation. *Journal of Cross-Cultural Psychology*, *26*, 673-697. doi: 10.1177/002202219502600610

Davis, T. L., & Liddell, D. L. (2002). Getting inside the house: The effectiveness of a rape prevention program for college fraternity men. *Journal of College Student Development*, *43*, 35-50. Retrieved from http://psycnet.apa.org/psycinfo/2002-17954-003

Derné, S. (1994). Hindu men talk about controlling women: Cultural ideas as a tool of the powerful. *Sociological Perspectives, 37*, 203-227. doi: 10.2307/1389320

Dhillon, M., & Bakaya, S. (2014). Street Harassment. *SAGE Open*, *4*. doi:10.1177/2158244014543786

Eagly, A. H. (1987). *Sex differences in social behavior: A social role interpretation*. Hillsdale, NJ: Earlbaum.

Endler, N. S., & Parker, J. D. (1990). Multidimensional assessment of coping: a critical evaluation. *Journal of Personality and Social Psychology*, *58*, 844854. doi: 10.1037//0022-3514.58.5.844

Fitzgerald, L. F. (1990, March). *Assessing strategies for coping with harassment: A theoretical/empirical approach.* Paper presented at the midwinter conference of the Association of Women in Psychology, Tempe, AZ.

Fredrickson, B. L., & Roberts, T. A. (1997). Objectification theory: Toward understanding women's lived experiences and mental health risks. *Psychology of Women Quarterly, 21*, 173–206. doi: 10.1037//0022-3514.58.5.844

Gardner, C. B. (1995). *Passing by: Gender and public harassment.* Berkley, CA: University of California Press.

Gerhard, U. (2001). *Debating women's equality: toward a feminist theory of law from a European perspective*. Rutgers University Press.

Gianoulis, T. (2004). *Women's liberation movement.* Retrieved from http://www.glbtqarchive.com/ssh/womens_liberation_movement_S.pdf

Goffman, E. (1963). *Behavior in public places.* New York. Free Press.

Goldin, C., & Katz, L. F. (2002). The power of the pill: Oral contraceptives and women's career and marriage decisions. *Journal of Political Economy*, *110*, 730-770. doi: 10.1086/340778

Goonesekere, S. (2004) *Violence, Law and Women's Rights in South Asia*. SAGE Publications-India.

Grubb, A., & Turner, E. (2012). Attribution of blame in rape cases: A review of the impact of rape myth acceptance, gender role conformity and substance use on victim blaming. *Aggression and Violent Behavior*, *17*, 443-452. doi: 10.1016/j.avb.2012.06.002

Gruber, J. E. (1989). How women handle sexual harassment: A literature review. *Sociology and Social Research, 74,* 3–9. Retrieved from http://web.b.ebscohost.com/ehost/detail/detail?vid=5&sid=495928ea-3983-41ef-87ec-7c346cd80e65%40sessionmgr

Harper, B., & Tiggemann, M. (2008). The effect of thin ideal media images on women's self-objectification, mood, and body image. *Sex Roles, 58,* 649-657. doi: 10.1007/s11199-007-9379-x

Heer, D. M., & Grossbard-Shechtman, A. (1981). The impact of the female marriage squeeze and the contraceptive revolution on sex roles and the women's liberation movement in the United States, 1960 to 1975. *Journal of Marriage and the Family*, *43*, 49-65. doi: 10.2307/351416

Heise, L. L. (1998). Violence against women an integrated, ecological framework. *Violence against Women*, *4*, 262-290. doi: 10.1177/1077801298004003002

Hirschauer, S. (2005). On doing being a stranger: The practical constitution of civil inattention. *Journal for the Theory of Social Behaviour*, *35*, 41-67. doi: 10.1111/j.0021-8308.2005.00263.x

Hooks, B. (2000). *Feminist theory: From margin to center*. London, United Kingdom. Pluto Press.

Kalra, G., & Bhugra, D. (2013). Sexual violence against women: Understanding cross-cultural intersections. *Indian Journal of Psychiatry, 55,* 244-254. doi: 10.4103/0019-5545.117139

Kandiyoti, D. (1988). Bargaining with patriarchy. *Gender and Society*, *2*, 274-290. doi: 10.1177/089124388002003004

Kearl, H. (2010). *Stop street harassment: Making public places safe and welcoming for women.* Santa Barbara: Praeger.

Kissling, E. A. (1991). Street harassment: The language of sexual terrorism. *Discourse and Society*, 2, 451-460. doi: 10.1177/0957926591002004006

Kohli, S., & Malhotra, S. (2011). Violence against women: A threat to mental health. *Indian Journal of Community Psychology, 7*, 117-129. doi: 10.1016/j.mhp.2013.06.002

Kraditor, A. (1965). *The ideas of the woman suffrage movement: 1890-1920*. V.W Norton & Company.

Kuruvilla, M., & Suhara, M. F.(2014). Response Patterns of Girl Students to Eve-teasing: An Empirical Study in a University Setting. *International Journal of Education and Psychological Research, 3,* 61-64. Retrieved from http://ijepr.org/doc/V3_Is3_Oct14/ij13.pdf

Lam, A. G., & Zane, N. W. (2004). Ethnic differences in coping with interpersonal stressors a test of self-construals as cultural mediators. *Journal of Cross-Cultural Psychology*, *35*, 446-459. doi: 10.1177/0022022104266108

Lazarus R, Folkman S. (1984). *Stress, appraisal, and coping*. New York: Springer.

Leach, F. & Shashikala, S. (2007). Sexual harassment and abuse of adolescent school girls in South India. *Education, Citizenship and Social Justice*. *4,* 257-277. doi: 10.1177/1746197907081262

Lenton, R., Smith, M. D., Fox, J., & Morra, N. (1999). Sexual harassment in public places: Experiences of Canadian women. *Canadian Review of Sociology/Revue Canadienne de Sociologie*, *36*, 517-540. doi: 10.1111/j.1755-618X.1999.tb00962.x

Leyens, J.-P., Désert, M., Croizet, J.-C., & Darcis, C. (2000). Stereotype threat: Are lower status and history of stigmatization preconditions of stereotype threat? *Personality and Social Psychology Bulletin, 26,* 1189-1199. doi: 10.1177/0146167200262002

Liddle, J., & Joshi, R. (1986). *Daughters of Independence: Gender, caste, and class in India.* Rutgers University Press.

Maass, A., Cadinu, M., Guarnieri, G., & Grasselli, A. (2003). Sexual harassment under social identity threat: the computer harassment paradigm. *Journal of Personality and Social Psychology*, *85*, 853-870. doi: 10.1037/0022-3514.85.5.853

Magley, V. J. (2002). Coping with sexual harassment: Reconceptualizing women's resistance. *Journal of Personality and Social Psychology*, *83*, 930-946. doi: 10.1037/0022-3514.83.4.930

Masters, W. H., & Johnson, V. E. (1960). The human female: anatomy of sexual response. *Minnesota Medicine*, *43*, 31-36.

Markus, H. R., & Kitayama, S. (2001). The cultural construction of self and emotion: Implications for social behavior. *Emotions in Social Psychology: Essential Reading*, 119-137. doi: 10.1037/10152-003

Moradi, B., & Huang, Y. (2008). Objectification theory and psychology of women: A decade of advances and future directions. *Psychology of Women Quarterly, 32,* 277-398. doi: 10.1111/j.1471-6402.2008.00452.x

McCormack, C., & Prostran, N. (2012). Asking for it: A First-hand Account from Slutwalk. *International Feminist Journal of Politics*, *14*, 410-414. doi: 10.1080/14616742.2012.699777

McKinnon, C.A. (1982). Feminism, Marxism, method and the state: An agenda for theory. *Journal of Women in Culture and Society 7.* 515-544. doi: 10.1086/493898

Mishra, K. (1997). Indian feminism and the post-colonial state. *Women and Politics*, *17*, 25-43. doi: 10.1300/J014v17n04_02

Mukhopadhyay, C., and Seymour, S. (1994). *Women, Education and Family Structure in India.* Boulder, CO: Westview Press.

