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Sexual Harassment Among Women in Higher Education: Psychological Distress as a Mediator of Coping Strategies

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Abstract

Sexual harassment remains a widespread issue in higher education, with serious consequences, especially for women within the university setting. In this research, we explored the mediating role of psychological distress in the link between sexual harassment and coping strategies among women in higher education. In total, 637 women from the university community participated in this study, of whom 100 were victims of sexual harassment at their university. In Study 1, sexual harassment was found to predict higher levels of anxiety and depression, which were in turn associated with greater use of coping strategies focused on self-criticism, wishful thinking, and social withdrawal. In Study 2, sexual harassment predicted increased negative affect, which was subsequently associated with a stronger reliance on rumination. Taken together, the findings could suggest that the psychological distress women experience due to sexual harassment may determine their coping strategies. These results underscore the importance of adopting institutional measures that not only address the psychological impact of sexual harassment but also promote more adaptive coping strategies to reduce its long-term impact on women in higher education.

Keywords: sexual harassment; higher education; anxiety; depression; negative affect; coping strategies; well-being

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1. Introduction

Violence against women constitutes a public health and human rights issue, deeply rooted in and perpetuated by gender inequality [1]. Among other forms of violence (e.g., physical, psychological, or controlling behaviors), women may be exposed to sexual violence, which encompasses any performed or attempted sexual act or other behavior directed against a person's sexuality, as well as any verbal or physical conduct that violates a person's dignity through coercion, regardless of the perpetrator's relationship to the victim, in any setting [1–3]. Within this broader setting, sexual harassment is generally understood as any unwanted or unwelcome sexual behavior that affects a person's physical health and psychological well-being [4]. As a pervasive form of gender discrimination, it creates hostile

or threatening environments and can occur across multiple spheres, including workplaces, universities, public life, and digital spaces [5–7].

Sexual harassment in higher education was once largely invisible, but it is now recognized as a distinct issue, informed by decades of research, theory, and practical experience [8]. Despite assumptions that universities are safe spaces due to their highly educated populations, research indicates that gender-based violence, including sexual harassment, occurs regularly within higher education settings [9]; thus, it requires attention. It can take various forms, including sexual coercion, unwanted sexual attention, and gender-based harassment, constituting unlawful sex discrimination [10]. This sexual harassment encompasses behaviors of a sexual nature—whether verbal (e.g., sexually explicit language) or physical (e.g., being physically followed and being touched or brushed up against in a sexual way without consent)—that are perceived as offensive, intimidating, or hostile by the individual affected [11]. Accordingly, sexual harassment reflects one of multiple manifestations—both explicit and implicit—of gender-based violence within higher education institutions [8]. International studies indicate that the prevalence of sexual harassment in higher education varies widely, ranging from 2% to 93% depending on various factors, with a systematic review reporting that one in four female students experience sexual harassment and that this number doubles when other forms of sexual violence are included [8]. Women are disproportionately affected in university settings, and harassment is often perpetrated by someone known to the victim, such as a peer or even a faculty member [8,12,13]. In fact, women working in male-dominated environments are more vulnerable to sexual harassment [8].

The well-being of women can be significantly impacted by sexual harassment, resulting in severe consequences such as a range of mental health issues (e.g., anxiety or depression) and physical health problems (e.g., unintended pregnancy), along with detrimental effects on students' academic performance, relationships, career prospects, and overall life outcomes [6,8,14]. Despite this, women often do not report sexual harassment, remaining silent, but may still share their experiences with others, such as friends or family members [15,16]. In this regard, negative emotional states that may arise from experiences of harassment, such as shame or fear, can hinder action against it, making reporting such incidents more difficult [17–19]. Within this setting, coping strategies encompass the cognitive and behavioral efforts individuals deploy to manage stressors (i.e., sexual harassment) and to regulate or reduce the negative emotional consequences associated with stressful experiences [20,21]. Accordingly, it is necessary to explore the consequences of sexual harassment on women's well-being, as well as the main strategies they use to cope with it, which will be addressed in this study. Furthermore, coping strategies may differ depending on the specific type of sexual harassment experienced (e.g., verbal or physical). As an exploratory study, the present research aims to examine these potential differences, providing a more nuanced understanding of how women respond to distinct forms of harassment.

1.1. Theoretical Framework

The Transactional Model of Stress and Coping [18] for understanding occupational stress provides a valuable perspective for analyzing how women in higher education manage and respond to challenging or stressful experiences [19]. Stress occurs when individuals perceive that situational demands exceed their coping resources; through cognitive appraisal, they evaluate an event's significance and their ability to manage it. When the situation is judged as threatening or harmful, negative emotions may arise, prompting coping strategies, which could focus on solving the problem or managing emotions, and their effectiveness influences whether individuals adapt or experience ongoing distress [18]. Sex-

ual harassment in higher education can be perceived as a threatening stressor for women, potentially eliciting negative psychological outcomes such as anxiety and prompting the adoption of specific coping strategies. This framework can help us to understand how individuals perceive and cope with the stressors they face.

1.2. Stress Coping Strategies

Coping strategies encompass the cognitive and behavioral mechanisms individuals employ to manage or adapt to stress [18,22], including stress caused by sexual harassment. Coping strategies can be divided into two main categories: problem and emotion-focused coping [18]. The former aims to directly address and manage the source of stress, while the latter seeks to regulate the emotional impact of the stressful experience rather than its causes. However, this classification has been criticized by several researchers for inconsistencies in its structural composition and psychometric properties [22].

In the Spanish context, the Coping Strategies Inventory [23] was adapted by Cano and collaborators [24], who proposed an eight-factor structure representing different ways of responding to stress. These factors include problem solving, self-criticism, emotional expression, wishful thinking, social support, cognitive restructuring, problem avoidance, and social withdrawal. Together, they reflect a broad spectrum of coping behaviors, from active and adaptive strategies aimed at addressing or reframing the source of stress, to more passive or maladaptive responses focused on emotional avoidance or suppression. Although this structure generally aligns with the distinction between problem and emotion-focused coping, some overlap between categories has been noted, as certain coping behaviors may serve both functions depending on the situation [18]. According to Scarduzio and colleagues [21], although coping strategies have been widely studied for other forms of violence (e.g., intimate partner violence), research on the responses of individuals who have experienced sexual harassment in the higher-education setting remains limited. These individuals typically employ a range of strategies, from problem-focused approaches to more passive responses, which underscores the need to better understand coping in university settings. Given the relevance that sexual harassment may have in the university setting—potentially limiting women's educational trajectories and, consequently, their professional development—this study aimed to explore the consequences of sexual harassment on women's well-being, as well as the strategies they employ to cope with it, an issue that has received limited attention in the Spanish context.

1.3. Research Questions

This research adopted an exploratory approach to examine how women respond to sexual harassment experiences in the university setting. While studies jointly addressing these variables within Spanish universities remain scarce, to the best of our knowledge, the present study contributes to filling this gap by examining sexual harassment experiences, coping strategies, and psychological outcomes within Spanish universities. By integrating these variables, the study provides new theoretical insights into the mechanisms linking harassment experiences and psychological outcomes, showing how different coping strategies may mitigate or exacerbate negative effects. Moreover, recent legislative changes requiring universities to incorporate formal anti-harassment protocols into their institutional regulations make it particularly necessary to investigate this issue in a context-sensitive manner. This approach not only addresses a methodological gap but also advances understanding of how coping processes function in real-world university contexts, informing both theory and practice.

Given the exploratory nature of the research, we posed the following hypotheses: (1) What institutional, contextual, and prevalence-related factors characterize sexual harass-

ment experiences among women in the university context? (2) How are different forms of sexual harassment (sexual, verbal, and physical) associated with negative psychological outcomes in women at university? (3) Which coping strategies do these women most commonly employ in response to negative psychological outcomes associated with experiences of sexual harassment? (4) Do negative psychological outcomes mediate the relationship between experiences of sexual harassment and the use of specific coping strategies? In addition, some variables associated with sexual harassment in the university environment were analyzed descriptively.

2. Study 1

2.1. Results

2.1.1. Frequency Analyses

In the total sample (n = 177), just over half of the participants (54.8%; n = 97) reported knowing where to *seek help at the university if they or someone they knew experienced sexual harassment*. Regarding the participants' *perceived institutional support*, 59.3% (n = 105) believed the university would help them "a little" to "quite a bit," whereas only 9.6% (n = 17) believed it would help them "totally" (see Table 1).

Table 1. Institutional support perceptions and self-identification as a sexual harassment victim: descriptive frequency analyses.

	Response Category	**Study 1 (*N* = 177)**	**Study 2 (*N* = 460)**
Variable		% (*n*)	% (*n*)
Perception of Institutional Support			
Knowledge of where to report sexual harassment	Yes	54.8% (97)	44.3% (204)
	No	45.2% (80)	47.6% (219)
	No response		8% (37)
Perceived usefulness of the equality unit	1 = Not at all	4.5% (8)	5.2% (24)
	2 = A little	19.8% (35)	15.4% (71)
	3 = Somewhat	20.3% (36)	28.3% (130)
	4 = Quite a bit	19.2% (34)	32.4% (149)
	5 = Totally	9.6% (17)	10.7% (49)
	No response	26.6% (47)	8% (37)
Self-identification as a victim of sexual harassment	Yes	58.2% (103)	78% (359)
	No	41.8% (74)	22% (101)

Note. Participants were classified as self-identified victims if they reported at least one lifetime experience of sexual harassment based on the EASIS-U items [25,26] and its definition [25,27].

In relation to the *perceived effectiveness of coping strategies*, approximately half of the women rated the strategies "Talk to the dean of the faculty or someone responsible for the equality unit" (51.4%), "Confronted the individual directly" (48.6%), and "Filed an informal complaint" (49.2%) as somewhat effective. The strategy perceived as most effective was "Filed a formal complaint with an organization other than the university," with 64.4% of the participants considering it very effective (see Table S2 in Supplementary Material for more details).

Additionally, 58.2% (n = 103) of the women reported having experienced sexual harassment at least once in their lifetime. Among them, 45.6% (n = 47) reported that the incident occurred in the university setting, while 54.4% (n = 56) experienced it in other settings (e.g., on the street or during secondary school). Among the women who experienced sexual harassment at the university, 95.7% (n = 45) reported being victimized by a man, and 87.2% (n = 41) had disclosed the incident to someone. Disclosure most commonly occurred with friends (68.09%; n = 32), followed by classmates or coworkers

(42.55%; n = 20), family members (25.53%; n = 12), and romantic partners (25.53%; n = 12; see Table 2).

Table 2. Sexual harassment experience-related variables: descriptive frequency analyses.

