

PSY3121 Exam Notes

Relationships

In Adolescence

- Closest friends are those of the same gender
- **Girls:**
 - Sharing of **thoughts and feelings**
 - Intimacy
- **Boys:**
 - Shared **group activities**
 - Less intimate, and larger groups
- **Differences in culture:**
 - 95% of middle class white girls report competition in their friendships (e.g., rival in friend group)
 - Only 38% of low income girls of colour report the same thing
 - Competition more common in middle-class white girls?

In Adulthood

- Women still more intimate and emotionally supportive
- Why?
- **1. Socialization**
 - Emotional expression encouraged in girls
- **2. Homophobia**
 - Emotions viewed as feminine, if you express those you may be 'gay' in the eyes of someone with homophobia
- **3. Cross-sex friendships**
 - Friends with someone of the opposite sex
 - More common for feminine men or men who are considered feminine to have cross-sex friendships
 - If you are a more masculine woman, then you are more likely to have male friends

Later Life

- Because women live longer, on average, than their spouses they grow old with other women
 - This can be positive for mental and physical health


Dating

- Very North American tradition
- When does it start?

Romance

- What you desire in a partner differs by gender
- **Women:**
 - Emphasize **status and resources**
- **Men:**
 - Emphasize **looks**
- Why is this negative for women?
 - Can lead to a distorted body image
 - Ageism – always want to look young, healthy, slim, etc.
- Can this also be negative for men?
 - Yes, men with bigger pockets are seen as more valuable in our society
 - Puts pressure on men to search for high paying jobs with status associated with them

Sexual Interest

- **Men** more likely to **misinterpret nonsexual behaviour as sexual**
 - Friendliness misperceived as flirting
 - Other cues
 - Asking to go on a date
 - Time and money spent on the date
 - Brief conversations
- 

- Adolescence (girls 12-13, boys 13-14)
 - Earlier for girls because girls tend to date older boys and reach puberty faster
- Age of the first date has been declining since the 1960s, it is currently at its earliest age right now
- **Set beliefs about dates**
 - Girls should 'stroke a boys ego,' not talk about themselves too much
 - Boys should take care of the girl, be chivalrous, paying for the date
 - These beliefs set us up for a power imbalance
- **Dating scripts**
 - Stereotype of **communal female**, **agentic male** still strong

Mate Selection – Biological Perspective

- **Women:**
 - If a woman thinks she is attractive, she will prefer more symmetrical and more masculine men
 - Fertile women (time of the month when you are ovulating – fertile window in the cycle) prefer body odour of men who score higher on a dominance questionnaire
 - In many cultures, women find accumulation of resources attractive in a long-term mating partner
 - Contraception (the pill) can change facial preferences
 - Women who used the pill during male choice preferred less masculine faces
 - You're not ovulating, don't have a fertile period
 - Dominant vs. submissive faces
- **Men:**
 - Prefer bodily attractiveness in short-term over long-term mating contexts
 - Prefer face attractiveness in the long-term
 - If you're not a very "masculine" man, artificial fragrance can enhance masculinity as perceived by women
- Males and females find **women in their fertile window more attractive** on pictures
- **Human major histocompatibility complex (MHC) may influence mate choice**
 - Set of proteins that are part of our immune system – important in our acquired immune system
 - **Females prefer males who have different MHC** than their own
 - Why?
 - Mate with someone with the opposite immune system to yourself so your baby can be even healthier
 - This can change if you are taking contraception
 - If taking oral contraception women scored lower on measures of sexual satisfaction and partner attraction

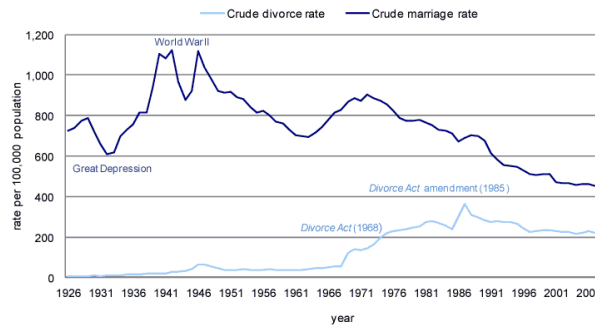
Marriage in Canada

- Only legal kind of marriage is monogamy
 - **Civil Marriage Act** – "the union of two people to the exclusion of all others"
- Same sex marriage legalized in 2005
- 1981 vs. 2011
 - People who never get married is increasing (more people cohabiting or living in common-law)
 - Divorce is much more common now