Parameswaran, R. (2001). Feminist media ethnography in India: Exploring power, gender, and culture in the field. *Qualitative Inquiry, 7,* 69-103. doi: 10.1177/107780040100700104

Pryor, J. B. (1987). Sexual harassment proclivities in men. *Sex Roles, 17*, 269–290. doi:10.1007/BF00288453

Pryor, J. B., & Stoller, L. M. (1994). Sexual cognition processes in men high in the likelihood to sexually harass. *Personality and Social Psychology Bulletin*, *20*, 163-169. doi: 10.1007/BF00288453

Remy-Hebert, B. (2011). *The first women's movement: Suffragist struggles in the 19th and early 20th centuries.* Retrieved from http://www.jfki.fu-berlin.de/academics/SummerSchool/Dateien2011/Papers/juncker_remy.pdf

Ramasubramanian, S., & Oliver, M. B. (2003). Portrayals of sexual violence in popular Hindi films, 1997–99. *Sex Roles, 48,* 327-336. doi: 10.1023/A:1022938513819

Quinn, B. A. (2002). Sexual harassment and masculinity: The power and meaning of "girl watching". *Gender and Society*, *16*, 386-402. doi: 10.1177/089124302016003007

Sarkar, L. (1994). Rape: A human rights versus a patriarchal interpretation. *Indian Journal of Gender Studies, 1,* 69-92. doi: 10.1177/097152159400100105

Stewart, A. J., Settles, I. H., & Winter, N. J. (1998). Women and the social movements of the 1960s: Activists, engaged observers, and nonparticipants. *Political Psychology*, *19*, 63-94. doi: 10.1111/0162-895X.00093

Suarez, E., & Gadalla, T. M. (2010). Stop blaming the victim: A meta-analysis on rape myths. *Journal of Interpersonal Violence*, *25*. 2010-2035. doi: 10.1177/088626050935450

Sugarman, D., & Straus, M. A. (1987). Indicators of gender equality for American states and regions. *Social Indicators Research, 20,* 229-270. doi: 10.1007/BF00302398.

Sunder, M. (1996). In a "Fragile Space": Sexual harassment and the construction of Indian feminism. *Law and Policy*, *18,* 419-442. doi: 10.1111/j.1467-9930.1996.tb00177.x

Szymanski, D. M., & Feltman, C. E. (2014). Experiencing and coping with sexually objectifying treatment: Internalization and resilience. *Sex Roles*, *71*, 159-170. doi: 10.1007/s11199-014-0392-6

Watson, L. B., Robinson, D., Dispenza, F., & Nazari, N. (2012). African American Women's Sexual Objectification Experiences: A Qualitative Study. *Psychology of Women Quarterly*, *36*(4), 458-475. doi: 10.1177/0361684312454724

Wesselmann, E. D., & Kelly, J. R. (2010). Cat-calls and culpability: Investigating the frequency and functions of stranger harassment. *Sex Roles*, *63*, 451-462. doi: 10.1007/s11199-010-9830-2

White, B. H., & Kurpius, S. E. R. (2002). Effects of victim sex and sexual orientation on perceptions of rape. *Sex Roles*, *46*, 191-200. doi: 10.1023/A:1019617920155

Ægisdóttir, S., Gerstein, L. H., & Çinarbaş, D. C. (2008). Methodological Issues in Cross-Cultural Counseling Research Equivalence, Bias, and Translations. *The Counseling Psychologist*, *36*, 188-219. doi: 10.1177/0011000007305384

Appendix B

STEP Method Demographic Form

Please share some information about yourself.

1. Age:_____
2. What gender do you identify as?
    a. Male
    b. Female
    c. Transgender
    d. Gender Queer
    e. Other: _____
3. City of residence:_____
4. Occupation:_____
5. Number of Years of work experience:_____
6. Highest Educational Degree:
    a. 2-year college degree (e.g., Associate's; Technical degree)
    b. 4-year college degree (e.g., Bachelor's)
    c. Some graduate school
    d. Master's degree
    e. Doctoral degree (including PhD MD, DDS)
    f. Other _____
7. How many presentations do you have in the field of Sexual Harassment, Gender Harassment, Everyday Stranger Harassment or Gender based Discrimination:_____
8. How many scholarly publications (e.g., refereed articles, chapters) do you have in the field of Sexual Harassment, Gender Harassment, Everyday Stranger Harassment or Gender based Discrimination:_____
9. How many seminars or workshops have you attended in the field of Sexual Harassment, Gender Harassment, Everyday Stranger Harassment or Gender based Discrimination:_____

10. How many seminars or workshops have you conducted in the field of Sexual Harassment, Gender Harassment, Everyday Stranger Harassment or Gender based Discrimination:_____

11. On a scale of 1-10, how would you rate your expertise in the field of Sexual Harassment, Gender Harassment, Everyday Stranger Harassment or Gender based Discrimination:_____

1	2	3	4	5	6	7	8	9	10
Not an Expert									Absolutely an Expert

Appendix C

STEP Method Questionnaires

1st Step (Appropriate/Relevant Methodology): When conducting research with _____ (e.g., college students) in _____ (e.g., India) is it appropriate to use the following methods? In other words, are these methods culturally appropriate and relevant to use in _____ (e.g., India) with _____ (e.g., college students). Check all that are appropriate.

1. __Self-report quantitative survey instruments
2. __Direct observation strategies
3. __Hypothetical scenarios (cases)
4. __Informants (i.e., collect information from individuals that know a project participant)
5. __Interviews
6. __Questions on an instrument that ask the participant to write a response
7. __Focus groups
8. __Other method (please describe)
9. Comments you would like to share:

2nd Step (Appropriate/Relevant Item scaling): If it is culturally appropriate and relevant to administer self-report quantitative survey instruments to _____ (e.g., college students) in _____ (e.g., India), is it culturally appropriate and relevant to employ any of the following item formats? Check all that are appropriate.

1. __Likert scale
2. __True-False format
3. __Forced choice format (e.g., multiple choice)
4. __Semantic differential scale
5. __Thurstone scale
6. __Guttman scale
7. Comments you would like to share:

STEP Format Everyday Stranger Harassment Frequency Scale

3rd Step (Factor Rating Scale): The Everyday Stranger Harassment Frequency scale measures the frequency with which women experience sexual harassment in public places by men who are strangers. Given this description, please share your perceptions about the relevance of the Everyday Stranger Harassment for Indian college students.

Highly					Highly
irrelevant					relevant
1	2	3	4	5	6

***Rating for Indian College Students*_____**

Factor 1: Verbal Pressure

This factor is comprised of 5-items (e.g., How frequently have you experienced crude and offensive sexual remarks, jokes, or actions from a stranger?) that reflect the frequency of women receiving verbal comments of a sexual nature from strangers.

Highly					Highly
irrelevant					relevant
1	2	3	4	5	6

***Rating for Indian College Students*_____**

Factor 2: Sexual Pressure

The 4-items (e.g., How frequently have you experienced direct or forceful fondling or grabbing from a stranger?) connected to Factor 2 measure the frequency of women experiencing sexual coercion and inappropriate physical contact from strangers.

Highly					Highly
irrelevant					relevant
1	2	3	4	5	6

***Rating for Indian College Students*_____**

If you rated any of the factors 1, 2, or 3, please explain your reason(s)

4th Step: Do you think there are other factors or constructs that were not measured by the scale? If you think there are others, please kindly describe each new factor and identify about 8-10 items for each new factor.

5th Step: Item Rating Scale for the Everyday Stranger Harassment Frequency Scale.

For each item, rate how relevant it is for college students in India using the following scale

Highly irrelevant					Highly relevant
1	2	3	4	5	6

1. How frequently have you experienced sexist remarks or behaviors from a stranger?
   i. Once
   ii. Once a month
   iii. 2-4 times per month
   iv. Every few days
   v. Every day

Rating _____

2. How frequently have you experienced crude and offensive sexual remarks, jokes, or actions from a stranger?
   a. Once
   b. Once a month
   c. 2-4 times per month
   d. Every few days
   e. Every day

Rating _____

3. How frequently have you experienced seductive behavior, remarks, or 'come ons' from a stranger?
   a. Once
   b. Once a month
   c. 2-4 times per month
   d. Every few days
   e. Every day

Rating _____

4. How frequently have you experienced unwanted sexual attention or interaction from a stranger?
   a. Once
   b. Once a month
   c. 2-4 times per month
   d. Every few days
   e. Every day

Rating _____

5. How frequently have you experienced subtle pressure or coercion to cooperate sexually from a stranger?
   a. Once
   b. Once a month
   c. 2-4 times per month

d. Every few days
e. Every day

Rating _____

6. How frequently have you experienced direct or explicit pressure to cooperate sexually from a stranger?
    a. Once
    b. Once a month
    c. 2-4 times per month
    d. Every few days
    e. Every day

Rating _____

7. How frequently have you experienced unwanted touching, stroking, or hugging from a stranger?
    a. Once
    b. Once a month
    c. 2-4 times per month
    d. Every few days
    e. Every day

Rating _____

8. How frequently have you experienced direct or forceful fondling or grabbing from a stranger?
    a. Once
    b. Once a month
    c. 2-4 times per month
    d. Every few days
    e. Every day

Rating _____

9. How frequently have you experienced catcalls, whistles, or stares from a stranger?
    a. Once
    b. Once a month
    c. 2-4 times per month
    d. Every few days
    e. Every day

Rating _____

If you rated any of the nine items on the Everyday Stranger Harassment Frequency Scale below 1, 2, or 3, please explain your reason(s).