Variable	Response Category	Study 1 % (*n*)	Study 2 % (*n*)
Self-identified victims of sexual harassment		n = 103	n = 359
Occurrence in the university setting	Yes	45.6% (47)	14.8% (53)
	No (other setting)	54.4% (56)	73.5% (264)
	No response		11.7% (42)
Victimized in the university setting		n = 47	n = 53
Gender of the perpetrator [a]	Male	95.7% (45)	98.1% (52)
	Both male and female	4.3% (2)	1.9% (1)
Disclosure of the experience [a]	Yes	87.2% (41)	69.8% (37)
	No	12.8% (6)	22.6% (12)
	No response		7.5% (4)
Person(s) to whom the experience was disclosed [a,b]	Friend	68.09% (32)	11.3% (6)
	Family member	25.53% (12)	3.8% (2)
	Romantic partner	25.53% (12)	1.19% (1)
	Classmate/coworker	42.55% (20)	5.7% (3)
	Another person	17.02% (8)	3.8% (2)
	No response		30.2% (16)

Note. Only self-identified victims are included. [a] Items on perpetrator gender, experience disclosure, and disclosure recipient were completed only by participants who reported harassment in the university setting (Study 1: n = 47; Study 2: n = 53). [b] Multiple-response item; percentages may exceed 100%.

2.1.2. Group Differences by Sexual Harassment Status (Self-Identified Victims vs. Non-Self-Identified Victims)

Regarding *risk perception*, Levene's test indicated that the assumption of homogeneity of variances was violated for perceived personal risk, $F(1, 175) = 6.77$, $p = 0.010$; therefore, Welch's t test was applied. For the perceived risk that women and men could experience sexual harassment, the assumption was met: $F(1, 175) = 2.90$, $p = 0.091$, and $F(1, 175) = 0.05$, $p = 0.824$, respectively. The results revealed statistically significant differences between the self-identified victims and non-self-identified victims in the perceived risk that women could experience sexual harassment, and in the participants' perceived personal risk. The women who reported having experienced sexual harassment at least once in their lifetime perceived a higher risk that women might experience sexual harassment at the university and reported a higher personal risk compared to those who reported never having been victims. No statistically significant differences were observed between the groups in terms of the perceived risk that men could experience sexual harassment (Table 3).

Regarding the *sexual harassment experiences*, Levene's test indicated that the assumption of homogeneity of variances was violated for verbal harassment, $F(1, 175) = 26.53$, $p < 0.001$, physical harassment, $F(1, 175) = 26.02$, $p < 0.001$, and sexual blackmail or coercion behaviors, $F(1, 175) = 27.96$, $p < 0.001$. The results revealed statistically significant differences across all forms of sexual harassment, with women who reported having experienced sexual harassment at least once in their lifetime reporting higher levels of verbal sexual harassment, physical sexual harassment, and sexual blackmail or coercion behaviors compared to those who reported never having been victims (Table 3).

Table 3. Group differences in risk perception and sexual harassment experiences: self-identified vs. non-self-identified victims.

	Study 1						Study 2					
	Overall (*N* = 177)	**Self-Identified Victims (*n* = 103)**	**Non-Self-Identified Victims (*n* = 74)**				**Overall (*N* = 460)**	**Self-Identified Victims (*n* = 359)**	**Non-Self-Identified Victims (*n* = 101)**			
	M (SD)	*M (SD)*	*M (SD)*	*t*	95% CI	*d*	*M (SD)*	*M (SD)*	*M (SD)*	*t*	95% CI	*d*
Risk perception of sexual harassment												
Personal risk	2.73 (1.45)	3.20 (1.44)	2.08 (1.20)	−5.64	[−1.52, −0.73]	0.85	2.93 (1.18)	3.11 (1.16)	2.27 (1.05)	−6.62	[−0.10, −0.59]	0.76
Women's risk	4.05 (1.07)	4.32 (0.96)	3.68 (1.10)	−4.14	[−0.95, −0.34]	0.62	4.06 (0.89)	4.15 (0.84)	3.73 (0.97)	−3.97	[−0.63, −0.21]	0.46
Men's risk	1.97 (0.92)	2.05 (0.96)	1.85 (0.84)	−1.42	[−0.47, 0.08]	0.22	1.96 (0.85)	1.96 (0.86)	1.94 (0.81)	−0.21	[−0.21, 0.17]	0.02
Sexual harassment experiences												
Verbal sexual harassment	1.65 (0.74)	1.83 (0.84)	1.40 (0.46)	−4.35	[−0.63, −0.23]	0.63	1.81 (0.83)	1.93 (0.85)	1.39 (0.57)	−7.46	[−0.68, −0.40]	0.75
Physical sexual harassment	1.33 (0.58)	1.47 (0.69)	1.13 (0.28)	−4.51	[−0.49, −0.19]	0.65	1.38 (0.58)	1.46 (0.62)	1.11 (0.26)	−5.42	[−0.47, −0.22]	0.74
Sexual blackmail or coercion behaviors	1.27 (0.46)	1.40 (0.54)	1.10 (0.25)	−4.97	[−0.42, −1.18]	0.71	3.74 (1.30)	1.35 (0.50)	1.09 (0.20)	−5.28	[−0.37, −0.17]	0.68

Note. Participants were classified as self-identified or non-self-identified victims based on whether they considered themselves victims of sexual harassment at any point in their lifetime.

2.1.3. Descriptive Statistics and Correlations

The following analyses were carried out solely on the responses of the women who self-identified as victims in the university setting (n = 47). The descriptives and correlations among main variables can be found in Table 4.

Regarding the second hypothesis on how different forms of harassment are associated with psychological outcomes, the results showed that all types of sexual harassment were positively associated with anxiety/depression.

Table 4. Descriptive statistics and correlations among study variables in Study 1.

Variable	***n***	**1.**	**2.**	**3.**	**4.**	**5.**	**6.**	**7.**	**8.**	**9.**	**10.**	**11.**	**12.**
1. Sexual blackmail or coercion behaviors	47	–											
2. Verbal sexual harassment	47	0.70 ***	–										
3. Physical sexual harassment	47	0.86 ***	0.73 ***	–									
4. Anxiety/depression	47	0.56 ***	0.50 ***	0.51 ***	–								
5. Problem-solving coping	47	−0.08	−0.01	−0.08	−0.09	–							
6. Self-criticism coping	47	0.32 *	0.28	0.23	0.52 ***	−0.19	–						
7. Emotional expression coping	47	−0.07	−0.01	0.01	−0.03	0.43 **	0.01	–					
8. Social support coping	47	−0.05	−0.07	−0.02	−0.13	0.42 **	−0.08	0.41 **	–				
9. Cognitive restructuring coping	47	0.12	0.19	0.18	0.13	−0.08	0.37 *	0.01	0.03	–			
10. Problem-avoidance coping	47	0.03	0.04	0.11	−0.09	−0.44 **	0.15	−0.34 *	−0.26	0.64 ***	–		
11. Wishful thinking coping	47	0.33 *	0.32 *	0.40 **	0.56 ***	0.15	0.49 ***	0.25	0.22	0.26	−0.14	–	
12. Social withdrawal coping	47	0.58 ***	0.51 ***	0.53 ***	0.65 ***	−0.29 *	0.68 ***	−0.19	−0.42 **	0.42 **	0.38 **	0.39	–
Range													
Potential		1–4	1–4	1–4	1–4	1–5	1–5	1–5	1–5	1–5	1–5	1–5	1–5
Real		1–3.50	1.20–4	1–4	1–4	1–5	1–5	1–5	1–5	1–4.80	1–5	1–5	1–5
Mean (SD)		1.69 (0.56)	2.31 (0.81)	1.80 (0.76)	2.91 (1.04)	3.05 (1.39)	2.14 (1.28)	2.54 (1.03)	3.14 (1.20)	2.32 (1.00)	2.77 (1.11)	4.07 (0.84)	2.60 (1.16)

Note. Analyses restricted to women self-identified as sexual harassment victims in the university setting (n = 47). * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$.

In response to the third hypothesis concerning the coping strategies most commonly employed, the descriptive data indicated that wishful thinking was the most frequent response (M = 4.07, SD = 0.84), followed by seeking social support (M = 3.14, SD = 1.20). Furthermore, the correlation analysis revealed that all types of sexual harassment were positively associated with social withdrawal and wishful thinking coping strategies. No significant associations were found between the remaining coping strategies and the different forms of sexual harassment (see Table 4).

2.1.4. Mediation Analyses

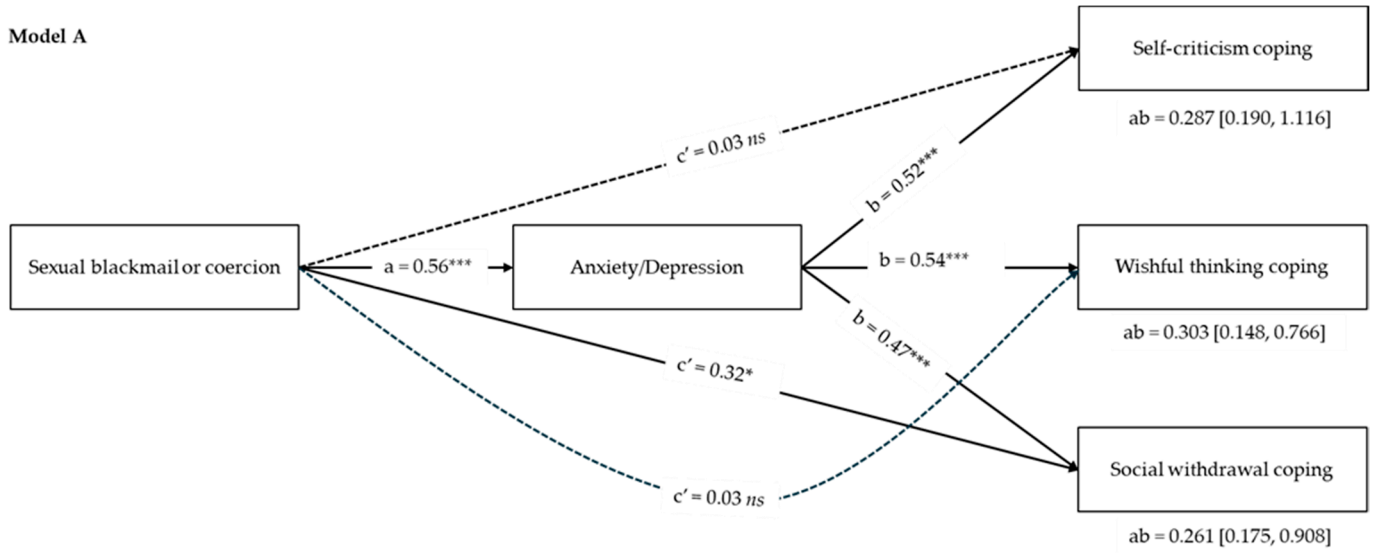
In response to the fourth hypothesis regarding whether negative psychological outcomes mediate the association between experiences of sexual harassment and the use of specific coping strategies, several mediation models were investigated. These analyses included only women who self-identified as victims in the university setting (n = 47). The results showed that the anxiety/depression variable mediated the association between sexual harassment experiences (sexual blackmail or coercion behaviors, verbal sexual harassment, and physical sexual harassment) and self-criticism, wishful thinking, and social withdrawal coping strategies. Sexual blackmail or coercion behaviors accounted for 31% of the variance in anxiety/depression, verbal sexual harassment accounted for 25%, and physical sexual harassment accounted for 26% (see Figure 1 and Tables S3–S5 in Supplementary Material for more details).

