

# Health Impacts of Isolating Gender Violence

SAGE Open  
January-March 2024: 1–10  
© The Author(s) 2024  
DOI: 10.1177/21582440241227687  
journals.sagepub.com/home/sgo  


Ramon Flecha<sup>1</sup> , Lidia Puigvert<sup>1</sup> , Patricia Melgar<sup>2</sup>,  
and Sandra Racionero-Plaza<sup>1</sup> 

## Abstract

Isolating Gender Violence (IGV) is the violence perpetrated against those who support victims of gender violence and results from such support. Research has shown that overcoming IGV is central to eliminate gender violence. In this regard, a central step occurred in December 2020, when the Catalan Parliament approved by unanimity the creation of a new juridical figure and legal victim that never existed in the world before: victims of IGV. Now, professionals are demanding research evidence on health impacts of IGV to better support these victims. However, while the health consequences of sexual harassment have been widely examined, none analyses about whether and how IGV impacts its victims' health exist. This article reports the first study exploring the perceptions of a group of IGV victims about the impact of IGV on their physical and mental health, if any. Data was collected with 21 semi-structured interviews and 1 communicative discussion group. The interviewing focused on participants' perceptions about whether and how IGV affected their mental and/or physical health. Participants were 25 women and 4 men, all victims of IGV. The participants self-reported that IGV harmed their health status and shared their perceptions on some ways in which this occurred. Additionally, participants shared that: a) IGV reached their children affecting the minors' emotional wellbeing, and b) they had a strong feeling of injustice which was perceived too as deteriorating their health. Studies based on diagnosis and with larger samples are necessary to further investigate the health consequences of IGV.

## Plain Language Summary

### Health impacts of violence against supporters of victims of gender violence

Isolating Gender Violence (IGV) is the violence perpetrated against those who support victims of gender violence and results from their support. This study explores the perceptions of a group of IGV victims about the impact that such violence had on their physical and mental health, if any. This is relevant as none analyses about whether and how IGV impacts its victims' health exist. Data was collected with 21 semi-structured interviews and 1 communicative discussion group. Participants were 25 women and 4 men, all victims of IGV. The participants self-reported that IGV harmed their health status and shared their perceptions on some ways in which this occurred. Additionally, they manifested that the IGV they experienced also reached their children, affecting the minors' emotional wellbeing. They also reported a strong feeling of injustice that they also saw as deteriorating their health. While the health consequences of sexual harassment have been widely examined, this is the first analysis about whether and how IGV impacts its victims' health. Health professionals can use this knowledge to better support IGV victims' health, and these results provide more evidence, now related to health status, to strengthen the need for protocols on gender violence to include measures to protect those who support gender violence victims. This is not only because without supporters, gender violence cannot be eliminated, but also because IGV puts supporters' health at stake. The study presents limitations as no generalization can be claimed and it is based on victims' perceptions.

<sup>1</sup>University of Barcelona, Spain

<sup>2</sup>University of Girona, Spain

## Corresponding Author:

Ramon Flecha, Faculty of Economics and Business, University of Barcelona, Av. Diagonal 690, Barcelona, 08034, Spain.  
Email: ramon.flecha@ub.edu

Data Availability Statement included at the end of the article



Creative Commons CC BY: This article is distributed under the terms of the Creative Commons Attribution 4.0 License (<https://creativecommons.org/licenses/by/4.0/>) which permits any use, reproduction and distribution of the work without further permission provided the original work is attributed as specified on the SAGE and Open Access pages (<https://us.sagepub.com/en-us/nam/open-access-at-sage>).

## Keywords

Isolating Gender Violence, health impacts, mental health, physical health, gender violence, sexual harassment, university

## Introduction

Sexual harassment is associated with higher prevalence of hypertension, and two-fold higher likelihood of poor sleep consistent with clinical insomnia; this, in turn, is associated with poorer health outcomes (Thurston et al., 2019). In adolescence, sexual harassment has a direct correlation to psychological impairment, especially in females (Eom et al., 2015). In adulthood, studies have evidenced that sexual harassment is a stressor that is associated with increased depressive symptoms (Houle et al., 2011). When moving to advanced age, workplace sexual harassment has been found to have potential long-term consequences on older women (Gibson et al., 2022). Sexual harassment produces an array of psychological and physical symptoms related to posttraumatic stress, in over 90% of victims, and self-doubt is a central issue regardless of gender (Charney & Russell, 1994).

The mental and physical health effects of sexual harassment already reported in the scientific literature represent a step forward in the run to eliminate sexual violence against women. Those findings show the very negative consequences of this violent experience, and they can support the victims medically. Yet new horizons have emerged in the field. On December 22nd, 2020, the Catalan Parliament (2020) approved by unanimity the first legislation (Law 17/2020 of 22 December) in the world against Isolating Gender Violence (IGV) (Flecha, 2021; Puigvert et al., 2021; Vidu et al., 2021, 2022). Isolating Gender Violence (IGV) is any kind of violence perpetrated against those who support and protect gender violence victims, and is the direct consequence of such support (Vidu et al., 2021). While there is research on how sexual harassment negatively affects the mental and physical health of first-order victims of sexual harassment, no research has explored the impacts, if any, of IGV in its victims. This article reports novel qualitative evidence on whether and how the experience of IGV in a group of advocates for victims of gender violence in Spanish universities was perceived by these IGV victims to have deteriorated their physical and mental health.