Definitions

- **Monogamy**: marriage to only one person at a time
- **Polygamy**: marriage to more than one person
 - **Polygyny**: one man, many wives
 - **Polyandry**: one woman, many husbands
 - Not very common but happens in places where men outnumber women (ex: was common in Tibet)

Marriage and Divorce Rates



- Divorce rate is increasing
- Marriage rate is decreasing – marriage rates are the lowest they've ever been in Canada

Age of Marriage

- Average age of first marriage has fluctuated
 - 1950: 28.5 years for men, 25.9 years for women
 - 1972-2008: 22.5 to 29.1 for women, 24.9 to 31.1 for men
- Grooms are generally two years older than brides
 - Men prefer younger woman and woman prefer older men
- In Canada, you need to be 18 years old to get married without parental consent (19 years of age in BC)
 - 16 years old with parental consent

Marital Satisfaction

- **Women** show **more support** on their husband's bad days
- **Men** show **support and negativity** on their wives' bad days
- Satisfaction declines over time
- Steepest decline in satisfaction if you have children (adolescents)
- Happier and healthier if in a good marriage, why?
 - You receive care and support from your spouse
 - Married couples tend to have better finances, dual-income family
 - Spouses tend to encourage each other to be healthier

Marriage or Cohabitation?

1. Marriage is seen as **more permanent**
2. **No waiting** for legal rights for married couples
3. **Costs of leaving** a marriage are seen as 'higher'
4. People with many partners **cohabit more**
5. In **females**, higher levels of **education** and **income** makes it more likely to cohabit
6. Cohabiting couples are **less religious, and traditional**
7. Married people have less accepting attitudes towards **divorce**
8. Cohabitators more likely to **share housework equally**
9. Married couples more likely to **pool resources**

Cohabitation and Same-Sex Relationships

- **Cohabitation**
 - Has increased dramatically in recent decades
- **Lesbian relationships**
 - Lesbians are as likely as heterosexuals to be part of a couple
 - More equality in lesbian relationships, generally more egalitarian
 - Stressors for lesbian relationships
 - Differences in coming out process
 - Lack of social acceptance
 - Income and lack of benefits
 - Issues related to children and parenting

Being Single as a Woman

- **Divorce**
 - Single parenting is stressful for mothers
 - Decline in income
 - Feel relief after high conflict marriage ends
- **Never married women**
 - 4% of women over 75 have never married
 - Tend to be stigmatized
 - Pros and cons
 - Feeling of ambivalence about never being marrieds
 - Elder care falls on you and you only
- **Widows**
 - Women > 65: 42% are widows, only 14% of men are widowers
 - Extremely stressful event for most, however, they do tend to adjust in 2-4 years after the death of their spouse
 - More likely not to remarry than widowers (8:1)
 - Men have more of a need for companionship
 - Women have larger support systems so they don't necessarily feel the need to the companionship from a husband

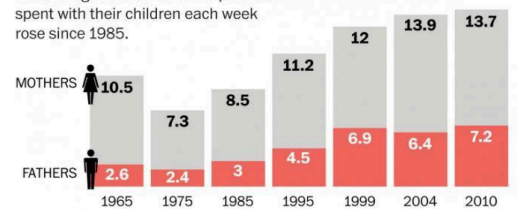
Relationship to Children

- The **'good mother'** stereotype
 - Impossible standard of mothering (especially if you're a working mother)
 - Always there for your child, always available, put-together all the time, need to breastfeed and have a secure attachment with your child, etc.
- **Motherhood mandate:**
 - Societal belief that women should have children and that they should be physically available at all times to tend to their young children's needs
 - This leads to a lot of blaming the mother for the child's faults and issues

Then and Now

Spending time with the kids

The average number of hours parents spent with their children each week rose since 1985.