6th Step: Here are the items that are linked to the current USA Everyday Stranger Harassment Frequency Scale factors: Verbal Pressure and Sexual Pressure. Do you think there were items that were missing that need to be included on the two current USA factors to assess them in India for college students? If you do, what are they?

Factor	**Questions**
Verbal Pressure	
	How frequently have you experienced crude and offensive sexual remarks, jokes, or actions from a stranger?
	How frequently have you experienced seductive behavior, remarks, or ‘‘come ons’’ from a stranger.
	How frequently have you experienced catcalls, whistles, or stares from a stranger?
	How frequently have you experienced sexist remarks or behaviors from a stranger?
	How frequently have you experienced unwanted sexual attention or interaction from a stranger?
	Suggested new items:
Sexual Pressure	How frequently have you experienced direct or explicit pressure to cooperate sexually from a stranger?
	How frequently have you experienced subtle pressure or coercion to cooperate sexually from a stranger?
	How frequently have you experienced direct or forceful fondling or grabbing from a stranger?
	How frequently have you experienced unwanted touching, stroking, or hugging from a stranger?
	Suggested new items

STEP Format Objectified Body Consciousness Scale

3rd Step (Factor Rating Scale): The Objectified Body Consciousness Scale (OBCS) measures body image. Given this description, please share your perceptions about the relevance of the OBCS factors or constructs for Indian college students.

Highly					Highly
irrelevant					relevant
1	2	3	4	5	6

Factor 1: Surveillance

This factor is comprised of 8-items (e.g., I rarely think about how I look.) that reflect how a person views her body from an observer's perspective.

***Rating for Indian College Students*_____**

Factor 2: Body Shame

The 8-items (e.g., When I can't control my weight I feel like something must be wrong with me.) that are connected to Factor 2 tap feelings of shame experienced when a person believes that their body does not match the ideal standards of beauty.

***Rating for Indian College Students*_____**

Factor 3: Control

The 8-items (e.g., I think a person is pretty much stuck with the looks they are born with.) tied to this factor assess the extent to which a person believes she has control over her appearance.

***Rating for Indian College Students*_____**

If you rated any of the factors 1, 2, or 3, please explain your reason(s)

4th Step: Do you think there are other factors or constructs that were not measured by the scale? If you think there are others, please kindly describe each new factor and identify about 8-10 items for each new factor.

5th Step: Item Rating Scale for the Objectified Body Consciousness Scale

For each item, rate how relevant it is for college students in India using the following scale

Highly irrelevant 1 2 3 4 5 6 Highly relevant

1. I rarely think about how I look.
   Strongly Disagree 1 2 3 4 5 6 Strongly Agree
   Rating _____

2. I think it is more important that my clothes are comfortable than whether they look good on me.
   Strongly Disagree 1 2 3 4 5 6 Strongly Agree

   Rating _____

3. I think more about how my body feels than how my body looks.
   Strongly Disagree 1 2 3 4 5 6 Strongly Agree

   Rating _____

4. I rarely compare how I look with how other people look.
   Strongly Disagree 1 2 3 4 5 6 Strongly Agree

   Rating _____

5. During the day I think about how I look many times.
   Strongly Disagree 1 2 3 4 5 6 Strongly Agree

   Rating _____

6. I often worry about whether the clothes I am wearing make me look good.
   Strongly Disagree 1 2 3 4 5 6 Strongly Agree

   Rating _____

7. I rarely worry about how I look to other people.

Strongly Disagree					Strongly Agree
1	2	3	4	5	6

Rating _____

8. I am more concerned with what my body can do than how it looks

Strongly Disagree					Strongly Agree
1	2	3	4	5	6

Rating _____

9. When I can't control my weight I feel like something must be wrong with me.

Strongly Disagree					Strongly Agree
1	2	3	4	5	6

Rating _____

10. I feel ashamed of myself when I haven't made the effort to look my best.

Strongly Disagree					Strongly Agree
1	2	3	4	5	6

Rating _____

11. I feel like I must be a bad person when I don't look good as I could.

Strongly Disagree					Strongly Agree
1	2	3	4	5	6

Rating _____

12. I would be ashamed for people to know what I really weigh.

Strongly Disagree					Strongly Agree
1	2	3	4	5	6

Rating _____

13. I never worry that something is wrong with me when I am not exercising as much as I should.

Strongly Disagree 1 2 3 4 5 Strongly Agree 6

Rating _____

14. When I'm not exercising enough, I question whether I am a good enough person.

Strongly Disagree 1 2 3 4 5 Strongly Agree 6

Rating _____

15. Even when I can't control my weight, I think I'm an okay person.

Strongly Disagree 1 2 3 4 5 Strongly Agree 6

Rating _____

16. When I'm not the size I think I should be, I feel ashamed.

Strongly Disagree 1 2 3 4 5 Strongly Agree 6

Rating _____

17. I think a person is pretty much stuck with the looks they are born with.

Strongly Disagree 1 2 3 4 5 Strongly Agree 6

Rating _____

18. A large part of being in shape is having that kind of body in the first place.

Strongly Disagree 1 2 3 4 5 Strongly Agree 6

Rating _____

19. I think a person can look pretty much how they are willing to work at it.

Strongly Disagree 1 2 3 4 5 Strongly Agree 6

Rating _____

20. I really don't think I have much control over how my body looks.

Strongly Disagree					Strongly Agree
1	2	3	4	5	6

Rating _____

21. I think a person's weight is mostly determined by the genes they are born with.

Strongly Disagree					Strongly Agree
1	2	3	4	5	6

Rating _____

22. It doesn't matter how hard I try to change my weight, it's probably always going to be about the same.

Strongly Disagree					Strongly Agree
1	2	3	4	5	6

Rating _____

23. I can weigh what I'm supposed to when I try hard enough.

Strongly Disagree					Strongly Agree
1	2	3	4	5	6

Rating _____

24. The shape you are in depends mostly on your genes.

Strongly Disagree					Strongly Agree
1	2	3	4	5	6

Rating _____

If you rated any of the items below 1, 2, or 3, please explain your reason(s).

6th Step: Here are the items that are linked to the current USA Objectified Body Consciousness Scale factors. Do you think there are items that were missed that need to be included on the 3 current USA factors to assess them in India for college students? If you do, what are they?

Factors	Items
Surveillance	1. I rarely think about how I look.

	2. I think it is more important that my clothes are comfortable than whether they look good on me.
	3. I think more about how my body feels than how my body looks.
	4. I rarely compare how I look with how other people look.
	5. During the day I think about how I look many times.
	6. I often worry about whether the clothes I am wearing make me look good.
	7. I rarely worry about how I look to other people.
	8. I am more concerned with what my body can do than how it looks
	Suggested new items
Body Shame	9. When I can't control my weight I feel like something must be wrong with me.
	10. I feel ashamed of myself when I haven't made the effort to look my best.
	11. I feel like I must be a bad person when I don't look good as I could.
	12. I would be ashamed for people to know what I really weigh.
	13. I never worry that something is wrong with me when I am not exercising as much as I should.
	14. When I'm not exercising enough, I question whether I am a good enough person.
	15. Even when I can't control my weight, I think I'm an okay person.