Until 2021, the name Second Order of Sexual Harassment (SOSH) was used provisionally to describe the concept of IGV, to recognize their precursor contribution and to build upon previous works. Later, a wide process of dialogue engaged plurality of voices to define the best concept to describe this violence against advocates of victims of sexual harassment. The concept chosen after such dialogic process was IGV (Vidu et al., 2021). IGV is any kind of violence against those who

advocate for gender violence victims. The objective of those who perpetrate IGV is to isolate gender violence victims and discourage these victims from reporting or receiving support (Gómez-González et al., 2023). If this happens, the sexual harassers maintain the impunity of gender violence. The IGV concept is linked to what science and legislations establish as gender violence.

After the approval in Catalonia, the Parliament in the Basque Country did the same in March 2022 (Basque Parliament Parlamento Vasco, 2022), and international organizations, like the European Sociological Association, have included taking a stand against IGV in its ethical guidelines (ESA Ethical Guidelines, September 2021). The Brazilian Parliament, and other scientific organizations and institutions are now engaged in the same developments.

That the first approval took place in the Catalan Parliament was not by chance. The case that we analyze here has made the Catalan society to become aware that is not possible to overcome sexual harassment without acting against isolating gender violence, as the first reason for citizens not helping victims of gender violence is fear to retaliation (Melgar et al., 2021). Over the two decades prior to the aforementioned legislation, the few professors of seven Catalan universities who have supported victims of sexual harassment were attacked with cruelty by harassers and their allies. From the beginning, these few professors had the support of the Catalan Platform Against Gender Violence, that gathers more than 100 entities dedicated to work with victims and, gradually, these professors achieved the support of all political parties and of more and more social organizations, apart from much international help of individuals from universities such as Harvard and Cambridge, and the European Women's Lobby. In this process, it has become clear that isolating gender violence exists in any context, and not only in universities (Flecha, 2021; Peña, Arias & Saez, 2022).

IGV constitutes a threatening situation in which victims often feel fear of victimization (Melgar et al., 2021). The manifestations of IGV already reported in the scientific literature (Flecha, 2021), and which include, among others, public defamation, persecution, death threats, and mobbing, are sources of toxic stress, which the literature in the health sciences has well evidenced its negative mental and physical health effects. Toxic stress hinders brain development, affecting its architecture and functioning, as well as it damages the immune system which, in turn, increases the likelihood of suffering from a wide array of autoimmune and inflammatory diseases,

including cardiovascular disease, viral hepatitis, liver cancer, asthma, chronic obstructive pulmonary disease, autoimmune diseases, poor dental health, and depression (Araújo et al., 2009; Bierhaus et al., 2003). Nonetheless, the specific health manifestations of experiencing the stress associated to IGV have not been investigated.

While there is research on how IGV negatively impacts the mental and physical health of victims of sexual harassment (Aubert & Flecha, 2021), the research reported in this article is pioneer in studying whether and how the group of professors from Catalan universities, who were pioneers in defending victims of sexual harassment in Spanish universities and were attacked because of providing such support, perceived that such IGV of which they were victims impacted their physical and mental health.

## Materials and Methods

This is a qualitative study of a particular case of IGV and its victims' perceptions about how such IGV impacted their mental and physical health status. The research employed the Communicative Methodology of Research, which has been recommended by the European Commission to raise the social impact of scientific research (Gómez et al., 2019; Gómez González, 2021; Soler & Gómez, 2020).

The researchers maintained contact with participants who had identified themselves as IGV victims, according to the definition of IGV, and had expressed their willingness to participate in this study. We sent to all potential participants an information sheet and written consent form which they had to sign and send back if they agreed to participate in the study. Given the restrictions of the COVID-19 pandemic, all data collection took place on-line. Ethical approval was granted by the Committee on Research Ethics and Biosecurity of the University of Girona.

All participants had to be victims of the case of IGV mentioned in the introduction section of this manuscript, and all were recruited using a purposive snowball strategy. All are professors and researchers in universities in Catalonia, except two who are university professors in other regions in Spain, and two other two who work in two universities in the United States. Recruitment was difficult. Most of the individuals who met the inclusion criteria did not dare to participate given the harsh experience of IGV they had.

The final number of participants was 29, 25 were women and 4 were men. The IGV victims who participated in this study belong to a research community that is mostly dedicated to social sciences research. In this regard, the major presence of women in the sample reflects the greater proportion of women in the social