Source: Journal of Marriage and Family

THE WASHINGTON POST

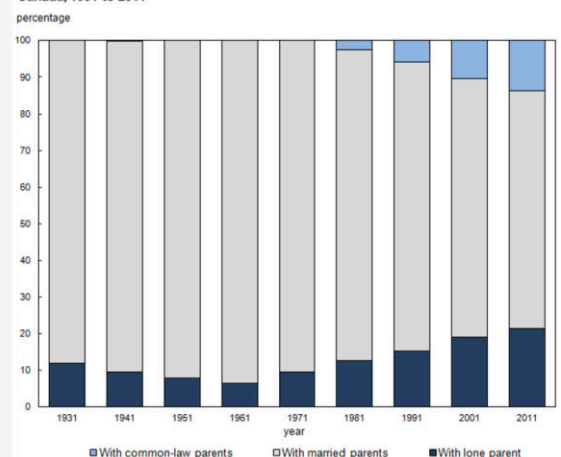
What about lone-parent families?

- A mother or a father
 - No spouse or common-law partner present
 - Living in a dwelling with one or more children
- 2001: 15.7% of all census families
- 2011: 16.3%
- Close to 20% of children under 12 live in a lone-parent household across Canada

Trends in Lone-Parent Families

- **8 in 10** lone-parent families **headed by a woman**
- Lone-parent families **more frequent among visible minorities**
- **Aboriginal families** more likely
 - 2011: 34.4% of Aboriginal children vs. 17.4% of all Canadian children

Chart 1
Living arrangements of children, aged 24 and under, in census families, Canada, 1931 to 2011



Economic Problems of Single Mothers

- As a group, **lone-parent families have the lowest average total incomes**
 - 2008 average:
 - Female led: \$42 300
 - Male led: \$60 400
 - Female lone parents are at risk of living in poverty
 - More likely to live in poverty if you are a black or Hispanic female lone-parent
 - In Canada, female-led lone-parent families have the lowest median net worth
 - Large wage-gap between women and men

Quality of Life – Economic

- **Working lone mothers experience tension and juggle work, family and daycare**
 - Much more likely to be in poverty if you are a single lone mother
 - 2010-regulated childcare spaces could only accommodate 19% of children
 - Canada is the last among developed countries in terms of access to childcare

Quality of Life – Housing

- **Single largest expense** for most single mothers
 - Most cannot buy a house, and tend to live in apartments, row housing, or co-op housing
 - Single mothers are more likely than others to live in low-income areas
 - Is there a solution for this? What could be done?

Later Years of Motherhood

- **Empty nest**
 - Time of a parent's life when children no longer live in the home
 - Were your parents happy/sad when you or your siblings left the home?
- **Relationships with adult children**
 - Women are the 'kin keepers'
- **Grandchildren**
 - Maternal grandmother likely to watch grandchildren when parents are at work
 - Increasing number live or grandparents live with children
 - Raising grandchildren

Education

Educational Goals

- Across ethnicities **adolescent girls have higher education and occupational goals** than boys

Campus Experience

- **Chilly climate**
 - Faculty members display **different expectations for women students**, or single them out or ignore them
 - **Microaggressions**: subtle forms of humiliation or bias
 - **Campus climate for women of colour**
 - **Stereotype threat**
 - If your university or college is biased against your ethnic group, you will be scared that poor performance in this subject will reflect on your group and you may perform worse than if there were no stereotype threat
 - **Individualistic culture on campus** vs. **collectivist values of many ethnic cultures**
 - Individualistic culture is very prominent on campus – competitive environment

- If you come from a collectivist culture, it could be very difficult to integrate into that campus
 - **Working class or poor women**
 - Feel like they need to hide their background
 - Feel at an intellectual disadvantage
 - Women on welfare
 - Finances, children to take care of
 - Higher education is important route to higher income
- Would single sex institutions be better?
 - Many positive studies have been published about this
 - Typically, because it is just for women, there tend to be more women in leadership positions and there are more role models and mentors for the women attending
 - Women participate more in class, collaborate more and report higher levels of support
 - Increase in self-confidence
 - Less sexism
 - No stereotype threat – women are more likely to pursue male-dominated fields and receive higher salaries

Women's Career Aspirations

- **Cultural differences**
 - Black college women expect success more than white women
 - Asian American college women tend to go into male-dominated fields more often
- **Gender differences**
 - No difference in motivation to succeed between men and women
 - Women more likely to major in 'people-focused' areas
 - Health, psychology, education
 - Differential encouragement (socialization)
 - Stereotypes don't fit with gender roles women are expected to fulfill
 - Lack of female role models or mentors
 - Discrimination (i.e., girls aren't good at math so why enter into that field?)
 - In high school and college women tend to lower their aspirations and enter into less prestigious fields

Can career counselors help with gender issues and careers?