	16. When I'm not the size I think I should be, I feel ashamed.
	Suggested new items
Control	17. I think a person is pretty much stuck with the looks they are born with.
	18. A large part of being in shape is having that kind of body in the first place.
	19. I think a person can look pretty much how they are willing to work at it.
	20. I really don't think I have much control over how my body looks.
	21. I think a person's weight is mostly determined by the genes they are born with.
	22. It doesn't matter how hard I try to change my weight, it's probably always going to be about the same.
	23. I can weigh what I'm supposed to when I try hard enough.
	24. The shape you are in depends mostly on your genes.
	Suggested new items

STEP Format Fear of Rape Scale

3rd Step (Factor Rating Scale): The Fear of Rape scale measures the fear of being raped by strangers. Given this description, please share your perceptions about the relevance of the Fear of Rape for Indian college students.

Highly					Highly
irrelevant					relevant
1	2	3	4	5	6

***Rating for Indian College Students*_____**

Factor 1: Fear of Rape

This factor is comprised of 31-items (e.g., I am afraid of being sexually assaulted; I think twice before going out for a walk late at night) that reflect the fear of being raped by a stranger and the precautions taken by women to protect themselves from being raped.

Highly					Highly
irrelevant					relevant
1	2	3	4	5	6

***Rating for Indian College Students*_____**

If you rated any of the factors 1, 2, or 3, please explain your reason(s)

4th Step: Do you think there are other factors or constructs that were not measured by the scale? If you think there are others, please kindly describe each new factor and identify about 8-10 items for each new factor.

5th Step: Item Rating Scale for the Fear of Rape Scale.

For each item, rate how relevant it is for college students in India using the following scale

Highly					Highly
irrelevant					relevant
1	2	3	4	5	6

1. Before I go to bed at night I double check to make sure the doors are securely locked.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

Rating _____

2. When someone rings/knocks at my door I ask who it is (or look through the peephole) before I open the door.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

Rating _____

3. I think twice before going out for a walk late at night.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

Rating _____

4. If I have to take the subway/bus alone at night I feel anxious.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

Rating _____

5. I avoid going out alone at night.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

Rating _____

6. I ask friends to walk me to my car/the subway if it is late at night.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

Rating _____

7. I think about the shoes/clothes I am wearing in terms of my ability to run in a dangerous situation.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

Rating _____

8. In general, how safe do you feel at night?

Completely Safe	Safe	Neither Safe nor Unsafe	Unsafe	Completely Unsafe
1	2	3	4	5

Rating _____

9. When I am walking alone I think about where I would run if someone came after me.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

Rating _____

10. I have turned down invitations/opportunities because I didn't want to risk coming home alone afterwards.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

Rating _____

11. I feel confident walking alone late at night.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

Rating _____

12. I am especially careful of wearing the "proper" clothes."

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

Rating _____

13. If I was waiting for an elevator and it arrived with one man alone inside, I would wait for the next one.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

Rating _____

14. I am wary of men.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

Rating _____

15. I am afraid of being sexually assaulted.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

Rating _____

16. How safe would you feel walking to your car alone if it was parked in an underground parking lot?

Completely Safe	Safe	Neither Safe nor Unsafe	Unsafe	Completely Unsafe
1	2	3	4	5

Rating _____

17. If I have to walk outside late at night I take precautions.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

Rating _____

18. In general, I am suspicious of men.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

Rating _____

19. If it was dark and I had to walk to my car, I would make sure I was accompanied by someone I trusted.

Always	Often	Sometimes	Rarely	Never

1 2 3 4 5

Rating _____

20. If I was driving alone and I had to park my car I would try to park on a well lit street.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

Rating _____

21. How safe do you feel going into public washrooms in subways or malls?

Completely Safe	Safe	Neither Safe nor Unsafe	Unsafe	Completely Unsafe
1	2	3	4	5

Rating _____

22. How safe do you feel in your apartment/house when you are by yourself?

Completely Safe	Safe	Neither Safe nor Unsafe	Unsafe	Completely Unsafe
1	2	3	4	5

Rating _____

23. I am afraid of men.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

Rating _____

24. I carry objects (keys, knife, something sharp) when I walk alone at night.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

Rating _____

25. When I'm walking out alone at night I am very cautious.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

Rating _____

26. If I heard that someone had been sexually assaulted in my neighbourhood, I wouldn't leave the house unless I really had to.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

Rating _____

27. When I am choosing a seat on the bus or subway I am conscious of who is sitting nearby.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

Rating _____

28. How safe do you feel being out alone in your neighbourhood at night?

Completely Safe	Safe	Neither Safe nor Unsafe	Unsafe	Completely Unsafe

1 2 3 4 5

Rating _____

29. If I am going out late at night, I avoid certain parts of town.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

Rating _____

30. When I get on the bus/ streetcar/ subway I take a seat that allows me to keep an eye on those sitting nearby.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

Rating _____

31. The possibility of rape affects my freedom of movement.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

Rating _____

If you rated any of the nine items on the Fear of Rape Scale below 1, 2, or 3, please explain your reason(s).

6th Step: Here are the items that are linked to the current USA Fear of Rape Scale.
Do you think there are items that were missed that need to be included on the current USA factor to assess it in India for college students? If you do, what are they?

Factor	**Questions**
Fear of Rape	Before I go to bed at night I double check to make sure the doors are securely locked.
	When someone rings/knocks at my door I ask who it is (or look through the peephole) before I open the door.
	I think twice before going out for a walk late at night.
	If I have to take the subway/bus alone at night I feel anxious.
	I avoid going out alone at night.
	I ask friends to walk me to my car/the subway if it is late at night.

	I think about the shoes/clothes I am wearing in terms of my ability to run in a dangerous situation.
	In general, how safe do you feel at night?
	When I am walking alone I think about where I would run if someone came after me. I have turned down invitations/opportunities because I didn't want to risk coming home alone afterwards.
	I feel confident walking alone late at night.
	I am especially careful of wearing the "proper" clothes."
	If I was waiting for an elevator and it arrived with one man alone inside, I would wait for the next one.
	I am wary of men.
	I am afraid of being sexually assaulted.
	How safe would you feel walking to your car alone if it was parked in an underground parking lot?
	If I have to walk outside late at night I take precautions.
	In general, I am suspicious of men.
	If it was dark and I had to walk to my car, I would make sure I was accompanied by someone I trusted.
	If I was driving alone and I had to park my car I would try to park on a well lit street.
	How safe do you feel going into public washrooms in subways or malls?
	How safe do you feel in your apartment/house when you are by yourself?

	I am afraid of men.
	I carry objects (keys, knife, something sharp) when I walk alone at night.
	When I'm walking out alone at night I am very cautious.
	If I heard that someone had been sexually assaulted in my neighbourhood, I wouldn't leave the house unless I really had to.
	When I am choosing a seat on the bus or subway I am conscious of who is sitting nearby.
	How safe do you feel being out alone in your neighbourhood at night
	If I am going out late at night, I avoid certain parts of town.
	When I get on the bus/ streetcar/ subway I take a seat that allows me to keep an eye on those sitting nearby.
	The possibility of rape affects my freedom of movement.
	Suggested new items

STEP Format Coping with Stranger Harassment Scale

3rd Step (Factor Rating Scale): The Coping with Stranger Harassment scale measures the responses of women after experiencing sexual harassment in public places by men who are strangers. Given this description, please share your perceptions about the relevance of the Coping with Stranger Harassment for Indian college students.

Highly irrelevant					Highly relevant
1	2	3	4	5	6

***Rating for Indian College Students*_____**

Factor 1: Passive Coping

This factor is comprised of 7-items (e.g., I just let it go?) that reflect coping with stranger harassment by avoiding or ignoring the harassment and the harasser.

Highly irrelevant					Highly relevant
1	2	3	4	5	6

***Rating for Indian College Students*_____**

Factor 2: Self-Blame

The 4-items (e.g., I blamed myself for what happened) connected to Factor 2 measure the frequency of women blame themselves for causing the harassment.

Highly irrelevant					Highly relevant
1	2	3	4	5	6

***Rating for Indian College Students*_____**

Factor 3: Benign Coping

The 5-items (e.g., I considered it flattering) connected to Factor 3 measure coping with everyday stranger harassment by considering it to be flattering or as a compliment.

Highly irrelevant					Highly relevant
1	2	3	4	5	6

***Rating for Indian College Students*_____**

If you rated any of the factors 1, 2, or 3, please explain your reason(s)

Factor 4: Active Coping

The 4-items (e.g., I reported him) connected to Factor 4 measure coping with harassment by reporting or confronting the harasser.