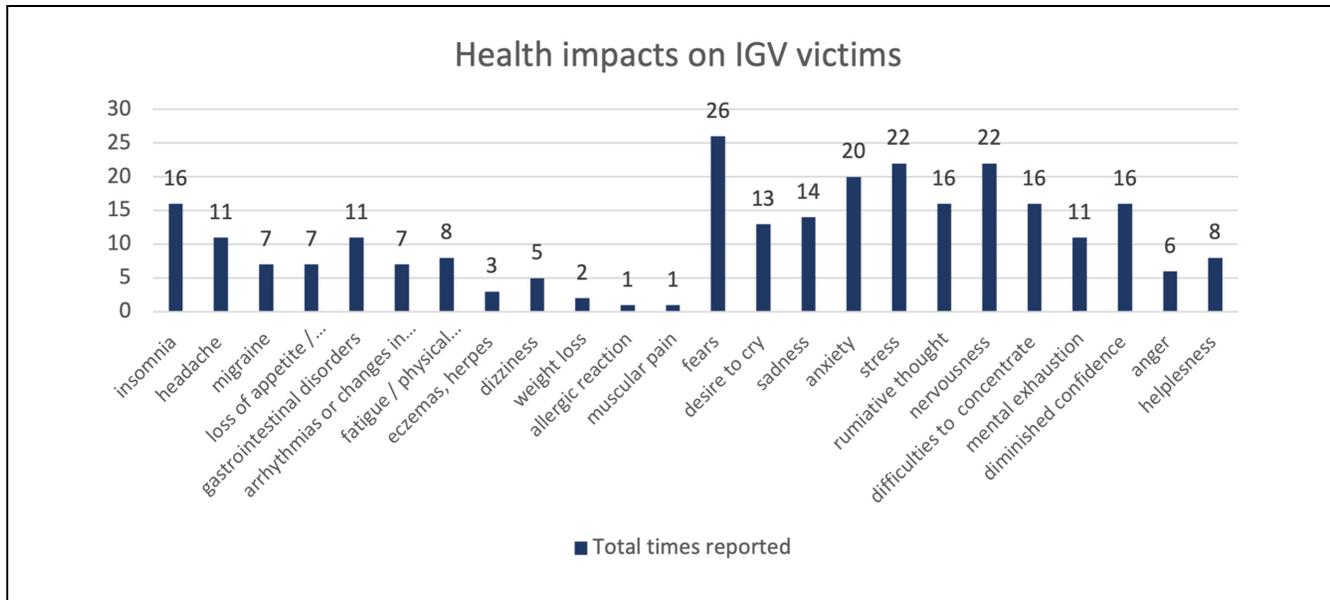
sciences. The age of the participants ranged from 27 to 66, with 21 participants being between 35 and 50. This is explained by the fact that most participants have the first type of positions in the university, lecturers or associate professors (permanent), by that age. Only 2 participants were full professors. Most participants were originally from Spain, but 2 from Eastern Europe and 1 was from Latino America. These last three had immigrant background.

Some participants professed a religion, while the majority were agnostic. The total sample illustrated diversity of family and household types, with some participants being single, others had a partner, some were married, some had children and others had not, and one was divorced. 1 participant was homosexual. Almost all participants were middle class, a total of 28, and 1 was upper class.

To collect the data, we conducted 21 semi-structured interviews and 1 communicative discussion group with 8 participants.

In the interviews and communicative discussion groups, the questions focused on the participants' experiences of IGV and their perceptions on whether and how IGV affected their health. Following the approach of the communicative methodology of research, a progressive refinement of the instruments of data collection was done. This meant that some questions in the communicative discussion group were informed by the information obtained in the individual interviews, this allowing to deepen into some topics that participants in the interviews showed to be of relevance. First were held the interviews, and then the discussion group.

Among the questions in the interview, the following were included: Being victim of IGV has had any impact in your mental and/or physical health? If so, can you mention any or some of those health impacts? Could you share an example of a situation of IGV that you were victim of, and which affected your mental or physical health? How do you perceive the relationship between such episode of IGV you were victim of and the symptomatology you referred to? Some of the topics for the communicative discussion group were decided in advance according to our research questions and scientific literature, while others were included after conducting the interviews to deepen into some other topics that were raised by some participants in the interviews. Sample questions in the discussion group included: From your personal experience as victims of IGV, did such experience affected your mental and physical health in any ways? If so, how? Why do you think that IGV negatively affects mental and physical health? We have found that some victims of IGV report to feel or having felt "injustice," in the sense of being harassed for doing good. What do you think about this?



**Figure 1.** Participants' self-reported impacts on physical and mental health.

The verbal data was audio-recorded and analyzed. The analytical strategy combined inductive and deductive approaches. The researchers employed three very general themes for the analysis: impacts of IGV in mental health, impacts of IGV in physical health, and mechanisms in which IGV damages victims' mental or physical health. At the same time, there was openness to identify new themes emerging from the data. This bottom-up approach led to the identification of more themes: impact on the victims' relatives' health, and feeling of injustice. All data was coded according to those five inductive and deductive themes. As for the themes referring to impacts of IGV in mental health, and impacts of IGV in physical health, subthemes were identified with the bottom-up approach to qualitative data analysis by reading and re-reading interview transcripts. The new themes shed light on specific conditions in mental and physical health that the participants reported to have suffered because of their IGV experience.

Also, contrasting the analysis of data from the interviews with data from the communicative discussion group allowed raising trustworthiness (Lincoln & Guba, 1985), as well as it informed about consistency of the codes employed (Hesse-Biber, 2016).

## Results

For most participants, the form that IGV took place for them was public defamation about their personal and professional life, and some also received threats. Generally, all participants perceived that such experienced IGV affected their physical and mental health in various ways.

### Health Impacts of IGV

All participants reported having deterioration of their physical and/or mental health because of being victims of IGV (see Figure 1). Regarding the impacts on the victims' physical health, the following ten symptoms and conditions were mentioned by more than one participant in the study and, generally, each of the themes (impacts) were supported by multiple participants: insomnia (16), headache (11), gastrointestinal disorders (11), fatigue/physical exhaustion (8), arrhythmias or changes in heart rate (7), migraine (7), loss of appetite/disordered eating (7), dizziness (5), eczemas and/or herpes (3), and weight loss (2). Nonetheless, in qualitative research, the power of a theme does not rely on the number of participants who support it because the analysis aims to reach a rich description of the phenomenon, so marginal cases can provide most enlightening instances. Thus, we also included allergic reaction (1) and muscular pain (1) as two participants mentioned those physical health impacts.