In relation to *self-criticism coping strategies*, the indirect effects through anxiety/depression were significant for all forms of harassment. These effects showed consistent magnitudes and confidence intervals that did not include zero: (a) sexual blackmail or coercion behaviors (β = 0.287, p = 0.006, 95% CI [0.190, 1.116]), (b) verbal sexual harassment (β = 0.408, p = 0.007, 95% CI [0.110, 0.706]), and (c) physical sexual harassment (β = 0.477, p = 0.005, 95% CI [0.144, 0.810]). The models accounted for 28% (sexual blackmail or coercion behaviors), 28% (verbal sexual harassment), and 29% (physical sexual harassment) of the variance in self-criticism, respectively. These findings suggest that female victims who experience higher levels of sexual harassment (i.e., sexual blackmail or coercion behaviors, verbal sexual harassment, and physical sexual harassment) also reported greater self-criticism (i.e., blaming themselves) through higher anxiety/depression symptoms.

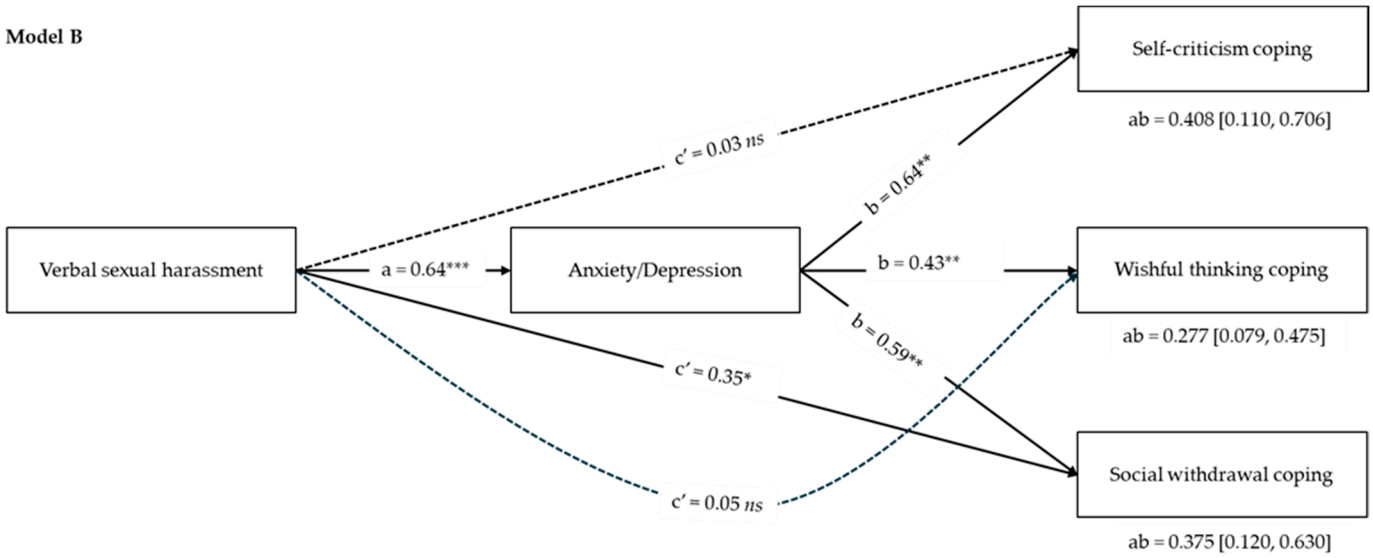
Regarding *wishful thinking coping strategies*, the indirect effects through anxiety/depression were also consistent across all models. The standardized coefficients remained stable for (a) sexual blackmail or coercion behaviors (β = 0.303, p = 0.004, 95% CI [0.148, 0.766]), (b) verbal sexual harassment (β = 0.277, p = 0.006, 95% CI [0.079, 0.475]), and (c) physical sexual harassment (β = 0.274, p = 0.008, 95% CI [0.070, 0.478]). The proportion of explained variance was 31% for sexual blackmail or coercion behaviors, 32% for verbal sexual harassment, and 33% for physical sexual harassment. These findings indicate that higher exposure to sexual harassment (i.e., sexual blackmail or coercion behaviors hereafter, verbal sexual harassment, and physical sexual harassment) was associated with greater use of wishful thinking (i.e., wishing it had not happened), through higher anxiety/depression symptoms.

Concerning *social withdrawal coping*, the models showed the same pattern, in which indirect effects remained significant. The indirect effects through anxiety/depression were stable across (a) sexual blackmail or coercion behaviors (β = 0.261, p = 0.004, 95% CI [0.175, 0.908]), (b) verbal sexual harassment (β = 0.375, p = 0.004, 95% CI [0.120, 0.630]), and (c) physical sexual harassment (β = 0.399, p = 0.004, 95% CI [0.129, 0.669]). In contrast to the other coping strategies, the direct effects remained significant in all three models: sexual blackmail or coercion behaviors (β = 0.323, p = 0.01, 95% CI [0.086, 0.560]), verbal sexual harassment (β = 0.354, p = 0.04, 95% CI [0.007, 0.701]), and physical sexual harassment (β = 0.408, p = 0.03, 95% CI [0.038, 0.778]). The models accounted for 49% (sexual blackmail

or coercion behaviors), 47% (verbal sexual harassment), and 47% (physical sexual harassment) of the variance in social withdrawal. These results indicate that higher exposure to sexual harassment (i.e., sexual blackmail or coercion behaviors, verbal sexual harassment, and physical sexual harassment) was associated with higher social withdrawal both directly and indirectly through higher anxiety/depression levels.

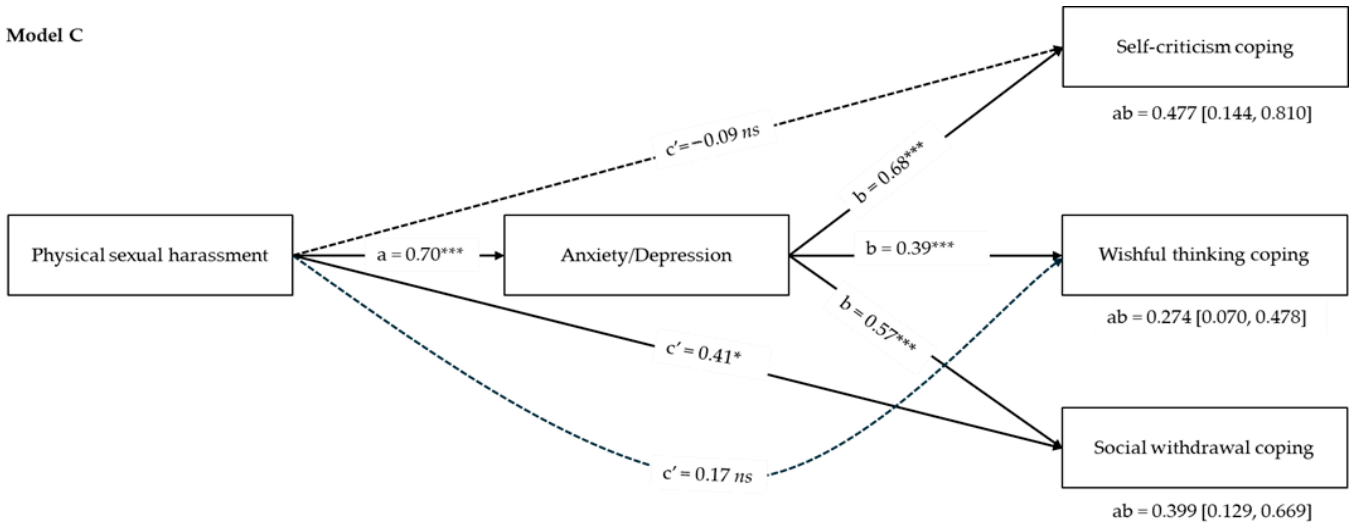


(**a**)



(**b**)

Figure 1. *Cont.*



(**c**)

Figure 1. Mediation models examining anxiety/depression as a mediator between sexual harassment experiences and coping strategies (self-criticism, wishful thinking, and social withdrawal): (**a**) Model A: sexual blackmail or coercion; (**b**) Model B: verbal sexual harassment; and (**c**) Model C: physical sexual harassment. Values represent standardized regression coefficients. Indirect effects (ab) are presented with 95% confidence intervals. a = path from sexual harassment to anxiety/depression; b = path from anxiety/depression to coping strategies; c′ = direct effect. Analyses restricted to women self-identified as sexual harassment victims in the university setting (n = 47). *ns* = not statistically significant. * $p < 0.05$, ** $p < 0.01$,*** $p < 0.001$.

2.2. Brief Discussion

The most notable results of this first study seem to show that experiencing different types of sexual harassment—specifically, sexual blackmail or coercion behaviors, verbal sexual harassment, and physical sexual harassment—elicits a negative psychological outcome (i.e., anxiety and depression) that, ultimately, seems to be associated with greater use of disengaged coping strategies by women who self-identify as victims (i.e., self-criticism, illusion, and social isolation). These results are consistent with previous literature showing that women who self-identify as victims of sexual harassment tend to exhibit negative and lasting emotional responses such as anxiety, depression, fear, panic, low self-esteem, or low life satisfaction (e.g., [10,28,29]). In other words, these results suggest that women facing a stressful event may experience internalizing behaviors, which condition them to use ineffective coping strategies. In a similar vein, several studies show that when women are sexually harassed, they suffer very painful consequences that could lead them to perceive a loss of control over their personal or professional life, tending to isolate themselves socially and remain silent without seeking social support [29,30]. These results are exploratory; to our knowledge, the few existing studies on coping strategies are qualitative [21]. We are unaware of any quantitative studies that have focused on investigating coping strategies in higher education, especially among women who are victims of sexual harassment. Valentiner et al. [31], in a study conducted with victims of sexual assault, demonstrated that illusions predicted symptoms of post-traumatic stress disorder, suggesting that this may be a pernicious coping strategy for victims' psychological well-being, because it increases the likelihood that it will be combined with other potentially maladaptive strategies (e.g., social isolation and self-criticism), possibly reflecting a common pattern in survivors of interpersonal victimization [31,32]. Likewise, it could be that societal expectations of how women should behave with men in the workplace and academic environment are so deeply

ingrained in society that any deviation could generate in them a feeling of self-criticism or guilt for not complying, consequently deciding to silence themselves [33].