Highly irrelevant					Highly relevant
1	2	3	4	5	6

***Rating for Indian College Students*_____**

4th Step: Do you think there are other factors or constructs that were not measured by the scale? If you think there are others, please kindly describe each new factor and identify about 8-10 items for each new factor.

5th Step: Item Rating Scale for the Coping with Stranger Harassment Scale.

For each item, rate how relevant it is for college students in India using the following scale

Highly irrelevant					Highly relevant
1	2	3	4	5	6

1. I treated it as a joke.

Not at all Descriptive						Extremely Descriptive
1	2	3	4	5	6	7

Rating _____

2. I pretended nothing was happening.

Not at all Descriptive						Extremely Descriptive
1	2	3	4	5	6	7

Rating _____

3. I considered it flattering.

Not at all Descriptive						Extremely Descriptive
1	2	3	4	5	6	7

Rating _____

4. I realized that I had probably brought it on myself.

Not at all Descriptive						Extremely Descriptive
1	2	3	4	5	6	7

Rating _____

5. I let him know I didn't like what he was doing.

Not at all Descriptive — Extremely Descriptive

1 2 3 4 5 6 7

Rating _____

6. I reported him.

Not at all Descriptive — Extremely Descriptive

1 2 3 4 5 6 7

Rating _____

7. I talked to someone about what happened.

Not at all Descriptive — Extremely Descriptive

1 2 3 4 5 6 7

Rating _____

8. I acted like I didn't notice.

Not at all Descriptive — Extremely Descriptive

1 2 3 4 5 6 7

Rating _____

9. I assumed he meant well.

Not at all Descriptive — Extremely Descriptive

1 2 3 4 5 6 7

Rating _____

10. I felt stupid for letting myself get into the situation.

Not at all Descriptive — Extremely Descriptive

1 2 3 4 5 6 7

Rating _____

11. I just let it go.

Not at all Descriptive — Extremely Descriptive

1 2 3 4 5 6 7

Rating _____

12. I just ignored the whole thing.

Not at all Descriptive — Extremely Descriptive

1 2 3 4 5 6 7

Rating _____

13. I blamed myself for what happened.

Not at all Descriptive						Extremely Descriptive
1	2	3	4	5	6	7

Rating _____

14. I let him know how I felt about what he was doing.

Not at all Descriptive						Extremely Descriptive
1	2	3	4	5	6	7

Rating _____

15. I tried to forget the whole thing.

Not at all Descriptive						Extremely Descriptive
1	2	3	4	5	6	7

Rating _____

16. I figured he must really like me.

Not at all Descriptive						Extremely Descriptive
1	2	3	4	5	6	7

Rating _____

17. I realized he probably wouldn't have done it if I had looked or dressed differently.

Not at all Descriptive						Extremely Descriptive
1	2	3	4	5	6	7

Rating _____

18. I didn't do anything.

Not at all Descriptive						Extremely Descriptive
1	2	3	4	5	6	7

Rating _____

19. I assumed he was trying to be funny.

Not at all Descriptive						Extremely Descriptive
1	2	3	4	5	6	7

Rating _____

20. I just 'blew it off' and acted like I didn't care.

Not at all Descriptive — Extremely Descriptive

1 2 3 4 5 6 7

Rating _____

If you rated any of the nine items on the Coping with Stranger Harassment Scale below 1, 2, or 3, please explain your reason(s).

6th Step: Here are the items that are linked to the current USA Coping with Stranger Harassment Scale factors: Passive Coping, Self-Blame, Benign, and Active. Do you think there were items that were missing that need to be included on the two current USA factors to assess them in India for college students? If you do, what are they?

Factor	**Questions**
Passive	I just "blew it off" and acted like I did not care
	I just let it go
	I ignored the whole thing
	I did not do anything
	I acted like I did not notice
	I pretended like nothing was happening
	I tried to forget the whole thing
	Suggested new items:
Self-Blame	I realized that I had probably brought it on myself
	I blamed myself for what happened
	I realized that he probably would not have done it if I had dressed differently
	I felt stupid for letting myself get into the situation
	Suggested new items
Benign	I considered it flattering
	I assumed he meant well
	I figured he must really like me
	I assumed he was trying to be funny
	I treated it as a joke

Active	I let him know I did not like what he was doing
	I let him know how I felt about what he was doing
	I talked to someone about what happened
	I reported him
	Suggested new items

Appendix D

Informed Consent for STEP Pilot Study

Study Title **A Pilot Study of Everyday Stranger Harassment**

Study Purpose and Rationale
The purpose of this research project is to examine the cross-cultural validity of questionnaires developed on the topic of everyday stranger harassment and body shame. Findings from this research may help to develop cross-culturally valid questionnaires that will promote research on everyday stranger harassment and body shame in the Indian cultural context.

Inclusion/Exclusion Criteria
To be eligible to participate in this study, you must be above the age of 18 and should have expertise in the field of gender studies, sexual harassment or everyday stranger harassment.

Participation Procedures and Duration
For this project, you will be asked to assess the relevance of a series of questionnaires about everyday stranger harassment to the Indian cultural context. It will take approximately 45 minutes to complete the review of questionnaires.

Data Confidentiality or Anonymity
All data will be maintained as anonymous and no identifying information such as names will appear in any publication or presentation of the data.

Storage of Data
The data will be entered into a software program and stored on the researcher's password-protected computer for seven years and then deleted. Only the principal investigator and her faculty advisor will have access to the data.

Risks or Discomforts
There are no perceived risks for participating in this study.

Voluntary Participation
Your participation in this study is completely voluntary and you are free to withdraw your permission at anytime for any reason without penalty or prejudice from the investigator. Please feel free to ask any questions of the investigator before signing this form and at any time during the study.

IRB Contact Information
For one's rights as a research subject, you may contact the following: For questions about your rights as a research subject, please contact the Director, Office of Research Integrity, Ball State University, Muncie, IN 47306, (765) 285-5070 or at irb@bsu.edu.

Study Title: **An Exploratory Study of Everyday Stranger Harassment**

****

Researcher Contact Information

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Appendix E

Main Study Demographic Questionnaire

Please share some information about yourself.

1. I am:
    a. Male
    b. Female
    c. Transgender
    d. Gender Queer
2. Other: _____
3. I am _____ years old.
4. I am the ___ child in my family.
    a. only
    b. oldest
    c. middle
    d. youngest
5. I have _____ brother(s) and _____ sister(s).
6. My ethnic/racial background is:
    a. African American
    b. Black
    c. Alaskan Native or Native American
    d. Asian American
    e. Asian
    f. Caucasian American
    g. White (non-American)
    h. Hispanic/Latino/a American
    i. Hispanic/Latino/a
    j. Native Hawaiian or Pacific Islander
    k. Biracial
    l. Multiracial
    m. Other (please specify): _____
7. Which of the following best captures your religious views?
    a. Atheist
    b. Agnostic
    c. Buddhist
    d. Hindu
    e. Jewish
    f. Muslim
    g. Protestant Christian
    h. Roman Catholic
8. My relationship status is:
    a. Single
    b. In a romantic relationship
    c. Married
    d. Separated
    e. Divorced

f. Widowed
g. Other (please specify): _____

9. Do you consider yourself to be:
   a. Heterosexual or straight;
   b. Gay
   c. Lesbian
   d. Bisexual
   e. Pansexual
   f. Questioning
   g. Other_____
10. I am a:
   a. Freshman
   b. Sophomore
   c. Junior
   d. Senior
   e. Other (please specify): _____
11. My college major is:
   a. Not decided
   b. Decided

   If decided, please indicate the name of your major(s)_____
12. I currently live
   a. With my parents
   b. Live with roommates
   c. Live with spouse
   d. Live by myself
   e. Other_____
13. Please indicate the category that best describes your household income status of your family when you were growing up:
   a. Upper class
   b. Upper middle class
   c. Middle class
   d. Lower middle class
   e. Lower class
14. How big was the city or town you grew up in?
   a. 1 to 10,000 people
   b. 10,001 to 50,000 people
   c. 50,001 to 100,000 people
   d. 100,001 to 500,000 people
   e. 500,001 to 1 million people
   f. 1,000,001 to 10 million people
   g. More than 10 million people
   f. Other (please specify): _____