The frequency of reported mental health symptoms was higher in comparison with reported physical health consequences. A list of the 12 reported symptoms, together with the number of participants which reported each symptom, follows: fears (26), stress (22), nervousness (22), anxiety (20), ruminative thought (16), difficulties to concentrate (16), diminished confidence (16), desire to cry (13), sadness (14), mental exhaustion (11), helplessness (8), and anger (6).

Among all the reported impacts on health, 11 coincide with the ones which had been also described by previous research on health consequences of sexual harassment in victims of such harassment. Among those, 4 are mental

health impacts: stress, anxiety, diminished confidence, and anger, and 7 are physical health impacts: insomnia, headache, gastrointestinal disorders, fatigue, arrhythmias or changes in heart rate, migraine, and loss of appetite/disordered eating.

*Mental Health Impacts Reported by Victims of IGV.* The participants said that their mental health was affected by their experience of IGV.

*Fear* was the most recurring theme, expressed by a total of 26 participants. Suffering IGV by attacking their professional and personal life left some participants feeling fear that they could be publicly attacked at any moment, either when going to some new place, such as a new job, or when going to a space where participants knew they would run into harassers and their supporters:

I remember going to the university cafeteria with fear of whom I would find there. So, I had to ask someone to come with me not to go alone in case someone said something, and I would freeze, because I had the constant feeling that they'd attack me, that they'd say something to me. (Verónica)

I especially felt my heart pounding all day on the day that very heavy attacks occurred in the media. And that provoked the fact that whenever I had to go into a new space where I hadn't introduced myself yet, I had that same feeling that my heart was pounding, my legs were trembling, with a feeling that I'm not controlling this situation and I don't have the confidence to confront anyone. (Paula)

Feelings of stress and anxiety were also among the most reported mental health impacts. 22 participants said they had felt *stress* and 20 reported to have had *anxiety* linked to worries of persecution and defamation:

He bombarded the conference with tweets with defamations. It generated a lot of stress on me. It was difficult to defend myself from that, you don't control where the information is spreading, you're worried about your career, about doing things right, you're alert all time for giving a response. (Joan)

I had anxiety attacks, I remember a day when I was coming home and in a subway station before mine, I had to get off, because I started suffocating inside the subway, and I had to go out to the street to keep walking. I ended up going to the doctor's and they sent me to the psychologist and to the psychiatrist. (Amelia)

Sixteen participants also mentioned that IGV *diminished* their *confidence*, producing insecurities in professional settings out of fear that someone might bring up any attack and question them in public. The participant victims that reported this, also shared that in those occasions they often doubted about themselves being able to confront the attacks if those were to happen:

Insecurity issues, even though you might feel very confident at the academic level (...). But the possibility that a direct attack about things people make up will come out, that makes you feel insecure, and maybe you present something in a different way, or the way in which you act, or talk is not the same, it's because of insecurity. (Lorea)

Fourteen participants reported feelings of *sadness*, and 13 participants shared they had *desire to cry* while experiencing IGV. Participants shared that seeing the way in which people they knew and had a good relationship with did not stand on their side, or in some cases these people even turned to also attack them, produced those feelings of sadness and desire to cry:

In spite of knowing that a serious situation of injustice was happening, the general dynamic has been to look the other way, to think that it's not that serious or that it will simply go away. That has disappointed me deeply in the case of some people I had a good relationship with. When remembering these situations, this sadness sometimes turns into sobbing that's hard to comfort. (Mónica)

This feeling of sadness was linked to the whole situation of IGV and to a sense of desperation in the middle of its experience:

The fear, anxiety, stress, insomnia, the most important effects, are also sometimes linked to a feeling of sadness, or despair, wanting to cry at different times. Not always, but in specific moments, when there are attacks, a public exposition, a talk, a conference ... (Laia)

At the health level I remember being more depressed, with a nervous tic. I remember more sadness, crying more, I was overwhelmed. (Raquel)

*Physical Health Impacts Reported by Victims of IGV.* As for physical health impacts, 16 participants said that they had experienced *sleep problems*, 11 reported *headache*, and 7 *migraine*. They experienced this especially when the IGV attacks reached important contexts in their personal lives, such as the schools attended by their children:

In the year 2016-18 the attacks arrived at his school, he was ten years old, and it generated a very aggressive situation. I was scared for him, for my mother, who picked him up from school every day. There was a lot of aggressivity due to the lies that had been created against us. I feared for both of them, I had a lot of anxiety, I couldn't sleep, I had many sleeping problems. And I always stay alert. Since then, I lost the possibility to sleep well. (Clara)

I suffer a lot of migraine in some situations, like when I know that we might be attacked, for instance, during masters' thesis defenses, or in dissertation projects. There is a professor who has tried to destroy me and even my students, or in competitions for positions, he has said things like "you know this person works with X and she's in a sect," or he

has distributed the news attacking us as a sect to people in my department. (Alejandra)

Reference to *stomach pain* and other *gastrointestinal disorders* was also made by 11 participants, who said that for them such physical manifestation was related to the mental difficulties that IGV represented to them:

It's those symptoms of mental health but which end up influencing your physical health, for instance, stomach pain. (Isabel)