It is important to note that approximately one year elapsed between Study 1 and Study 2. The latter was designed based on the results of Study 1 and used entirely independent samples. Thus, while both studies focus on examining coping strategies that women use in response to sexual harassment, Study 1 focused on examining the strategies used to address general situations of sexual harassment, while Study 2 was conducted to explore specific strategies used by women in response to a situation of sexual harassment in the university setting. It is also worth noting that both studies conceptually address the implications of sexual harassment in universities—especially for women—and complement each other methodologically, since they follow the same design and mediational analyses, with the exception of the modification of the mediating variable (i.e., anxiety/depression in Study 1 and negative affect in Study 2) and the outcome variable (i.e., general coping strategies for sexual harassment in Study 1, and coping strategies focused on sexual harassment within the university setting in Study 2). In this regard, it was decided to change the anxiety/depression variable to negative affect variability in order to encompass another dimension of more general well-being, rather than isolated symptoms of a specific variable (i.e., anxiety/depression).

2.3. Method

2.3.1. Design and Procedure

The study followed a cross-sectional design, using a non-probabilistic snowball sampling strategy to target members of Spain's university community. The research team contacted the equality departments at Spanish universities, providing a brief overview of the study and inviting them to disseminate this within their institutions.

Data were collected online via the Qualtrics platform. Individuals were eligible to participate if they belonged to the university community, identified as women, and were over 18 years of age. Participants who accessed the questionnaire provided informed consent before beginning the survey and were informed that participation was voluntary and that they could withdraw at any time without any negative consequences. The questionnaire took approximately 15–20 min to complete. Upon completion, participants were fully debriefed, provided with sexual harassment support contacts, and thanked for their participation.

2.3.2. Sample and Measures

Sample

A total of 261 individuals accessed and completed the survey. Of these, 70 were excluded because they did not complete the full questionnaire, 13 because they did not report their sex, and one because the respondent was under 18 years old. The final sample consisted of 177 women aged between 18 and 65 years (M = 35.48, SD = 13.63), all enrolled at various universities across Spain.

Almost all participants held Spanish nationality (94.9%). Regarding marital status, approximately one third were single (35%), and one quarter were married (25.4%). Most of the participants identified as heterosexual (71.8%) and reported not having any type of disability (97.7%). In terms of occupational status, 43.5% were students, 37.3% were teaching and research staff, and 19.2% were administrative and service staff. The majority of the participants worked or studied in the fields of social and legal sciences (40.1%), health sciences (15.3%), and arts and humanities (14.1%). The participants who were teaching and research staff or administrative and service staff had been affiliated with the university

setting for an average of 166.89 months (*SD* = 129.96; see Table S1 in Supplementary Material for the full sample characteristics).

Measures

Sexual Harassment Definition. Prior to responding to the questions on sexual harassment, they were first presented with a definition of sexual harassment based on proposals from several authors: 'Sexual harassment refers to a variety of non-consensual or unwanted behaviors. These behaviors could include comments about physical appearance or persistent sexual advances. They could also include threats of using force to make someone engage in sexual behavior, such as non-consensual or unwanted physical contact, sexual penetration, oral sex, anal sex, or attempts to engage in these behaviors. These behaviors are not limited to a specific type of person or environment and can be initiated by anyone who comes into contact with the person being sexually harassed [27]'.

Risk Perception. To measure the perception of the risk of sexual harassment at the university, items developed by Lameiras et al. [34] were used. The items used were as follows: "To what extent do you consider it likely that men suffer sexual harassment at the university?"; "To what extent do you consider it likely that women suffer sexual harassment at the university?"; "To what extent do you consider it likely that you suffer sexual harassment at the university?" (1 = *not at all likely* to 5 = *very likely*).

Sexual Harassment Experiences. Sexual harassment experiences in higher education were evaluated through the Scale of Sexual Harassment and Social Interaction with Sexual Content in the University setting (EASIS-U; [25,26]). This scale has demonstrated adequate psychometric properties in previous studies with Spanish samples [26]. We used the following subscales considering the item in first person: (a) *sexual blackmail or coercion behaviors* (19 items, e.g., "I have received explicit requests to have sexual relations, alluding to the benefits that this could bring to the potential harassment victim"; $\alpha = 0.93$); (b) *verbal sexual harassment* (six items, e.g., "I have received continuous public references to the physical appearance of the potential victim of harassment"; $\alpha = 0.90$); (c) *physical sexual harassment* (seven items, e.g., "They have maintained excessive physical proximity that invaded my personal space"; $\alpha = 0.91$). The participants were asked whether they had displayed any of the behaviors described using a four-point Likert scale (1 = *never*, 2 = *sometimes*, 3 = *quite often*, and 4 = *many times*).

Self-identification as a Victim. After the participants reported their sexual harassment experiences in higher education, they were asked the following question: "Returning to the previous situations and/or behaviors, do you consider yourself to have been a victim of sexual harassment at any point in your life?" (1 = *Yes*; 2 = *No*).

If the participants identified as a victim, they responded to the following measures: variables associated with the experience of sexual harassment, anxiety/depression, and coping strategies (measures marked with an *). If not, these participants did not respond to these measures.

Variables Associated with Experiences of Sexual Harassment.* To accurately establish the university setting of the sexual harassment experiences, the participants were asked the following question: "Did these experiences occur during your time at the university?" (1 = *Yes*; 2 = *No*, *please specify the setting*). Based on the Macro-survey on Violence against Women [35], participants who responded that the episode took place in a university setting were asked about the gender of the perpetrator ("Was the person or persons who did it. . .?"; 1 = *men*, 2 = *women*, 3 = *both men and women*), and whether they spoke to anyone about it ("Did you talk to anyone about it?"; 1 = *Yes*, 2 = *No*). If so, they also indicated with whom they did so (1 = *friend*; 2 = *family member*; 3 = *romantic partner*; 4 = *classmate or coworker*).

Anxiety/Depression.* We evaluated the levels of anxiety and depression associated with sexual harassment experiences using the Brief Patient Health Questionnaire-4 [36,37]. The participants were instructed as follows: "In relation to the sexual harassment experiences in the university setting, please indicate how often you have been bothered by the following symptoms". The scale consists of four items (e.g., feeling nervous, anxious, or tense) answered using a four-point Likert scale (1 = *not at all* to 4 = *nearly every day*). This measure has demonstrated adequate psychometric properties in previous studies with Spanish samples [36]. The Cronbach's alpha for this study was 0.93.

Coping Strategies.* The coping strategies used by participants in response to their sexual harassment experiences were evaluated through the Coping Strategies Inventory (CSI; [23,24]). This measure has demonstrated adequate psychometric properties in previous studies with Spanish samples [24]. To ensure that the reported strategies were directly related to the corresponding harassment experiences, the participants were given the following instructions: "In relation to the sexual harassment experiences in the university setting, please indicate how you usually reacted when it occurred…". The instrument consists of 40 items divided into eight subscales or coping strategies: (a) *problem-solving* (five items, e.g., "I worked on solving the problems in the situation"; $\alpha = 0.92$); (b) *self-criticism* (five items, e.g., "I blamed myself"; $\alpha = 0.92$); (c) *emotional expression* (five items, e.g., "I let my emotions out"; $\alpha = 0.80$); (d) *social support* (five items, e.g., "I talked to someone about how I was feeling"; $\alpha = 0.83$); (e) *cognitive restructuring* (five items, e.g., "I convinced myself that things aren't quite as bad as they seem"; $\alpha = 0.72$); (f) *problem-avoidance* (five items, e.g., "I avoided thinking/doing anything about the situation"; $\alpha = 0.74$); (g) *wishful thinking* (five items, e.g., "I wished that the situation would go away or somehow be over with"; $\alpha = 0.76$); (h) and *social withdrawal* (five items, e.g., "I avoided being with people"; $\alpha = 0.80$). The participants responded using a five-point Likert scale, ranging from 1 = *not at all* to 5 = *totally*.

Perception of Institutional Support. To analyze the extent to which the participants were aware of their university's resources, they were asked the following questions: (a) "Would you know where to report sexual harassment if you or someone you know experienced it at university?" (1 = *Yes*, 2 = *No*) and (b) "To what extent do you think the equality unit would help you in a situation of sexual harassment at university?". The response format for the latter question was a five-point Likert scale with options ranging from 1 = *not at all* to 5 = *totally*.

Perception of Effectiveness of Strategies Associated With the University Setting. The participants were presented with a set of specific strategies adapted to sexual harassment experiences in the university setting [38]. Specifically, they had to indicate the degree of effectiveness of each strategy on a scale of 1 to 3, where 1 = *not effective*, 2 = *somewhat effective*, and 3 = *effective*. The strategies were as follows: (a) nothing, did not seem serious enough; (b) nothing, was concerned about possible repercussions; (c) tried to ignore it, avoided person(s); (d) talked to the dean of the faculty or someone responsible for the equality unit; (e) confronted the individual directly; (f) filed an informal complaint; and (g) filed a formal complaint with an organization other than the university.

Sociodemographics. Data about sex, age, nationality, relationship status, sexual orientation, disability, occupational status, and area of expertise were collected.

2.3.3. Strategy Analysis

Regarding the first hypothesis on the institutional, contextual, and prevalence-related factors characterizing sexual harassment experiences in the university context, preliminary frequency analyses were conducted on the total sample to determine (a) the percentage of women who knew where to seek help in cases of sexual harassment at the university and

the extent to which they believed the institution could provide assistance, as well as (b) the perceived effectiveness of different types of strategies. Additional frequency analyses were performed to estimate (c) the percentage of women who had ever experienced sexual harassment in their lifetime, (d) how many of these incidents had occurred within the university setting, (e) among those cases, how many involved a male perpetrator, and (f) how many women reported having disclosed the incident to someone and to whom. Then, independent-samples *t* tests were conducted to examine potential differences based on self-identification as a victim (1 = *self-identified victims*; 2 = *non-self-identified victims*) in the perceived risk that women, men, and the participants themselves could experience sexual harassment at the university, as well as in reported experiences of sexual harassment. This categorization was established according to whether participants reported at least one lifetime experience of sexual harassment after being presented with the sexual harassment definition proposed by several authors (e.g., [25,27]) and the items from the EASIS-U scale.