Appendix F

Frequency of Stranger Harassment Index

Please rate the frequency with which you experience the following situations:

1. How frequently have you experienced sexist remarks or behaviors from a stranger?
   Never Once Once a month 2-4 times per month Every few days Every day
2. How frequently have you experienced crude and offensive sexual remarks, jokes, or actions from a stranger?
   Never Once Once a month 2-4 times per month Every few days Every day
3. How frequently have you experienced seductive behavior, remarks, or 'come ons' from a stranger?
   Never Once Once a month 2-4 times per month Every few days Every day
4. How frequently have you experienced unwanted sexual attention or interaction from a stranger?
   Never Once Once a month 2-4 times per month Every few days Every day
5. How frequently have you experienced subtle pressure or coercion to cooperate sexually from a stranger?
   Never Once Once a month 2-4 times per month Every few days Every day
6. How frequently have you experienced direct or explicit pressure to cooperate sexually from a stranger?
   Never Once Once a month 2-4 times per month Every few days Every day
7. How frequently have you experienced unwanted touching, stroking, or hugging from a stranger?
   Never Once Once a month 2-4 times per month Every few days Every day
8. How frequently have you experienced direct or forceful fondling or grabbing from a stranger?
   Never Once Once a month 2-4 times per month Every few days Every day
9. How frequently have you experienced catcalls, whistles, or stares from a stranger?
   Never Once Once a month 2-4 times per month Every few days Every day

Appendix G

Objectified Body Consciousness Scale

Please rate how much you agree or disagree with the following statements.

1. I rarely think about how I look.

Strongly Disagree					Strongly Agree
1	2	3	4	5	6

2. I think it is more important that my clothes are comfortable than whether they look good on me.

Strongly Disagree					Strongly Agree
1	2	3	4	5	6

3. I think more about how my body feels than how my body looks.

Strongly Disagree					Strongly Agree
1	2	3	4	5	6

4. I rarely compare how I look with how other people look.

Strongly Disagree					Strongly Agree
1	2	3	4	5	6

5. During the day I think about how I look many times.

Strongly Disagree					Strongly Agree
1	2	3	4	5	6

6. I often worry about whether the clothes I am wearing make me look good.

Strongly Disagree					Strongly Agree
1	2	3	4	5	6

7. I rarely worry about how I look to other people.

Strongly Disagree					Strongly Agree
1	2	3	4	5	6

8. I am more concerned with what my body can do than how it looks

Strongly Disagree					Strongly Agree
1	2	3	4	5	6

9. When I can't control my weight I feel like something must be wrong with me.

Strongly Disagree					Strongly Agree
1	2	3	4	5	6

10. I feel ashamed of myself when I haven't made the effort to look my best.

Strongly Disagree					Strongly Agree
1	2	3	4	5	6

11. I feel like I must be a bad person when I don't look good as I could.

Strongly Disagree					Strongly Agree
1	2	3	4	5	6

12. I would be ashamed for people to know what I really weigh.

Strongly Disagree					Strongly Agree
1	2	3	4	5	6

13. I never worry that something is wrong with me when I am not exercising as much as I should.

Strongly Disagree					Strongly Agree
1	2	3	4	5	6

14. When I'm not exercising enough, I question whether I am a good enough person.

Strongly Disagree					Strongly Agree
1	2	3	4	5	6

15. Even when I can't control my weight, I think I'm an okay person.

Strongly Disagree					Strongly Agree
1	2	3	4	5	6

16. When I'm not the size I think I should be, I feel ashamed.

Strongly Disagree					Strongly Agree
1	2	3	4	5	6

17. I think a person is pretty much stuck with the looks they are born with.

Strongly Disagree 1 2 3 4 5 Strongly Agree 6

18. A large part of being in shape is having that kind of body in the first place.
Strongly Disagree 1 2 3 4 5 Strongly Agree 6

19. I think a person can look pretty much how they are willing to work at it.
Strongly Disagree 1 2 3 4 5 Strongly Agree 6

20. I really don't think I have much control over how my body looks.
Strongly Disagree 1 2 3 4 5 Strongly Agree 6

21. I think a person's weight is mostly determined by the genes they are born with.
Strongly Disagree 1 2 3 4 5 Strongly Agree 6

22. It doesn't matter how hard I try to change my weight, it's probably always going to be about the same.
Strongly Disagree 1 2 3 4 5 Strongly Agree 6

23. I can weigh what I'm supposed to when I try hard enough.
Strongly Disagree 1 2 3 4 5 Strongly Agree 6

24. The shape you are in depends mostly on your genes.
Strongly Disagree 1 2 3 4 5 Strongly Agree 6

Appendix H

Fear of Rape Scale (US Version)

Please indicate your answers to the following statements by placing an X in the space which BEST represents your thoughts and behaviors.

1. Before I go to bed at night I double check to make sure the doors are securely locked.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

2. When someone rings/knocks at my door I ask who it is (or look through the peephole) before I open the door.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

3. I think twice before going out for a walk late at night.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

4. If I have to take the subway/bus alone at night I feel anxious.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

5. I avoid going out alone at night.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

6. I ask friends to walk me to my car/the subway if it is late at night.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

7. I think about the shoes/clothes I am wearing in terms of my ability to run in a dangerous situation.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

8. In general, how safe do you feel at night?

Completely Safe	Safe	Neither Safe nor Unsafe	Unsafe	Completely Unsafe
1	2	3	4	5

9. When I am walking alone I think about where I would run if someone came after me.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

10. I have turned down invitations/opportunities because I didn't want to risk coming home alone afterwards.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

11. I feel confident walking alone late at night.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

12. I am especially careful of wearing the "proper" clothes."

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

13. If I was waiting for an elevator and it arrived with one man alone inside, I would wait for the next one.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

14. I am wary of men.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

15. I am afraid of being sexually assaulted.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

16. How safe would you feel walking to your car alone if it was parked in an underground parking lot?

Completely Safe	Safe	Neither Safe nor Unsafe	Unsafe	Completely Unsafe
1	2	3	4	5

17. If I have to walk outside late at night I take precautions.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

18. In general, I am suspicious of men.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

19. If it was dark and I had to walk to my car, I would make sure I was accompanied by someone I trusted.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

20. If I was driving alone and I had to park my car I would try to park on a well lit street.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

21. How safe do you feel going into public washrooms in subways or malls?

Completely Safe	Safe	Neither Safe nor Unsafe	Unsafe	Completely Unsafe

1 2 3 4 5

22. How safe do you feel in your apartment/house when you are by yourself?

Completely Safe	Safe	Neither Safe nor Unsafe	Unsafe	Completely Unsafe
1	2	3	4	5

23. I am afraid of men.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

24. I carry objects (keys, knife, something sharp) when I walk alone at night.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

25. When I'm walking out alone at night I am very cautious.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

26. If I heard that someone had been sexually assaulted in my neighbourhood, I wouldn't leave the house unless I really had to.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

27. When I am choosing a seat on the bus or subway I am conscious of who is sitting nearby.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

28. How safe do you feel being out alone in your neighbourhood at night?

Completely Safe	Safe	Neither Safe nor Unsafe	Unsafe	Completely Unsafe
1	2	3	4	5

29. If I am going out late at night, I avoid certain parts of town.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

30. When I get on the bus/ streetcar/ subway I take a seat that allows me to keep an eye on those sitting nearby.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

31. The possibility of rape affects my freedom of movement.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

Appendix I

Fear of Rape Scale (India Version)

Please indicate your answers to the following statements by placing an X in the space which BEST represents your thoughts and behaviors.

1. Before I go to bed at night I check with my parents or elders to make sure the doors are securely locked.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

2. When someone rings/knocks at my door I ask who it is (or look through the peephole) before I open the door.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

3. I think twice before going out for a walk late at night.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

4. If I have to take the train/bus alone at night I feel anxious.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

5. I avoid going out alone at night.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

6. I ask friends to walk me to my car/the train station if it is late at night.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

7. I think about the shoes/clothes I am wearing in terms of my ability to run in a dangerous situation.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

8. In general, how safe do you feel at night?

Completely Safe	Safe	Neither Safe nor Unsafe	Unsafe	Completely Unsafe
1	2	3	4	5

9. When I am walking alone I think about where I would run if someone came after me.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

10. I have turned down invitations/opportunities because I didn't want to risk coming home alone afterwards.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

11. I feel confident walking alone late at night.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

12. I am especially careful of wearing the "proper" clothes."

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

13. If I was waiting for an lift and it arrived with one man alone inside, I would wait for the next one.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

14. I am cautious of men.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

15. I am afraid of being sexually assaulted.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

16. Suppose you had a car, how safe would you feel walking to your car alone if it was parked in an underground parking lot?