I remember when Y chased me in a demonstration, he spent a very long time chasing me. I was trying to get rid of him. Finally, I made it home, he followed me for a while, but I arrived home, and well, I had great nerves, stomach pain, physical unease, I was unable to eat. (Sonia. The harasser followed this victim on the streets)

Two participants reported losing weight very quickly as a consequence of gastrointestinal symptomatology:

When there's an attack on the internet and in a WhatsApp group, publicly slandering diverse people and myself, that made me for instance lose five kilos due to anxiety and nervousness. (Lorea)

Feeling of *exhaustion*, *fatigue*, was also a recurrent theme, with 19 participants mentioning that IGV produced in them such outcomes. 11 participants shared that they suffered from mental exhaustion while experiencing IGV victimization, and 8 said they felt physically exhausted. For instance, Sonia reported: "It's a huge mental load, like the mind isn't working as it should, this worry makes you not have the reflexes, the mental agility you usually have." Sonia also felt physical exhaustion:

A feeling of tiredness, I was constantly tired, it's like physical exhaustion, I could feel I didn't have the energy I usually have. Little energy to do the everyday tasks, not being as vital as usual. (Sonia)

Five participants also reported that during the IGV attacks they *felt dizzy*, and three shared to have had a *herpes* rash or other dermatological reactions when experiencing IGV victimization:

Sometimes I've had some dizziness, like a vertigo, a very sudden dizziness. When you come across someone, or have heard a word, or have noticed the glance of someone who knows someone. Or being in a meeting and you're feeling dizzy. Or when you fear something can happen. It's in the everyday, in the fear that someone watched X TV channel and they will tell me something when I see them. (Alba)

Due to the media defamation campaign, I was really worried, it was a situation of great anguish, of having to explain things constantly, and I remember a feeling of distress.

When I'm stressed, I usually have herpes, I had an outbreak of lip herpes. (Sonia)

One day we were on the bus on our way to the university, and suddenly the dean of the faculty got on the bus. She was the one who rejected my dissertation and all that because it was about sexual harassment at the university. I was really nervous, it was a situation of fear, of nerves. I had an allergic reaction; I had urticaria in my neck. (Verónica)

### Concern About One's Children's Safety and Health

A topic that was not firstly previewed and appeared strongly in the discussion group and in all 14 interviews with all the participant victims who had children was their extreme worry about their children's safety. These participants reported being insulted in social media, such as WhatsApp groups, used by some families in the schools and where these participants were also members, or when arriving at the school with their children and receiving humiliating comments and threats from some families and teachers. Because all this, participants with children said that they had strong fears when walking around on the streets of the neighborhood at that time, as they might run into the attackers:

All this was used not only against my daughter, but against the children of many people who have taken the same position as me, and this made some of us take our children out of the school, with all the stress and lifestyle change this implies for children and for us. I was scared of walking to the school those days, of coming across people who had insulted and threatened us. So, in certain places in the neighborhood, for a while I wasn't calm. (Luis)

Participants shared that they were worried about the possibility of their children being physically attacked, and this led them to feel anxious:

I remember I had to stop in the middle of the street because I had a lot of anxiety, and I couldn't stop crying. It was hard to breathe. I decided to come back to pick my son up from school. I felt that was not a safe place for him anymore, I felt tremendously restless leaving him there. The insults and accusations didn't stop in the WhatsApp group with other families. I was directly insulted, they were calling me rat, including a picture of myself saying I belonged to a sect, saying I deserved to be beaten. I've never been insulted like that. I suffered for my physical integrity and for my kid's when thinking of picking him up after school. I had never before felt that way, I had never been threatened like that. (Mónica)

These participants shared that moving their children to another school in the middle of the year and cutting all contact with their friends from the former school caused a deep feeling of sadness in their children:

That situation wasn't normal, my kid wasn't going to school and he didn't understand why, and he spent a long time in his grandparents' house. He started to have many episodes of great sadness, of crying at night because he didn't know why he couldn't see his friends from school, why he couldn't go to birthday parties. (Mónica)

As some participants explained, their children experienced strong fears during the nights, together with inconsolably cry. Today, the children remember very well what happened and keep asking questions to their parents:

What happened in the school had a very important impact on him. He remembers everything perfectly, in spite of the fact that he was five when it happened; now he's 11. He had attacks of crying inconsolably for days (...) and feeling terror in the middle of the night with no apparent reason. These lasted several years. (Berta)

### *Feeling of Injustice*

The participants also shared that they had a strong feeling of "injustice." There was a common feeling of and perception of themselves as doing the right thing, that is, breaking the silence about gender violence and supporting victims, but being treated as if they were doing wrong.

If protecting victims of sexual harassment is what we must do, why am I attacked? I simply cannot understand why doing the good thing becomes a reason for being harassed. I'm helping others in need, what is wrong about that? This is absolutely unfair. (Libertad)

As explained by participants, this feeling of injustice was also present in some family members of the IGV victims, who asked some participants "Why does it have to be you? Why don't other people do this?" (Libertad), in front of the harsh IGV received and still these victims' persistent commitment to continue supporting first order victims:

I remember a time at home when I stopped explaining it, so that my parents wouldn't worry, especially my mother, who was the one who suffered most thinking I wasn't healthy. Sometimes she told me "Well, when is this going to end?," I think my mother never told me "why don't others do it?," but I'm sure she thought it. (Verónica)

Some participants also mentioned that this feeling of injustice for protecting victims of sexual harassment and being attacked for so doing, and the reactions of preoccupation in close relatives for this happening to them, also harmed their wellbeing: "This constant feeling of injustice has worsened my health, as it made me worry for my family members who were constantly preoccupied about me" (Mónica).