Finally, although the full sample included all eligible participants (i.e., members of the university community who identified as women and were over 18 years of age), main analyses were conducted only among women who self-identified as victims of sexual harassment in the university setting, given that the proposed models examined psychological responses and coping strategies following harassment experiences in this context. We carried out the main analyses on descriptives, reliability, and correlation among study variables. Next, multiple simple mediations were performed to examine whether anxiety/depression mediated the association between different forms of sexual harassment and coping strategies. Analyses were performed with the software R studio version 09.2 using the package *lavaan* [39]. Indirect effects were tested using bootstrapping with 10,000 resamples to obtain 95% confidence intervals. An indirect effect was considered statistically significant if its confidence interval did not include zero. Sexual harassment experiences (sexual blackmail or coercion behaviors, verbal sexual harassment, and physical sexual harassment) were considered independent variables (X_1, X_2, X_3); anxiety/depression was considered a mediator variable; and coping strategies (problem-solving, self-criticism, emotional expression, social support, cognitive restructuring, problem-avoidance, wishful thinking, and social withdrawal) were considered criterion variables (Y_1, Y_2, Y_3, Y_4, Y_5, Y_6, Y_7, Y_8). All coefficients were standardized.

3. Study 2

3.1. Results

3.1.1. Frequency Analyses

In the total sample (N = 460), 44.3% (n = 204) of the participants reported knowing where to *seek help at the university if they or someone they knew experienced sexual harassment*. Regarding *perceived institutional support*, 76.1% (n = 350) believed the university would help them "a little" to "quite a bit," whereas only 10.7% (n = 49) believed it would help them "a lot" (see Table 1).

In relation to the *perceived effectiveness of coping strategies*, approximately half of the women rated "Talk to the dean of the faculty or someone responsible for the equality unit" (50.2%) and "Confronted the individual directly" (53%) as somewhat effective strategies. The strategies perceived as very effective were "Filed an informal complaint" (49.6%) and "Filed a formal complaint with an organization other than the university" (50.4%; see Table S2 in Supplementary Material for more details).

Additionally, 78% (n = 359) of the women reported having experienced sexual harassment at least once in their lifetime, of whom 14.8% (n = 53) indicated that the incident had occurred at the University of Granada. Among women who experienced sexual harassment at the university, 98.1% (n = 52) reported being victimized by a man, and 69.8% (n = 41)

had disclosed the incident to someone. Disclosure most commonly occurred with friends (83.78%; n = 31), followed by classmates or coworkers (8.11%; n = 3) and romantic partners (2.70%; n = 1; see Table 2).

3.1.2. Group Differences by Sexual Harassment Status (Self-Identified Victims vs. Non-Self-Identified Victims)

As shown in Table 3, regarding *risk perception*, Levene's tests indicated that the assumption of homogeneity of variances was met for perceived personal risk, $F(1, 458) = 0.16$, $p = 0.685$, and for the perceived risk that men could experience sexual harassment, $F(1, 458) = 1.26$, $p = 0.262$. In contrast, the assumption was violated for perceived risk that women could experience sexual harassment, $F(1, 458) = 5.07$, $p = 0.025$; therefore, Welch's t-tests were applied. As in Study 1, significant differences emerged between groups in both the perceived risk that women could experience sexual harassment and participants' perceived personal risk, with self-identified victims (vs. non-self-identified victims) reporting higher scores. No statistically significant differences were observed in the perceived risk that men could experience sexual harassment.

Regarding *sexual harassment experiences*, Levene's tests indicated that the assumption of homogeneity of variances was violated for verbal sexual harassment, $F(1, 458) = 34.95$, $p < 0.001$, physical sexual harassment, $F(1, 458) = 61.68$, $p < 0.001$, and sexual blackmail or coercion behaviors, $F(1, 458) = 50.62$, $p < 0.001$. Significant differences emerged between self-identified victims and non-self-identified victims across all forms of sexual harassment. Women who had experienced sexual harassment at least once scored higher on verbal sexual harassment, physical sexual harassment, and sexual blackmail or coercion behaviors compared with those who reported never having been victimized (Table 3).

3.1.3. Descriptive Statistics and Correlations

As in Study 1, these analyses were performed with women who self-identified as victims in the university setting (n = 53). Descriptives and correlations among main variables can be found in Table 5.

Regarding the second hypothesis on the link between sexual harassment and psychological outcomes, the results showed that all types of harassment were positively associated with negative affect.

Table 5. Descriptive statistics and correlations among study variables in Study 2.

Variable	*n*	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.
1. Sexual blackmail or coercion behaviors	53	–										
2. Verbal sexual harassment	53	0.61 ***	–									
3. Physical sexual harassment	53	0.80 ***	0.50 ***	–								
4. Negative affect	53	0.31 *	0.29 *	0.35 *	–							
5. Passive coping	53	−0.08	0.12	−0.24	0.00	–						
6. Self-blame coping	53	0.16	0.25	−0.06	0.30 *	0.29 *	–					
7. Benign coping	53	0.01	0.06	−0.04	−0.07	0.15	0.39 **	–				
8. Active coping	53	0.39 **	0.26	0.26	0.25	−0.28 *	0.11	0.24	–			
9. Rumination	53	0.37 **	0.33 *	0.18	0.62 ***	0.26	0.46 ***	0.11	0.46 ***	–		
10. Informal support seeking	53	0.13	0.04	0.04	0.04	−0.24	−0.01	−0.01	0.40 **	0.09 *	–	
11. Formal support seeking	53	0.04	−0.13	0.02	0.20	−0.44 **	−0.06	0.23	0.55 ***	0.26	0.54 ***	–
Range												
Potential		1–4	1–4	1–4	1–5	1–6	1–6	1–6	1–6	1–6	1–6	1–6
Real		1–3.42	1–4	1–3.57	1.10–5	1–5	1–5	1–5	1–5.17	1.50–6	1–4	1–3.5
Mean (SD)		1.61 (0.55)	2.34 (0.82)	1.72 (0.62)	3.95 (0.79)	3.36 (1.04)	2.12 (1.11)	1.62 (0.87)	2.27 (1.18)	3.85 (1.22)	2.49 (0.99)	1.38 (0.64)

Note. Analyses restricted to women self-identified as sexual harassment victims in the university setting (n = 53). * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$.

In response to the third hypothesis concerning the most common coping strategies, the results indicated that rumination (M = 3.85, SD = 1.22) and passive coping (M = 3.36, SD = 1.04) were the most prevalent strategies in this sample. Regarding the associations, sexual blackmail or coercion behaviors were positively associated with rumination and active coping, while verbal sexual harassment was also positively associated with rumination. However, none of the other coping strategies assessed showed significant relationships with the harassment variables.

3.1.4. Mediation Analyses

As in Study 1, these analyses included only women who self-identified as victims in the university setting (n = 53).

Concerning the fourth hypothesis, the results revealed that negative affect mediated the association between sexual harassment experiences (sexual blackmail or coercion behaviors and physical sexual harassment, but not verbal sexual harassment) and rumination. Sexual blackmail or coercion behaviors accounted for 9% of the variance in negative affect, and physical sexual harassment accounted for 11% (see Figure 2 and Tables S6–S8 in Supplementary Material for more details).

Regarding *rumination coping*, the indirect effects through negative affect were significant for (a) sexual blackmail or coercion behaviors (β = 0.168, p = 0.043, 95% CI [0.011, 0.729]) and (c) physical sexual harassment (β = 0.212, p = 0.0223, 95% CI [0.056, 0.769]). Direct effects were not significant (p > 0.05). The models accounted for 42% (sexual blackmail or coercion behaviors) and 38% (physical sexual harassment) of rumination coping. That is, the results suggested that female victims who reported higher levels of sexual blackmail or coercion behaviors and physical sexual harassment seemed to report greater rumination (i.e., blaming themselves) through higher negative affect.

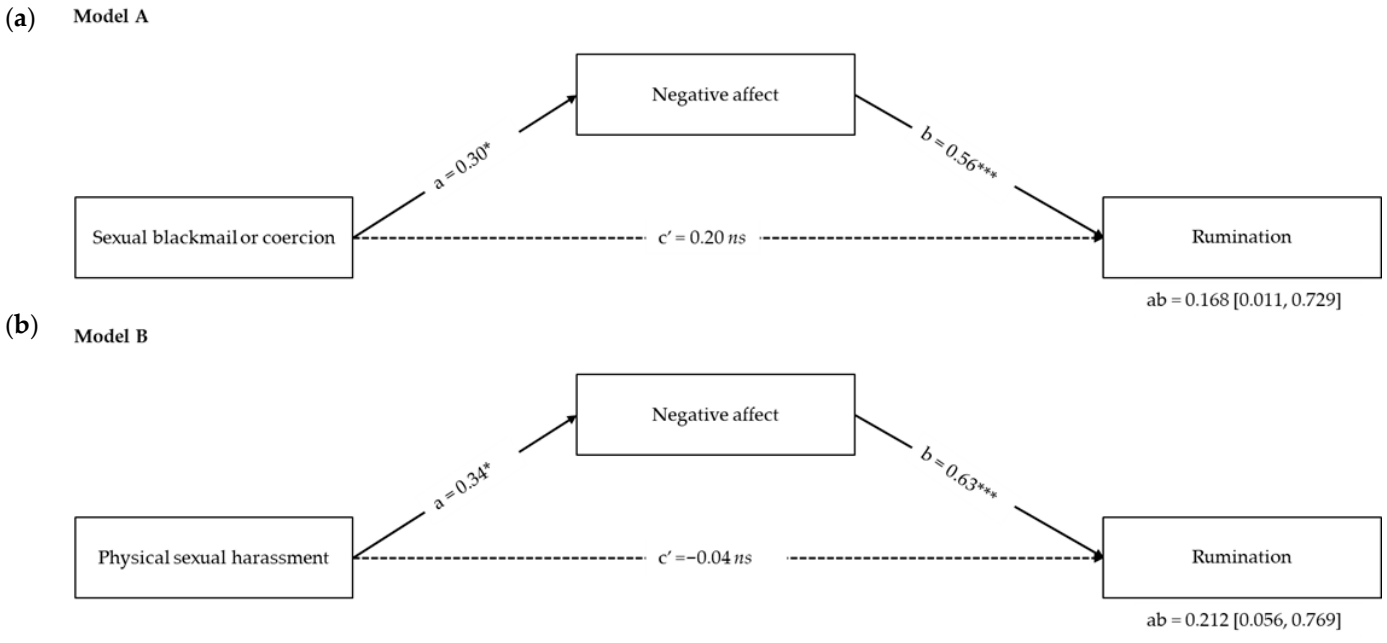


Figure 2. Mediation models examining negative affect as a mediator between sexual harassment experiences and rumination coping: (**a**) Model A: sexual blackmail or coercion; (**b**) Model B: physical sexual harassment. Values represent standardized regression coefficients. Indirect effects (ab) are presented with 95% confidence intervals. a = path from sexual harassment to negative affect; b = path from negative affect to rumination; c′ = direct effect. Analyses restricted to women self-identified as sexual harassment victims in the university setting (n = 53). *ns* = not statistically significant. * p < 0.05, *** p < 0.001.