Completely Safe	Safe	Neither Safe nor Unsafe	Unsafe	Completely Unsafe
1	2	3	4	5

17. If I have to walk outside late at night I take precautions.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

18. In general, I am suspicious of men.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

19. If I had a car and it was dark and I had to walk to my car, I would make sure I was accompanied by someone I trusted.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

20. If I had a car and I was driving alone and I had to park my car I would try to park on a well lit street.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

21. How safe do you feel going into public washrooms/bathrooms in train stations or malls?

Completely Safe	Safe	Neither Safe nor Unsafe	Unsafe	Completely Unsafe
1	2	3	4	5

22. How safe do you feel in your apartment/home when you are by yourself?

Completely Safe	Safe	Neither Safe nor Unsafe	Unsafe	Completely Unsafe
1	2	3	4	5

23. I am afraid of men.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

24. I carry objects (keys, knife, something sharp) when I walk alone at night.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

25. When I'm walking out alone at night I am very cautious.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

26. If I heard that someone had been sexually assaulted in my area/neighbourhood, I wouldn't leave the house unless I really had to.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

27. When I am choosing a seat on the bus or train I am conscious of who is sitting nearby.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

28. How safe do you feel being out alone in your area/locality at night?

Completely Safe	Safe	Neither Safe nor Unsafe	Unsafe	Completely Unsafe
1	2	3	4	5

29. If I am going out late at night, I avoid certain parts of city.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

30. When I get on the bus/ train I take a seat that allows me to keep an eye on those sitting nearby.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

31. The possibility of rape affects my freedom of movement.

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

Appendix J

Coping with Harassment Scale

Think about your personal experience of receiving verbal comments, sexual coercion and or inappropriate physical touching in public places by men who are strangers

Rate each statement for how you would typically react to such experiences:

1. I treated it as a joke.

Not at all Descriptive						Extremely Descriptive
1	2	3	4	5	6	7

2. I pretended nothing was happening.

Not at all Descriptive						Extremely Descriptive
1	2	3	4	5	6	7

3. I considered it flattering.

Not at all Descriptive						Extremely Descriptive
1	2	3	4	5	6	7

4. I realized that I had probably brought it on myself.

Not at all Descriptive						Extremely Descriptive
1	2	3	4	5	6	7

5. I let him know I didn't like what he was doing.

Not at all Descriptive						Extremely Descriptive
1	2	3	4	5	6	7

6. I reported him.

Not at all Descriptive						Extremely Descriptive
1	2	3	4	5	6	7

7. I talked to someone about what happened.

Not at all Descriptive						Extremely Descriptive
1	2	3	4	5	6	7

8. I acted like I didn't notice.

Not at all Descriptive — Extremely Descriptive

1 2 3 4 5 6 7

9. I assumed he meant well.

Not at all Descriptive — Extremely Descriptive

1 2 3 4 5 6 7

10. I felt stupid for letting myself get into the situation.

Not at all Descriptive — Extremely Descriptive

1 2 3 4 5 6 7

11. I just let it go.

Not at all Descriptive — Extremely Descriptive

1 2 3 4 5 6 7

12. I just ignored the whole thing.

Not at all Descriptive — Extremely Descriptive

1 2 3 4 5 6 7

13. I blamed myself for what happened.

Not at all Descriptive — Extremely Descriptive

1 2 3 4 5 6 7

14. I let him know how I felt about what he was doing.

Not at all Descriptive — Extremely Descriptive

1 2 3 4 5 6 7

15. I tried to forget the whole thing.

Not at all Descriptive — Extremely Descriptive

1 2 3 4 5 6 7

16. I figured he must really like me.

Not at all Descriptive — Extremely Descriptive

1 2 3 4 5 6 7

17. I realized he probably wouldn't have done it if I had looked or dressed differently.

Not at all Descriptive — Extremely Descriptive

1 2 3 4 5 6 7

18. I didn't do anything.

Not at all Descriptive — Extremely Descriptive

1 2 3 4 5 6 7

19. I assumed he was trying to be funny.

Not at all Descriptive — Extremely Descriptive

1 2 3 4 5 6 7

20. I just 'blew it off' and acted like I didn't care.

Not at all Descriptive — Extremely Descriptive

1 2 3 4 5 6 7

21. I was upset and did not know what to do in that moment.

Not at all Descriptive — Extremely Descriptive

1 2 3 4 5 6 7

22. I felt helpless.

Not at all Descriptive — Extremely Descriptive

1 2 3 4 5 6 7

23. I slapped him.

Not at all Descriptive — Extremely Descriptive

1 2 3 4 5 6 7

24. I shouted at him.

Not at all Descriptive — Extremely Descriptive

1 2 3 4 5 6 7

Appendix K

Recruitment letter for U.S. participants

Dear Student,

Hello! We are requesting your participation in a study on how you experience unwelcomed and/or unwanted attention in the form of verbal comments or physical touching from strangers on the street. In order to participate in the study, you need to be above the age of 18 and should identify as female. If you are willing to participate, we invite to you respond to four questionnaires in addition to questions about your background. This will take you about 20 minutes. You will not be asked to provide your name or other identifying information and the results will only be presented as group data. There are no ill risks involved in participating in this study and you may quit your participation at any time without prejudice from the investigator. You will be given an opportunity to participate in a drawing of 2 gift cards from Amazon worth twenty dollars, 4 worth 10 dollars and 4 worth 5 dollars. If you have any questions, or if anything is unclear to you, feel free to ask the investigator for help at any time during the study. If you agree to participate please click on the link provided below or type it into you Internet browser.

WWW.xxxxx.xxxx

Thank you very much for considering this request to participate in our research.

Sincerely,

Yamini Bellare, MA
Doctoral Candidate, Ball State University, USA
ynbellare@bsu.edu

Lawrence H. Gerstein, Ph.D.
George & Frances Ball Distinguished Professor of Psychology
Department of Counseling Psychology, Ball State University, USA
lgerstein@bsu.edu

Appendix L

Informed Consent for U.S. participants

Study Title: ***Experiences with Strangers on the Street***

Study Purpose and Rationale

The purpose of this study is to examine your experiences with unwelcomed and/or unwanted attention in the form of verbal comments or physical touching from strangers on the street.

Inclusion/Exclusion Criteria
To be eligible to participate in this study, you must identify as female, be above the age of 18 and be enrolled at a university in the U.S.

Participation Procedures and Duration
You will be asked to complete a series of questionnaires about your experiences with strangers. You will also be asked to provide some information about your background. It will take you about 20 minutes to complete the questionnaires.

Data Confidentiality or Anonymity
All data will be maintained as anonymous and no identifying information such as names will appear in any publication or presentation of the data.

Storage of Data and Data Retention Period
Paper (if applicable) and online data will be stored in a locked filing cabinet in the researcher's office for seven years and will then be shredded. The data will also be entered into a software program and stored on the researcher's password-protected computer for seven years and then deleted. Only members of the research team will have access to the data

Risks or Discomforts
While this study is believed to pose minimal risk, it is possible that you might experience negative emotions or distress while recalling unpleasant past experiences. You may choose not to answer any question that makes you uncomfortable and you may quit the study at any time

Who to Contact Should You Experience Any Negative Effects from Participating in this Study

1. Students at Ball State University can contact Ball State Counseling Center. Phone: 765-285-1736
2. Students enrolled in universities located elsewhere in the U.S. can contact their University Counseling Centers

Benefits
There are no perceived benefits for participating in this study**.**

Compensation
You will be given an opportunity to participate in a drawing of 2 gift cards from Amazon worth twenty dollars, 4 worth 10 dollars and 4 worth 5 dollars. If you are enrolled in a CPSY course at Ball State University, you will receive .5 research credit for participating in the study.

Voluntary Participation

Your participation in this study is completely voluntary and you are free to withdraw your permission at anytime for any reason without penalty or prejudice from the investigator. Please feel free to ask any questions of the investigator before signing this form and at any time during the study.