## **Discussion**

Our study follows new advancements in a reality, that of IGV, that has been recognized legally in Catalonia and the Basque Country. Other Parliaments and organizations around the world are right now following their example. More and more research is being conducted on IGV (Melgar et al., 2021), on the forms it takes in different contexts (Flecha, 2021), and on the implications it has for preventing individuals and collectives from taking action to protect and defend first-order victims (Charney & Russell, 1994; Eom et al., 2015; Gibson et al., 2022; Houle et al., 2011; Thurston et al., 2019). Yet IGV has never before been studied from the perspective of the health outcomes it implies for the advocates of victims of sexual harassment. While the health consequences of first order sexual harassment have been analyzed, this analysis has not been undertaken for IGV. Our study has come to fill this gap analyzing for the first time the health consequences of IGV in a group of professors and researchers from Catalan universities who broke the silence on sexual harassment in Spanish universities and have protected first-order victims.

Our findings indicate that the group of IGV victims who participated in this study perceived that their experience of IGV had physical and mental health consequences for them, being mental health impacts the ones most reported. Some of the health impacts reported by the participants had been previously identified by research on health consequences of sexual harassment (Charney & Russell, 1994; Eom et al., 2015; Gibson et al., 2022; Houle et al., 2011; Thurston et al., 2019). Among them, some of the most prominent ones as described by our participants are insomnia, headache, fatigue, or disordered eating for physical effects, and stress, anxiety, diminished confidence, or anger for mental health impacts. Importantly, our study has identified physical and mental health impacts that previous literature on sexual harassment has not gathered. These include, among physical impacts, dizziness, or eczemas/herpes. And nervousness, ruminative thought, or sadness for mental health. Some less reported but still important health consequences were weight loss, allergic reactions or muscular pain.

In addition, the narrative provided by the participants gave context to their reported health impacts, illustrating how IGV damaged their health and showing that IGV constituted for them a context of toxic stress, which the literature had already shown that deteriorates physical and mental health (Shonkoff et al., 2012).

Importantly, our qualitative data informed of a profound concern among parent participants about their children's safety and wellbeing, as the IGV on the adults also reached minors, debilitating the children's emotional wellbeing as self-reported by the adults. This notable

finding requires further examination. A possible direction of analysis might be considering IGV as an Adverse Childhood Experience (ACE) (Bellis et al., 2019).

Additionally, our data informed of a deep feeling of injustice among these victims of IGV, a feeling resulting from being attacked because of doing something good. Some of our participants' close ones, who knew about the IGV on their relatives, also had that feeling of injustice. Future research could explore whether this feeling of injustice worsens the health of IGV victims, something that was raised by some of our participants.

One limitation of this study is that findings are based on participants' self-report; it is their perceived health impacts. Besides, this is a study of a particular case of IGV upon a group of professors and researchers from Catalan universities mostly. The perceptions reported in this manuscript can only be applied to this group. Future studies on this topic could include evidence from medical diagnoses to overcome the limitations of subjects' perception, as well as involve IGV victims with other professional profiles and in other geographical contexts. Along this line, greater diversity among participants, particularly in terms of sexual orientation and ability, would enrich our findings.

Also, prior experience of first-person sexual harassment victimization, if any, was not asked to the participants. Future research could examine if prior sexual harassment victimization influences the negative health outcomes of IGV victimization. Such findings could ultimately enrich even more the policies and protocols to protect those who support victims of sexual harassment because of the expected diversity of victimization experiences among advocates.

Finally, our study was qualitative and cannot claim generalization. Quantitative studies with large samples of victims of IGV could yield new findings that might start claiming generalization.

## Conclusions

First, the implications of our findings on this group of IGV victims are relevant for the overcoming and prevention of two types of violence: gender violence and IGV. Literature in the field has clarified that the overcoming of gender violence requires upstanders, individuals who take a stand on the side of the victim (Coker et al., 2016; Puigvert et al., 2022). This support is also necessary for victims of gender violence to become survivors. However, the price of supporting, protecting, and defending these victims is too high, with supporters suffering attacks, slanders, and reprisals (Flecha, 2021; Vidu et al., 2021). This makes many individuals not daring to stand with first-order victims or to finish their support (Melgar et al., 2021). The self-reported negative

health consequences of IGV identified in this study help in demonstrating the seriousness of this violence. This evidence should strengthen measures to protect those who support victims of gender violence, now not only because without supporters, gender violence cannot be eliminated, but also because IGV puts supporters' health at stake and even that of their relatives. Other research had already reported that IGV can worsen the already deteriorated health of gender violence victims (Aubert & Flecha, 2021). Such existing data and the new contributed here point to IGV as a health problem.

Second, these findings can also inform effective prevention and response in institutions committed to the elimination of sexual harassment. Our results provide more reasons, health related, for protocols and policies on sexual harassment to include strong measures of protection of advocates and coherent action if cases of IGV occur. Not doing so can have health costs for employees or other type of members in the institution, as well as economic costs for the organization, as some IGV victims may need medical leaves. This health and economic approach when investigating consequences of violent human relationships, which has been undertaken in research studies on adverse childhood experiences (Bellis et al., 2019), constitutes an area that could also be inquired in the case of IGV.