3.2. Method

3.2.1. Design and Procedure

The procedure and design were the same as in Study 1, except that in this study, the questionnaire was distributed only at the University of Granada in an online format delivered using various internal distribution lists at the university, so that anyone belonging to the university community could access it if they wished.

3.2.2. Sample and Measures

Sample

Of the 670 individuals who participated in the survey, 204 were excluded for not completing the full questionnaire and 6 for not reporting their sex. Thus, the final sample consisted of 460 women aged between 18 and 70 years (M = 27.82, SD = 10.86) affiliated with the University of Granada Almost the entire sample held Spanish nationality (96.3%). Regarding marital status, most of the participants were single (44.8%) or in a non-cohabiting romantic relationship (32.4%). Most women also identified as heterosexual (70.2%) and reported not having any disability (99.3%). In terms of occupational status, 79.3% were students, 10.9% were administrative and service staff, and 9.8% were teaching and research staff. The majority worked or studied in the fields of social and legal sciences (29.8%), arts and humanities (18%), or health sciences (16.1%). The participants who were teaching and research staff or administrative and service staff had been affiliated with the university setting for an average of 174.31 months (SD = 118.11; see Table S1 in Supplementary Material for more details).

Measures

All measures were the same as in Study 1: sexual harassment definition, risk perception [34], sexual harassment experiences [EASIS-U, [25,26], sexual blackmail or coercion behaviors (α = 0.92), verbal sexual harassment (α = 0.89), physical sexual harassment (α = 0.85)], identification of victims, variables associated with experiences of sexual harassment, perception of institutional support, perception of effectiveness of strategies associated with the university setting [38], and sociodemographics. However, anxiety/depression was replaced with negative affect (α = 0.83), and coping strategies were replaced with sexual harassment coping strategies. The modified measures are described below:

Negative Affect.* In this study, we evaluated the negative affect experienced by the participants with the sexual harassment experience. Negative affect was evaluated through the negative affect subscale of the Positive and Negative Affect Schedule (PANAS; [40,41]), which has demonstrated adequate psychometric properties in previous studies with Spanish samples [40]. It consists of 10 items to assess how the participants felt in the moment during their experience (e.g., "upset", "guilty", "nervous") on a five-point Likert scale (1 = *never* to 5 = *very much;* α = 0.92).

Sexual Harassment Coping Strategies.* In this case, we used a measure of coping strategies associated with sexual harassment experiences, the Coping with Harassment Questionnaire (CHQ; [42]). The instrument was translated into Spanish using a forward–back translation. We used seven subscales: (a) *passive coping* (seven items, e.g., "I just ignored the whole thing"; α = 0.90), (b) *self-blame coping* (four items, e.g., "I blamed myself for what happened"; α = 0.80); (c) *benign coping* (five items, e.g., "I assumed they were trying to be funny"; α = 0.85); (d) *active coping* (five items, e.g., "I hit or pushed the person; α = 0.81); (e) *rumination* (six items, e.g., "In my mind, I tried to figure out why I really got upset"; α = 0.82); (f) *informal support seeking* (four items, e.g., "I talked to someone about how I was feeling"; α = 0.84); and (g) *formal support seeking* (four items, e.g., "I got professional help from a counsellor, doctor or called a helpline"; α = 0.71). The participants

were asked to rate each coping item on a six-point Likert scale ranging from 1 (*not at all descriptive*) to 6 (*extremely descriptive*) in accordance with how they responded to their sexual harassment experience.

3.3. Strategy Analysis

The analysis was the same as for Study 1, except for the main analyses, in which negative affect was considered as a mediator variable, and coping strategies were different to those in Study 1. In this study, coping strategies included passive, self-blaming, benign, active, rumination, informal support-seeking, and formal support-seeking strategies.

4. Discussion

The present research embraced an exploratory approach in order to examine how women in higher education respond to experiences of sexual harassment within the university setting. More precisely, this research was designed to study the possible relationships that could be established between different forms of sexual harassment (sexual, verbal, and physical), negative psychological outcomes (anxiety, depression, and negative affect), and the use of different coping strategies. The questions that were addressed were as follows: (1) What institutional, contextual, and prevalence-related factors characterize sexual harassment experiences among women in the university context? (2) How are different forms of sexual harassment (sexual, verbal, and physical) associated with negative psychological outcomes in women in higher education? (3) What coping strategies do these women most frequently use in response to negative psychological outcomes stemming from sexual harassment? (4) Could a negative psychological outcome mediate the relationship between experiences of sexual harassment and the use of different coping strategies?

In regard to knowledge of resources and institutional frameworks, preliminary frequency analyses revealed that approximately half of the participants in both studies reported knowing where to go at the university if they experienced sexual harassment. Likewise, most participants felt that the university would help them "somewhat" or "quite a lot". Similarly, regarding the prevalence and characteristics of sexual harassment, the results showed that (a) the lifetime prevalence of sexual harassment was high in both samples; (b) a significant proportion of women reported experiences of sexual harassment in the university context; (c) in almost all cases of sexual harassment at the university, the perpetrator was a man in both studies; and (d) most victims disclosed the incident mainly to their friends. These data are similar to those obtained in previous research on harassment and sexual violence in the university context [43,44]. Regarding the perception of risk based on whether or not they identify as victims, both studies uncovered the same pattern: (a) women who self-identified as victims perceived a greater risk of women suffering sexual harassment at university, as well as a greater personal risk of victimization; and (b) no significant differences were observed in the perception of the risk of men suffering sexual harassment. Ultimately, regarding experiences of harassment, women who self-identified as victims reported significantly higher levels of verbal harassment, physical harassment, and sexual blackmail or coercion behaviors in both studies. These findings, although consistent with results found in earlier research [45,46], reinforce previous empirical evidence.

The main results of Study 1 revealed that anxiety and depression (i.e., negative psychological outcomes) mediated the relationship between experiences of sexual harassment (sexual blackmail or coercion behaviors, verbal sexual harassment, and physical sexual harassment) and maladaptive coping strategies such as self-criticism, delusion, and social isolation. For its part, the most remarkable results of Study 2 showed that negative affect mediated the relationship between experiences of sexual harassment (sexual blackmail or coercion behaviors and physical sexual harassment but not verbal sexual harassment)

and rumination as a coping strategy. Taken together, the results suggest that women who experience higher levels of sexual harassment appear to exhibit greater maladaptive coping strategies through negative psychological outcomes; however, in Study 2, the experience of verbal sexual harassment was not significant. Our findings align with previous research, which has revealed that experiencing higher levels of sexual harassment appears to be strongly associated with greater negative psychological outcomes (substance use problems; increased risk of depression, anxiety, and post-traumatic stress disorder [PTSD]; [47]) and with a higher reliance on maladaptive coping strategies among women [47–49]. One possible explanation could be that sociocultural norms may reinforce victim-blaming attitudes, discouraging women from reporting their experiences [49,50]. Furthermore, social stigma, institutional apathy, and fear of retaliation also appear to exacerbate the problem, according to previous studies [49,51]. Similarly, according to Mirhosseini et al. [33], verbal sexual harassment could elicit a less negative psychological outcome when managed through avoidance (e.g., leaving the workplace and refusing to be near the harasser) and diffusion (e.g., ignoring the harasser, remaining silent and laughing nervously due to confusion), because this type of harassment includes sexual jokes and comments, in addition to the expression of ideas about the female body. The reinterpretation of these forms of sexual harassment as something harmless, innocent, natural, or fun is a transcendental ingredient for their reproduction and legitimization [52], which hinders the possibilities of eradicating and actively confronting such behavior, even though the harassment may not be explicitly identified as something wrong, inadmissible, and intolerable [53]. Future studies should delve deeper into this issue, controlling for the perception and severity of verbal sexual harassment, as victims of this type of harassment may not fully appreciate these dimensions.

Another finding obtained in Study 2 that is particularly striking is the fact that the experience of sexual blackmail or coercion behaviors and physical sexual harassment appears to be associated with an increased negative emotional affect, ultimately relating to a rumination-focused coping mechanism. According to the responsive styles theory, negative affect is the most common trigger for rumination [54]. Thus, people who have experienced a traumatic event in their lives, such as sexual blackmail or coercion behaviors and physical sexual harassment—considered two of the types of sexual harassment that are perceived as most serious (e.g., [55])—exhibit a greater tendency to ruminate about that event [56]. Specifically, Lyubomirsky and Nolen-Hoeksema [57] suggest that individuals who focus on rumination as a coping strategy derived from negative emotions are often distinguished by showing a greater tendency to have self-critical thoughts, self-blame for their problems, and exhibit low self-confidence and low optimism regarding overcoming these adversities. Future studies could consider rumination as a coping strategy after experiencing sexual harassment in its most severe forms, in combination with the variables mentioned above, in order to improve clinical or therapeutic intervention focused on helping victims of sexual harassment cope.

Limitations and Future Research

This study has several limitations, including the correlational nature of the findings, limited generalizability, and concerns related to self-report measures. In this regard, we must emphasize the type of design employed in this study. While the mediation models used in our research are plausible and the proposed direction is theoretically sound, these models assess statistical mediation rather than causal mediation due to the cross-sectional nature of the data. Thus, although cross-sectional mediation can be a useful exploratory or hypothesis-generating tool for examining associations, it may sometimes be considered inadequate for establishing the causal mechanisms that define true mediation [58,59].