- Remains **gender biased**
 - Girls discouraged from advanced math or science
 - Bias in vocational interest inventories and aptitude testing
- **What can career counselor do?**
 - 1) advocate for family-friendly work policies
 - 2) locate mentors
 - 3) encourage partners to participate in housework
 - 4) help develop effective coping strategies
 - 5) help obtain education and training

Work-family Expectations and Outcomes

- **Expectations:**
 - Want career, marriage, and to be mothers
 - Is this possible? Sort of
- **Outcomes:**
 - Longitudinal studies show that women who were mothers had fewer advanced degrees, lower status careers and lower income

What about gender differences in salary?

- **Women expect lower salaries** than men
 - Why?
 - Women base their expectations on known salary discrepancies
 - Women lower expectations because they expect to accommodate to fulfill family obligations
 - Women underestimate their worth

VIDEO: TEDTalk – Know your Worth

- Women are uncomfortable communicating their value
- Doubts and fears are natural and normal but they don't define our value and they shouldn't affect our earning potential
- Important to find our own voice, one that is authentic and true to you
- Being properly valued is so important
 - Finances, self-respect, self-confidence

Why is women’s achievement lower than men’s?

- 4 theories according to psychologists:
 - 1. **Achievement motivation**
 - Women’s ‘need to excel’ is lower than males
 - No differences found
 - 2. **Fear of success**
 - Women avoid situations of high achievement because of the negative social consequences that might occur (loss of femininity, social rejection)
 - No proof found for this
 - 3. **Achievement attributions**
 - Self-serving attributional bias
 - 4. **Achievement self-confidence**
 - Lower self-confidence
 - Underestimate their worth

Are personal characteristics related to job aspirations?

- **Yes:**
 - **Women who pick male-dominated careers** more **competitive, autonomous, and instrumental** than those who pick female-dominated careers
 - **Self-efficacy:** belief that you can successfully perform tasks in a specific domain

Social and Cultural Factors in Women’s Achievement

- **Social support** from parents
- **Cultural values**
 - Black and Hispanic women
 - Professional attainment is family goal
 - Obligation to family to achieve
 - Community focused

Characteristics of the Job are also Important

- **Women:**
 - Value interpersonal relationships
 - Helping others
 - Balancing professional and personal goals
 - Flexible hours and commutes
- **Men:**
 - Value material success
 - Promotions
 - Challenge
 - Power

Employment through the Lifespan

Employment Rates Over Time

- Large increase from 1970s to now

Which occupations do women choose?

TABLE 12.1 Employment Trends of Women and Men aged 15 and over, 1976–2009

Year	Women Aged 15 Years and Older	Men Aged 15 Years and Older	Women as a Percentage of Total Employment
1976	41.9%	72.7%	37.1%
1981	47.7%	72.8%	40.3%
1986	50.3%	69.6%	42.8%
1991	52.8%	66.9%	45%
1996	52.1%	65%	45.4%
2001	55.6%	66.8%	46.2%
2006	58.3%	67.7%	47.1%
2007	59.1%	68%	47.3%
2008	59.3%	68.1%	47.3%
2009	58.3%	65.2%	47.9%

Source: Statistics Canada, 2011. *Employment trends of women and men aged 15 and over, 1976 to 2009* (table 5.1). "Women in Canada: A Gender-based Statistical Report." Catalogue No. 89-503-X. Ottawa, Ontario. Statistics Canada. <http://www.statcan.gc.ca/pub/89-503-x/89-503-x2010001-eng.pdf>.