IRB Contact Information

For one's rights as a research subject, you may contact the following: For questions about your rights as a research subject, please contact the Director, Office of Research Integrity, Ball State University, Muncie, IN 47306, (765) 285-5070 or at irb@bsu.edu.

Researcher Contact Information

Principal Investigator:
Yamini Bellare, Doctoral Candidate
Counseling Psychology
Ball State University
Muncie, IN 47306
Telephone: (765) 285-8040
Email: ynbellare@bsu.edu

Faculty Supervisor:
Lawrence H. Gerstein, Ph.D.
Counseling Psychology
Ball State University
Muncie, IN 47306
Telephone: (765) 285-8040
Email: Igerstein@bsu.edu

Appendix M

Recruitment letter for Asian Indian participants

Dear Student,

Hello! We are requesting your participation in a study on how you experience unwelcomed and/or unwanted attention in the form of verbal comments or physical touching from strangers on the street. In order to participate in the study, you need to be above the age of 18 and should identify as female. If you are willing to participate, we invite to you respond to four questionnaires in addition to questions about your background. This will take you about 20 minutes. You will not be asked to provide your name or other identifying information and the results will only be presented as group data. There are no ill risks involved in participating in this study and you may quit your participation at any time without prejudice from the investigator. You will receive a piece of stationery for your participation in the study. If you have any questions, or if anything is unclear to you, feel free to ask the investigator for help at any time during the study. If you agree to participate please click on the link provided below or type it into you Internet browser.

WWW.xxxxx.xxxx

Thank you very much for considering this request to participate in our research.

Sincerely,

Yamini Bellare, MA
Doctoral Candidate, Ball State University, USA
ynbellare@bsu.edu

Lawrence H. Gerstein, Ph.D.
George & Frances Ball Distinguished Professor of Psychology
Department of Counseling Psychology, Ball State University, USA
lgerstein@bsu.edu

Appendix N

Informed Consent for Asian participants

Study Title: ***Experiences with Strangers on the Street***

Study Purpose and Rationale
The purpose of this study is to examine your experiences with unwelcomed and/or unwanted attention in the form of verbal comments or physical touching from strangers on the street.

Inclusion/Exclusion Criteria
To be eligible to participate in this study, you must identify as female, be above the age of 18 and be enrolled at a university in India.

Participation Procedures and Duration
You will be asked to complete a series of questionnaires about your experiences with strangers. You will also be asked to provide some information about your background. It will take you about 20 minutes to complete the questionnaires.

Data Confidentiality or Anonymity
All data will be maintained as anonymous and no identifying information such as names will appear in any publication or presentation of the data.

Storage of Data and Data Retention Period
Paper (if applicable) and online data will be stored in a locked filing cabinet in the researcher's office for seven years and will then be shredded. The data will also be entered into a software program and stored on the researcher's password-protected computer for seven years and then deleted. Only members of the research team will have access to the data

Risks or Discomforts
While this study is believed to pose minimal risk, it is possible that you might experience negative emotions or distress while recalling unpleasant past experiences. You may choose not to answer any question that makes you uncomfortable and you may quit the study at any time

Who to Contact Should You Experience Any Negative Effects from Participating in this Study
Students enrolled in universities in India can contact the College Counselor or find local counseling services in the community. You can also call the National Mental Health Helpline: 1860 266 2345, 022-24131212, 022-25706000 or 1800233330.

Benefits
There are no perceived benefits for participating in this study**.**

Compensation
Pens or pencils will be handed out to you in return for your participation.

Voluntary Participation
Your participation in this study is completely voluntary and you are free to withdraw your permission at anytime for any reason without penalty or prejudice from the investigator. You will

receive stationery in return of your participation in the study. Please feel free to ask any questions of the investigator before signing this form and at any time during the study.

IRB Contact Information

For one's rights as a research subject, you may contact the following: For questions about your rights as a research subject, please contact the Director, Office of Research Integrity, Ball State University, Muncie, IN 47306, (765) 285-5070 or at irb@bsu.edu.

Researcher Contact Information

Principal Investigator:
Yamini Bellare, Doctoral Candidate
Counseling Psychology
Ball State University
Muncie, IN 47306
Telephone: (765) 285-8040
Email: ynbellare@bsu.edu

Faculty Supervisor:
Lawrence H. Gerstein, Ph.D.
Counseling Psychology
Ball State University
Muncie, IN 47306
Telephone: (765) 285-8040
Email: Igerstein@bsu.edu

Appendix O

Letter of Support to Collect Data in India

SOPHIA COLLEGE FOR WOMEN
CONVENT OF THE SACRED HEART
BHULABHAI DESAI ROAD, MUMBAI-400 026.
Tel. : 23523304, 23512642

To Whom It May Concern

This is to verify that Yamini Bellare, M.A. and Lawrence Gerstein, Ph. D. from the Department of Counseling Psychology and Guidance Services at Ball State University are allowed to collect data on the Sophia College Campus from May 2016 to December 2016 for their study on the experience of everyday stranger harassment among Indian female college students. It will be up to each student if they agree or do not agree to participate in their study.

Dr. Aninha Lobo
Associate Professor and Head,
Department of Psychology

Appendix P

IRB Exempt Letter

BALL STATE UNIVERSITY

Office of Research Integrity
Institutional Review Board (IRB)
2000 University Avenue
Muncie, IN 47306-0155
Phone: 765-285-5070

DATE:	April 21, 2016
TO:	Yamini Bellare, M.A.
FROM:	Ball State University IRB
RE:	IRB protocol # 892064-1
TITLE:	Experience with Strangers on the Street
SUBMISSION TYPE:	New Project
ACTION:	APPROVED
DECISION DATE:	April 21, 2016
REVIEW TYPE:	**EXEMPT**

The Institutional Review Board reviewed your protocol on April 21, 2016 and has determined the procedures you have proposed are appropriate for exemption under the federal regulations. As such, there will be no further review of your protocol, and you are cleared to proceed with the procedures outlined in your protocol. As an exempt study, there is no requirement for continuing review. Your protocol will remain on file with the IRB as a matter of record.

Exempt Categories:

	Category 1: Research conducted in established or commonly accepted educational settings, involving normal educations practices, such as (i) research on regular and special education instructional strategies, or (ii) research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.
X	**Category 2:** Research involving the use of educational test (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior
	Category 3: Research involving the use of educational test (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior that is not exempt under category 2, if: (i) the human subjects are elected or appointed officials or candidates for public office; or (ii) Federal statute(s) require(s) without exception that the confidentiality of the personally identifiable information will be maintained throughout the research and thereafter.
	Category 4: Research involving the collection of study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects.

	Category 5: Research and demonstration projects which are conducted by or subject to the approval of Department or agency heads, and which are designed to study, evaluate or otherwise examine: (i) public benefit or service programs; (ii) procedures for obtaining benefits or services under those programs; (iii) possible changes in methods or levels of payment for benefits or services under these programs.
	Category 6: Taste and food quality evaluation and consumer acceptance studies, (i) if wholesome foods without additives are consumed or (ii) if a food is consumed which contains a food ingredient at or below the level and for a use found to be safe, by the Food and Drug Administration or approved by the Environmental Protection Agency or the Food Safety and Inspection Service of the U.S. Department of Agriculture.

Editorial Notes:

1. N/A

While your project does not require continuing review, it is the responsibility of the P.I. (and, if applicable, faculty supervisor) to inform the IRB if the procedures presented in this protocol are to be modified or if problems related to human research participants arise in connection with this project. **Any procedural modifications must be evaluated by the IRB before being implemented, as some modifications may change the review status of this project.** Please contact (ORI Staff) if you are unsure whether your proposed modification requires review or have any questions. Proposed modifications should be addressed in writing and submitted electronically to the IRB (http://www.bsu.edu/irb) for review. Please reference the above IRB protocol number in any communication to the IRB regarding this project.

Reminder: Even though your study is exempt from the relevant federal regulations of the Common Rule (45 CFR 46, subpart A), you and your research team are not exempt from ethical research practices and should therefore employ all protections for your participants and their data which are appropriate to your project.

Bryan Byers, PhD/Chair
Institutional Review Board

Christopher Mangelli, JD, MS, MEd, CIP/Director
Office of Research Integrity