Nevertheless, to address the risk of false positives, we have focused our interpretation on effect sizes and the consistency of 95% confidence intervals, rather than relying solely on *p*-values. We are aware that these findings should be considered to be preliminary and require replication in future studies. For example, longitudinal designs could be developed to investigate the causal process of the variables used in our study over time. In the same vein, another limitation of our research relates to the snowball sampling method we employed. This type of sampling does not control the size and composition of the sample, potentially undermining the generalizability and validity of the research findings, as the sample may be biased toward individuals with similar characteristics. In other words, the researchers' lack of control over the number and diversity of respondents can compromise the generalizability of the findings to a broader population [60,61]. However, while snowball sampling can be considered a limitation of this research, its usefulness in accessing hard-to-reach populations, such as the participants in this study, should also be highlighted, especially given the primarily exploratory and descriptive nature of the research. Ultimately, it is worth mentioning that recent research focused on sexual harassment has also employed snowball sampling (e.g., [59,62]). Likewise, the measurement of sexual harassment did not capture information regarding when the sexual harassment behaviors began, their duration, and frequency, making it impossible for us to determine if the sexual harassment was continuing at the time the investigation was carried out. Furthermore, the assessment scales and instruments used in this research were extensive, causing a decrease in the response rate, as well as incomplete responses, perhaps due to reluctance or boredom. Future studies should use shorter questionnaires and/or consider offering some type of positive reinforcement in order to increase the response rate. It should also be noted that temporal ambiguity is another limitation of our research, given that exposure to sexual harassment and the outcome are assessed simultaneously at a single point in time. This makes it difficult to determine whether exposure to the sexual harassment preceded the outcome or whether the outcome might have caused exposure to the risk situation. Thus, this lack of temporal sequencing prevents us from defining the order of association or causality, potentially leading to an inverse or reciprocal relationship between the two factors. Future studies could replicate our findings using longitudinal designs to provide greater robustness in measuring the temporality of emotional changes following an experience of sexual harassment. Finally, it is important to note that the sample of women reporting sexual harassment at the university was small, which may limit the statistical power and generalizability of the results, as well as their practical implications. Similarly, considering only women who self-identify as victims is another limitation of this study. Because we asked participants to label themselves as victims, some women who may have been sexually harassed but did not want to use that label for various reasons (e.g., lack of perceived support, fear of possible negative social reactions, or fear of being a burden to others; [63]) were unintentionally excluded from the sample. Therefore, these results should be interpreted with caution. Future research should replicate these findings with larger and more diverse samples to enhance robustness and external validity.

Our research is framed within the Transactional Model of Stress and Coping [18], which supports the directionality of our mediation model. According to this model, negative emotional outcomes mediate the relationship between harassment experiences and subsequent coping strategies. However, future studies addressing sexual harassment within the university context could explore the mediating role of coping strategies between harassment experiences and emotional outcomes, given that this alternative directionality could also be theoretically plausible. For example, longitudinal designs would be particularly useful for better capturing the dynamic and potentially bidirectional nature of these processes. Future research could also consider evaluating the role of social support,

especially within the university setting, although it has been observed that social support seems to increase self-esteem levels in victims of sexual harassment and decrease negative psychological outcomes such as anxiety, tension, depression or shame [29]. Specifically, Hefner and Eisenberg [64] examined the moderating role of social support in the relationship between different forms of bullying and the mental health of female university students who had suffered bullying, demonstrating that emotional support fostered the development of less severe emotional problems and increased the sense of belonging, intimacy, and happiness. Similarly, although most victims prefer not to report due to a lack of solid evidence, the weakness of the judicial system, shame, or fear [65,66], future research should ensure that victims understand and are clear about what constitutes sexual harassment so that they can be helped to report it or file a formal complaint with their university. It has been observed that when individuals perceive reporting systems as safe and responsive, they are more likely to seek support and resist the harmful normalization of harassment [49]. In practical terms, the above highlights the urgent need for policies that guarantee the confidentiality of victims of sexual harassment, as well as measures that go beyond a punitive framework. Such measures could include promoting inclusive education and implementing empowerment-based interventions specifically tailored to the diverse social realities of women. It is undeniable that anti-sexual harassment policies alone cannot solve the problem; however, they can be the first step in addressing it. By developing policies that define and explain what constitutes sexual harassment, universities declare their stance against this type of behavior and can offer victims information and potential solutions.

5. Conclusions

In summary, the present research highlights that, when faced with different types of sexual harassment within the university setting (sexual blackmail or coercion behaviors, verbal sexual harassment, and physical sexual harassment), female victims experience high levels of negative emotions (anxiety, depression, and negative affect), which might increase the likelihood of using maladaptive coping strategies (self-criticism, illusion-based coping, social isolation, or rumination). Examining the different coping strategies used by women in higher education or working in the university setting in response to sexual harassment is an important area of research. Women who experience sexual harassment employ a wide range of passive and active coping strategies to deal with these situations. Understanding the functionality of these strategies and their impact on work and mental health is paramount to developing effective prevention and intervention approaches.

Supplementary Materials: The following supporting information can be downloaded at: https://www.mdpi.com/article/10.3390/women6010020/s1. Table S1: Sociodemographic characteristics of participants; Table S2: Types and perceived effectiveness of strategies against sexual harassment; Table S3: Anxiety/depression as a mediator between sexual blackmail or coercion behaviors and coping strategies; Table S4: Anxiety/depression as a mediator between verbal sexual harassment and coping strategies; Table S5: Anxiety/depression as a mediator between physical sexual harassment and coping strategies; Table S6: Negative affect as a mediator between sexual blackmail or coercion behaviors and coping strategies; Table S7: Negative affect as a mediator between verbal sexual harassment and coping strategies; Table S8: Negative affect as a mediator between physical sexual harassment and coping strategies.

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References

1. World Health Organization (WHO). *Violence Against Women*; World Health Organization: Geneva, Switzerland, 2025. Available online: https://www.who.int/health-topics/violence-against-women#tab=tab_1 (accessed on 1 November 2025).
2. Confederación Sindical de Comisiones Obreras. *Sexual Harassment and Harassment Based on Sex in the Workplace in Spain*; Ministerio de Igualdad de España: Madrid, Spain, 2021. Available online: https://violenciagenero.igualdad.gob.es/wp-content/uploads/estudioacososexual1.pdf (accessed on 1 November 2025).
3. Ley Orgánica 3/2007, de 22 de Marzo, Para la Igualdad Efectiva de Mujeres y Hombres. *Bol. Of. Estado.* **2007**, num. 71. Available online: https://www.boe.es/buscar/act.php?id=BOE-A-2007-6115 (accessed on 1 November 2025).
4. Mamaru, A.; Getachew, K.; Mohammed, Y. Prevalence of physical, verbal and nonverbal sexual harassment and their association with psychological distress among Jimma university female students: A cross-sectional study. *Ethiop. J. Health Sci.* **2015**, *25*, 29–38. [CrossRef] [PubMed]
5. Aji, L.M.; Adamu, N.N.; Kefas, V.A.; Godwin, A.; Hassan, C.G. Sexual harassment. In *Recent Topics Related to Human Sexual Practices: Sexual Practices and Sexual Crimes*; Sheriff, D.S., Ed.; IntechOpen: London, UK, 2024.
6. Klein, L.B.; Martin, S.L. Sexual harassment of college and university students: A systematic review. *Trauma. Violence Abus.* **2019**, *22*, 777–792. [CrossRef] [PubMed]
7. Vara-Horna, A.; Asencios-Gonzalez, Z.; Quipuzco-Chicata, L.; Díaz-Rosillo, A.; Supo-Rojas, D. Preventing workplace sexual harassment and productivity loss during crisis periods: The protective role of equitable management. *Sustainability* **2023**, *15*, 16195. [CrossRef]
8. Bondestam, F.; Lundqvist, M. Sexual harassment in higher education—A systematic review. *Eur. J. High. Educ.* **2020**, *10*, 397–419. [CrossRef]
9. Valls, R.; Aguilar, C.; Alonso, M.J.; Colás, P.; Fisas, M.; Frutos, L. *Violencia de Género en las Universidades Españolas: Me-Moria Final 2006–2008 (Exp. 50/05)*; Instituto de la Mujer: Madrid, Spain, 2008. Available online: https://igualdad.unizar.es/sites/igualdad/files/archivos/vuni.pdf (accessed on 1 November 2025).
10. Cipriano, A.E.; Holland, K.J.; Bedera, N.; Eagan, S.R.; Diede, A.S. Severe and pervasive? Consequences of sexual harassment for graduate students and their Title IX report outcomes. *Fem. Criminol.* **2021**, *17*, 343–367. [CrossRef]
11. Kearl, H. *The Facts Behind the #MeToo Movement: A National Study on Sexual Harassment and Assault*; National Center for Victims of Crime: Landover, MD, USA, 2018.
12. Hervías, V. Sexual and sexist violence in the universities of southern Spain. *J. Interpers. Violence* **2023**, *38*, 7485–7509. [CrossRef]
13. Valls, R.; Puigvert, L.; Melgar, P.; Garcia-Yeste, C. Breaking the silence at Spanish universities: Findings from the first study of violence against women on campuses in Spain. *Violence Against Women* **2016**, *22*, 1519–1539. [CrossRef]
14. Athanasiades, C.; Stamovlasis, D.; Touloupis, T.; Charalambous, H. Brief research report. *Front. Psychol.* **2023**, *14*, 1202241. [CrossRef]
15. Li, X.; Gu, X.; Ariyo, T.; Jiang, Q. Understanding, experience, and response strategies to sexual harassment among Chinese college students. *J. Interpers. Violence* **2023**, *38*, 2337–2359. [CrossRef]
16. Östergren, P.O.; Canivet, C.; Andersson, U.; Agardh, A. What determines the 'culture of silence'? Disclosing and reporting sexual harassment among university employees and students at a large Swedish public university. *PLoS ONE* **2025**, *20*, e0319407. [CrossRef]