Third, professionals working with IGV victims are demanding research evidence on health impacts of IGV to better support these victims. In this regard, our qualitative exploration of this topic constitutes a first tool for those professionals. In the light of our results, IGV may constitute a particular type of toxic relationships that research has shown to deteriorate physical and mental health. Much literature has provided consistent data on the negative health outcomes produced by toxic human relationships (Bierhaus et al., 2003; Dunkel Schetter, 2017; Elboj-Saso et al., 2022). Our findings add to that line of research as they provide insight into human interactions where IGV takes place; the knowledge gained through our research in this regard can characterize such IGV interactions as toxic. Scientific studies employing diverse methods and samples in various geographical settings are necessary to advance this sounded hypothesis.

Our investigation is a first step in health sciences research to advance toward developmental contexts and societies free from IGV and, therefore, healthier. Protecting those who support victims of sexual harassment is not only an ethical and legal question, but also a public health concern. Unless those who protect victims are not protected by institutions and the community from being harassed, the elimination of gender violence in society will turn to be an extremely far horizon and it may have serious human costs.

## Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

## Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This research was framed by two research projects: ALLINTERACT: Widening and diversifying citizen engagement in science. Horizon 2020 (2020-2023). PI: Ramon Flecha. Grant number: 872396. Funding: € 1 032 223 SOL.NET: Redes de solidaridad con impacto en los procesos de recuperación de mujeres víctimas de violencia de género. Research funded by the Ministry of Science, Innovation and Universities of the Spanish Government. PI: Prof. Patricia Melgar Alcantud. Reference: RTI2018-096947-A-I00. Funding: 21.780€.

## ORCID iDs

Ramon Flecha  <https://orcid.org/0000-0001-7230-516X>  
Lidia Puigvert  <https://orcid.org/0000-0001-8963-615X>  
Sandra Racionero-Plaza  <https://orcid.org/0000-0002-8347-5794>

## Data Availability Statement

The datasets generated during and/or analyzed during the current study are available from the corresponding author on reasonable request.

## References

- Araújo, J. P., Lourenço, P., Azevedo, A., Friões, F., Rocha-Gonçalves, F., Ferreira, A., & Bettencourt, P. (2009). Prognostic value of high-sensitivity C-reactive protein in heart failure: A systematic review. *Journal of Cardiac Failure, 15*, 256–266. <https://doi.org/10.1016/j.cardfail.2008.10.030>
- Aubert, A., & Flecha, R. (2021). Health and well-being consequences for gender violence survivors from isolating gender violence. *International Journal of Environmental Research and Public Health, 18*(16), 8626. <https://doi.org/10.3390/ijerph18168626>
- Basque Parliament Parlamento Vasco. (2022). Ley 1/2022, de 3 de marzo, de segunda modificación de la Ley para la Igualdad de Mujeres y Hombres. Retrieved July 10, 2022, from [https://www.legebiltzarra.eus/portal/es/web/eusko-legebiltzarra/actividad/leyes-aprobadas-todas#\\_48\\_INSTANCE\\_VgApmF7SsNEE\\_%3Dhttps%253A%252F%252Fwww.legebiltzarra.eus%252Fords%252Ff%253Fp%253DCTP%253ASUMARIO\\_LEYES%253A%253A%253A%253ASESSION%253ARESETBRCRMB%253AY%2526https%253A%252F%252Fwww.legebiltzarra.eus%252Fords%252Ff%253Fp%253DCTP%253ASUMARIO\\_LEYES%253A%253A%253A%253ASESSION%253ARESETBRCRMB%253AY%2526%2526p\\_lang%253Des](https://www.legebiltzarra.eus/portal/es/web/eusko-legebiltzarra/actividad/leyes-aprobadas-todas#_48_INSTANCE_VgApmF7SsNEE_%3Dhttps%253A%252F%252Fwww.legebiltzarra.eus%252Fords%252Ff%253Fp%253DCTP%253ASUMARIO_LEYES%253A%253A%253A%253ASESSION%253ARESETBRCRMB%253AY%2526https%253A%252F%252Fwww.legebiltzarra.eus%252Fords%252Ff%253Fp%253DCTP%253ASUMARIO_LEYES%253A%253A%253A%253ASESSION%253ARESETBRCRMB%253AY%2526%2526p_lang%253Des)
- Bellis, M. A., Hughes, K., Ford, K., Ramos Rodriguez, G., Sethi, D., & Passmore, J. (2019). Life course health consequences and associated annual costs of adverse childhood experiences across Europe and North America: A systematic review and meta-analysis. *Lancet Public Health, 4*, e517–e528.
- Bierhaus, A., Wolf, J., Andrassy, M., Rohleder, N., Humpert, P. M., Petrov, D., Ferstl, R., Von Eynatten, M., Wendt, T., Rudofsky, G., Joswig, M., Morcos, M., Schwaninger, M., McEwen, B., Kirschbaum, C., & Nawroth, P. P. (2003). A mechanism converting psychosocial stress into mononuclear cell activation. *Proceedings of the National Academy of Sciences of the United States of America, 100*, 1920–1925. <https://doi.org/10.1073/pnas.0438019100>
- Catalan Parliament. (2020). Portal Jurídic de Catalunya. Llei 5/2008, de 24 d'abril, del dret de les dones a eradicar la violència masculista. Retrieved July 10, 2022, from <https://portal-juridic.gencat.cat/eli/es-ct/l/2008/04/24/5>
- Charney, D. A., & Russell, R. C. (1994). An overview of sexual harassment. *The American Journal of Psychiatry, 151*, 10–17.
- Coker, A., Bush, H. M., Fisher, B., Swan, S. C., Williams, C. M., Clear, M. R., & DeGue, S. (2016). Multi-college bystander intervention. Evaluation for violence prevention. *American Journal of Preventive Medicine, 50*(3), 295–302. <https://doi.org/10.1016/j.amepre.2015.08.034>
- Dunkel Schetter, C. (2017). Moving research on health and close relationships forward—A challenge and an obligation: Introduction to the special issue. *American Psychologist, 72*, 511–516. <https://doi.org/10.1037/amp0000158>
- Elboj-Saso, C., Iñiguez-Berrozpe, T., & Valero-Errazu, D. (2022). Relations with the educational community and transformative beliefs against gender-based violence as preventive factors of sexual violence in secondary education. *Journal of Interpersonal Violence, 37*(1–2), 578–601. <https://doi.org/10.1177/0886260520913642>
- Eom, E., Restaino, S., Perkins, A. M., Neveln, N., & Harrington, J. W. (2015). Sexual harassment in middle and high school children and effects on physical and mental health. *Clinical Pediatrics, 54*, 430–438.
- Ethical guidelines of the European Sociological Association. (2021). *Ethical Guideline 4*. Retrieved July 9, 2022, from <https://www.europeansociology.org/about-esa/governance/ethical-guidelines#:~:text=Ethical%20Guideline%20%20The%20ESA,and%20second%2Dorder%20sexual%20harassment>
- Flecha, R. (2021). Second-order sexual harassment: Violence against the silence breakers who support the victims. *Violence Against Women, 27*(11), 1980–1999.
- Gibson, C. J., Lisha, N., Lalchandani, P., & Huang, A. J. (2022). Workplace sexual harassment: Potential long-term associations with psychological function in older adults. *Journal of General Internal Medicine, 37*, 692–694.
- Gómez, A., Padrós, M., Ríos, O., Mara, L.-C., & Pukepuka, T. (2019). Reaching social impact through communicative methodology. Researching with rather than on vulnerable populations: The Roma case. *Frontiers in Education, 4*, 1–8.
- Gómez González, A. (2021). Science with and for society through Qualitative Inquiry. *Qualitative Inquiry, 27*, 10–16.