17. Sivertsen, B.; Nielsen, M.B.; Madsen, I.E.H.; Knapstad, M.; Lønning, J.; Hysing, M. Sexual harassment and assault among university students in Norway: A cross-sectional prevalence study. *BMJ Open* **2019**, *9*, e026993. [CrossRef]
18. Lazarus, R.S.; Folkman, S. *Stress, Appraisal and Coping*; Springer: Berlin/Heidelberg, Germany, 1984.
19. Sobaih, A.E.; Gharbi, H.; Brini, R.; Abdelghani, T.M. The role of adaptive strategies in the link between sexual harassment and burnout in higher education: A three-path mediation model. *Societies* **2025**, *15*, 27. [CrossRef]
20. Pearlin, L.I.; Schooler, C. The structure of coping. *J. Health Soc. Behav.* **1978**, *19*, 2–21. [CrossRef] [PubMed]
21. Scarduzio, J.A.; Sheff, S.E.; Smith, M. Coping and sexual harassment: How victims cope across multiple settings. *Arch. Sex. Behav.* **2018**, *47*, 327–340. [CrossRef] [PubMed]
22. Rubio, L. Estrategias de Afrontamiento: Factores Determinantes e Impacto Sobre el Bienestar en la Tercera Edad. Doctoral Dissertation, Universidad de Granada, Granada, Spain, 2015.
23. Tobin, D.L.; Holroyd, K.A.; Reynolds, R.V.; Wigal, J.K. The hierarchical factor structure of the Coping Strategies Inventory. *Cogn. Ther. Res.* **1989**, *13*, 343–361. [CrossRef]
24. Cano, F.J.; Rodríguez, L.; García, J. Spanish version of the Coping Strategies Inventory. *Actas Esp. Psiquiatr.* **2007**, *35*, 29–39.
25. Ferrer-Pérez, V.A.; Bosch-Fiol, E. The perception of sexual harassment at university. *Rev. Psicol. Soc.* **2014**, *29*, 462–501. [CrossRef]
26. Navarro-Guzmán, C.; Ferrer-Pérez, V.A.; Bosch-Fiol, E. El acoso sexual en el ámbito universitario: Análisis de una escala de medida. *Univ. Psychol.* **2016**, *15*, 371–381. [CrossRef]
27. McDonald, P. Workplace sexual harassment 30 years on: A review of the literature. *Int. J. Manag. Rev.* **2012**, *14*, 1–17. [CrossRef]
28. Apell, S.; Marttunen, M.; Fröjd, S.; Kaltiala, R. Experiences of sexual harassment are associated with high self-esteem and social anxiety among adolescent girls. *Nord. J. Psychiatry* **2019**, *73*, 65–71. [CrossRef] [PubMed]
29. Wang, S.; Eklund, L.; Yang, X. The association between sexual harassment and mental health among Chinese college students: Do gender and social support matter? *Int. J. Public Health* **2022**, *67*, 1604922. [CrossRef] [PubMed]
30. Chen, H.; Huang, Q.; Jiang, M. Empowering Chinese college students to prevent sexual assault in the post-MeToo era: An empirical study of the bystander intervention approach. *J. Interpers. Violence* **2022**, *37*, 449–472. [CrossRef] [PubMed]
31. Valentiner, D.P.; Foa, E.B.; Riggs, D.S.; Gershuny, B.S. Coping strategies and posttraumatic stress disorder in female victims of sexual and nonsexual assault. *J. Abnorm. Psychol.* **1996**, *105*, 455–458. [CrossRef]
32. Griffing, S.; Lewis, C.S.; Chu, M.; Sage, R.E.; Madry, L.; Primm, B.J. Exposure to interpersonal violence as a predictor of PTSD symptomatology in domestic violence survivors. *J. Interpers. Violence* **2006**, *21*, 936–954. [CrossRef]
33. Mirhosseini, Z.; Pakdel, P.; Ebrahimi, M. Women, sexual harassment, and coping strategies: A descriptive analysis. *Iran. Rehabil. J.* **2023**, *21*, 117–126. [CrossRef]
34. Lameiras, M.; Rodríguez, Y.; Carrera, M.V. *Diagnose do Acoso Sexual e por Razón de Sexo na Universidade Vigo*; Servicio de Publicaciones de la Universidade de Vigo: Redondela, Spain, 2018.
35. Government Delegation Against Gender Violence. *Macroencuesta de Violencia Contra la Mujer 2019*; Ministerio de Igualdad: Madrid, Spain, 2015.
36. Cano-Vindel, A.; Muñoz-Navarro, R.; Medrano, L.A.; Ruiz-Rodríguez, P.; González-Blanch, C.; Gómez-Castillo, M.D.; Capafons, A.; Chacón, F.; Santolaya, F. A computerized version of the Patient Health Questionnaire-4 as an ultra-brief screening tool to detect emotional disorders in primary care. *J. Affect. Disord.* **2018**, *234*, 247–255. [CrossRef]
37. Löwe, B.; Wahl, I.; Rose, M.; Spitzer, C.; Glaesmer, H.; Wingenfeld, K.; Schneider, A.; Brähler, E. A 4-item measure of depression and anxiety: Validation and standardization of the Patient Health Questionnaire-4 (PHQ-4) in the general population. *J. Affect. Disord.* **2010**, *122*, 86–95. [CrossRef]
38. Grauerholz, E. Sexual harassment of women professors by students: Exploring the dynamics of power, authority, and gender in a university setting. *Sex Roles* **1989**, *21*, 789–801. [CrossRef]
39. Rosseel, Y. lavaan: An R package for structural equation modeling. *J. Stat. Softw.* **2012**, *48*, 1–36. [CrossRef]
40. Sandín, B.; Chorot, P.; Lostao, L.; Joiner, T.E.; Santed, M.A.; Valiente, R.M. Escalas PANAS de afecto positivo y negativo: Validación factorial y convergencia transcultural. *Psicothema* **1999**, *11*, 37–51.
41. Watson, D.; Clark, L.A.; Tellegen, A. Development and validation of brief measures of positive and negative affect: The PANAS scales. *J. Pers. Soc. Psychol.* **1988**, *54*, 1063–1070. [CrossRef] [PubMed]
42. Menssink, J. Objectification and Coping in Relation to Sexual Harassment Among Women. Doctoral Dissertation, Deakin University, Victoria, Australia, 2018.
43. Bloom, B.E.; Park, E.; Swendeman, D.; Oaks, L.; Sumstine, S.; Amabile, C.; Carey, S.; Wagman, J.A. Opening the "Black box": Student-generated solutions to improve sexual violence response and prevention efforts for undergraduates on college campuses. *Violence Against Women* **2022**, *28*, 3554–3587. [CrossRef] [PubMed]
44. Hagerlid, M.; Štulhofer, A.; Redert, A.; Redert, A.; Jakić, I.; Schoon, W.; Westermann, M.; Deverchin, C.; Graaf, H.D.; Janssen, E.; et al. Obstacles in identifying sexual harassment in academia: Insights from five European countries. *Sex Res. Soc. Policy* **2024**, *21*, 1515–1529. [CrossRef]

45. Duque Monsalve, L.F.; Cano Arango, B.C.; Gaviria Gómez, A.M.; Montoya Escobar, M.C. Analysis of the prevalence and perception of sexual harassment between university students in Colombia. *Cogent Soc. Sci.* **2022**, *8*, 2073944. [CrossRef]
46. Osuna-Rodríguez, M.; Rodríguez-Osuna, L.M.; Dios, I.; Amor, M.I. Perception of gender-based violence and sexual harassment in university students: Analysis of the information sources and risk within a relationship. *Int. J. Environ. Res. Public Health* **2020**, *17*, 3754. [CrossRef]
47. Ullman, S.E. Adaptive coping in sexual assault: A study of survivors and their informal supports. *Psychol. Trauma* **2025**, *ahead of print*. [CrossRef]
48. Anwar, F.; Björkqvist, K.; Österman, K. Sexual harassment and psychological well-being of the victims: The role of abuse-related shame, fear of being harassed, and social support. *Eurasian J. Med. Investig.* **2022**, *6*, 227–239. [CrossRef]
49. Gaikwad, H.; Pandey, S.; Patil, K. Breaking the silence: Patterns of women's responses to sexual harassment. *Cogent Soc. Sci.* **2026**, *12*, 2598727. [CrossRef]
50. Kazmi, S.M.A.; Tarar, A.H.; Nasir, A.; Iftikhar, R. Victim blaming, prior history to sexual victimization, support for sexually assaulted friends, and rape myths acceptance as predictors of attitudes towards rape victims in the general population of Pakistan. *Egypt. J. Forensic Sci.* **2023**, *13*, 20. [CrossRef]
51. Raghavan, R.; Brown, B.; Horne, F.; Kumar, S.; Parameswaran, U.; Ali, A.B.; Raghu, A.; Wilson, A.; Svirydzenka, N.; Venkateswaran, C.; et al. Stigma and mental health problems in an Indian context. Perceptions of people with mental disorders in urban, rural and tribal areas of Kerala. *Int. J. Soc. Psychiatry* **2023**, *69*, 362–369. [CrossRef]
52. Cairns, K.V. Femininity and women's silence in response to sexual harassment and coercion. In *Sexual Harassment: Contemporary Psychological Perspectives*; Thomas, A.M., Kitzinger, C., Eds.; Open University Press: London, UK, 1997; pp. 91–111.
53. Vohlídalová, M. Coping strategies for sexual harassment in higher education: "An official action may harm you in the end more than if someone slaps your butt". *Sociológia* **2015**, *47*, 297–316.
54. Nolen-Hoeksema, S. Responses to depression and their effects on the duration of depressive episodes. *J. Abnorm. Psychol.* **1991**, *100*, 569–582. [CrossRef] [PubMed]
55. Hoebel, M.; Durglishvili, A.; Reinold, J.; Leising, D. Sexual harassment and coercion in German academia: A large-scale survey study. *Sex Offend.* **2022**, *17*, e9349. [CrossRef] [PubMed]
56. Sarin, S.; Nolen-Hoeksema, S. The dangers of dwelling: An examination of the relationship between rumination and consumptive coping in survivors of childhood sexual abuse. *Cogn. Emot.* **2010**, *24*, 71–85. [CrossRef]
57. Lyubomirsky, S.; Nolen-Hoeksema, S. Effects of self-focused rumination on negative thinking and interpersonal problem-solving. *J. Pers. Soc. Psychol.* **1995**, *69*, 176–190. [CrossRef]
58. Maxwell, S.E.; Cole, D.A. Bias in cross-sectional analyses of longitudinal mediation. *Psychol. Methods* **2007**, *12*, 23–44. [CrossRef]
59. Buyse, K.; Goorts, K.; Peeters, D.; Dhondt, E.; Portzky, G. Sexual harassment at work within Belgian defence: A prevalence study. *BMJ Mil. Health* **2023**, *169*, 397–402. [CrossRef]
60. Atkinson, R.; Flint, J. Accessing hidden and hard-to-reach populations: Snowball research strategies. *Soc. Res. Update* **2001**, *33*, 1–4.
61. Saunders, M.N.K.; Lewis, P.; Thornhill, A. *Research Methods for Business Students*, 9th ed.; Pearson Education Limited: Harlow, UK, 2023.
62. Paniello-Castillo, B.; González-Rojo, E.; González-Capella, T.; Civit, N.R.; Bernal-Triviño, A.; Legido-Quigley, H.; Gea-Sánchez, M. "Enough is Enough": Tackling sexism, sexual harassment, and power abuse in Spain's academia and healthcare sector. *Lancet Reg. Health-Eur.* **2023**, *34*, 100754. [CrossRef]
63. Ullman, S.E.; O'Callaghan, E.; Shepp, V.; Harris, C. Reasons for and experiences of sexual assault nondisclosure in a diverse community sample. *J. Fam. Violence* **2020**, *35*, 839–851. [CrossRef]
64. Hefner, J.; Eisenberg, D. Social support and mental health among college students. *Am. J. Orthopsychiatry* **2009**, *79*, 491–499. [CrossRef]
65. Zilani, N.A.M.B.; Mohd, R.H. The relationship between the increased sexual harassment and the coping strategy among the e mployees. *Int. J. Acad. Res. Bus. Soc. Sci.* **2025**, *4*, 745–759.
66. Awang, F.; Khalid, R.K.R.M.; Zam, A.M. Pemahaman dan pengalaman gangguan seksual dalam kalangan masyarakat Malaysia. *Int. J. Soc. Policy Soc.* **2020**, *16*, 132–158.

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