- Gómez-González, A., Girbès-Peco, S., Jiménez González, J. M., & Vieites Casado, M. (2023). "Without support, victims do not report": The co-creation of a workplace sexual harassment risk assessment survey tool. *Gender, Work & Organization, 30*(4), 1354.
- Hesse-Biber, S. (2016). Qualitative or mixed methods research inquiry approaches: Some loose guidelines for publishing in sex roles. *Sex Roles, 74*, 6–9. <https://doi.org/10.1007/s11199-015-0568-8>
- Houle, J. N., Staff, J., Mortimer, J. T., Uggem, C., & Blackstone, A. (2011). The impact of sexual harassment on depressive symptoms during the early occupational career. *Society and Mental Health, 1*, 89–105.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage.
- Melgar, P., Geis, G., Flecha, R., & Soler, M. (2021). Fear to retaliation: The most frequent reason for not helping victims of gender violence. *International and Multidisciplinary Journal of Social Sciences, 10*(1), 1–20.
- Peña Axt, J. C., Arias Lagos, L., & Saez Ardura, F. (2022). Traditional masculinities in Chilean universities. Manifestations and affirmations in academic contexts and spaces. *Multidisciplinary Journal of Gender Studies, 11*(2), 172–199. <https://doi.org/10.17583/generos.8569>
- Puigvert, L., Soler-Gallart, M., & Vidu, A. (2022). From bystanders to upstanders: Supporters and key informants for victims of gender violence. *International Journal of Environmental Research and Public Health, 19*(14), 8521. <https://doi.org/10.3390/ijerph19148521>
- Puigvert, L., Vidu, A., Melgar, P., & Salceda, M. (2021). Brave-Net upstander social network against second order of sexual harassment. *Sustainability, 13*, 4135.
- Shonkoff, J. P., & Garner, A. S.; Committee on Psychosocial Aspects of Child and Family Health, Committee on Early Childhood, Adoption, and Dependent Care, & Section on Developmental and Behavioral Pediatrics. (2012). The life-long effects of early childhood adversity and toxic stress. *Pediatrics, 129*, e232-46.
- Soler, M., & Gómez, A. (2020). A citizen's claim: Science with and for society. *Qualitative Inquiry, 26*, 943–947.
- Thurston, R. C., Chang, Y., Matthews, K. A., von Känel, R., & Koenen, K. (2019). Association of sexual harassment and sexual assault with midlife women's mental and physical health. *JAMA Internal Medicine, 179*, 48–53.
- Vidu, A., Puigvert, L., Flecha, R., & López de & Aguilera, G. (2021). The concept and the name of isolating gender violence. *Multidisciplinary Journal of Gender Studies, 10*(2), 176–200. <https://doi.org/10.17583/generos.2021.6975>
- Vidu, A., Tomás, G., & Flecha, R. (2022). Pioneer Legislation on Second Order of Sexual Harassment: Sociolegal Innovation in Addressing Sexual Harassment. *Sexuality Research and Social Policy, 19*, 562–573.