- **Occupations with LOWEST number of women:**
 - Construction, installation, maintenance, repair, production, transportation
- **Occupations with HIGHEST number of women:**
 - Healthcare, office and administrative work, teaching, caring for young children
- Men tend to dominate the highest paid and most prestigious occupations

Gender and Leadership Positions

- Even though women make up ½ the labour force, very few are in top leadership positions
- **Glass escalator:** even in female dominated fields, **men earn more and are promoted faster**
- **Glass ceiling:** **invisible but powerful barriers** that prevent women from advancing beyond a certain level
- **Glass cliff:** women leaders more likely to be **given units with high risk of failure**
- **Sticky floor:** women have **no job ladder to higher positions**
- **Maternal wall:** women get **less desirable assignments, lower salaries** once they become mothers

Leadership Styles

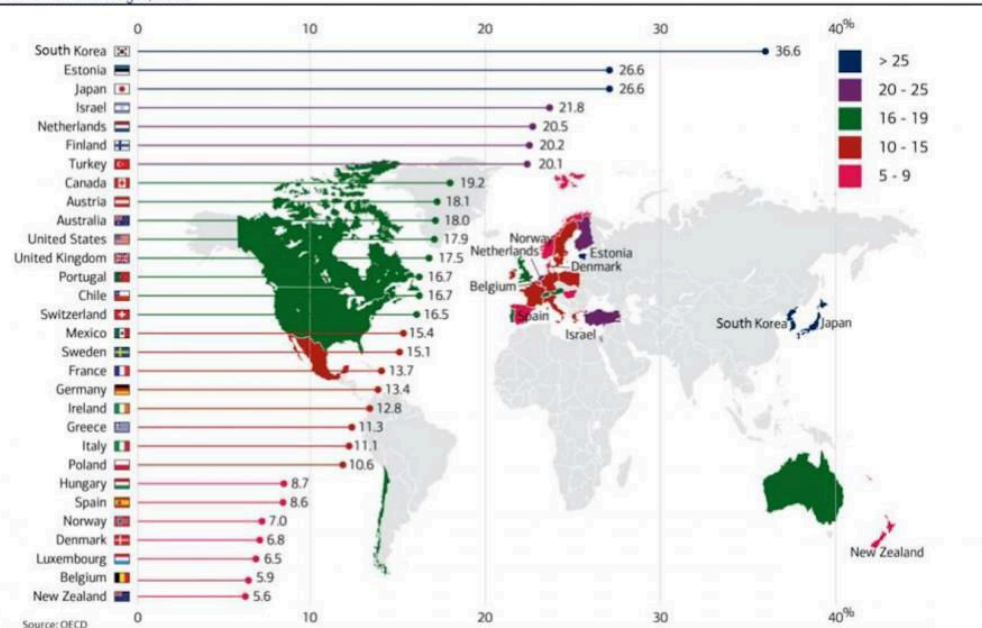
- **Transformational**
 - Set **high standards and serve as role models** by mentoring and empowering their subordinates
- **Transactional**
 - **Clarify** workers' responsibilities, **monitor** their work, **reward** them for meeting objectives, **correct** their mistakes
- **Laissez-faire**
 - Take **little responsibility for managing**

What are the barriers to women's advancement?

- Lack of mentors and social networks
- Women less likely to be invited to informal social events
- **Discrimination:**
 - Hiring and later
 - 1. **Stereotypes**
 - Shifting standards hypothesis
 - 2. **In group favouritism**
 - 3. **Perceived threat**

What about salaries?

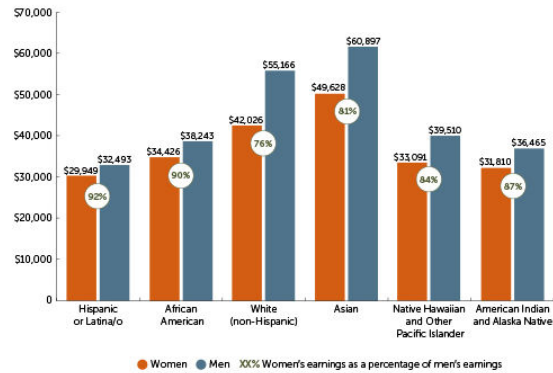
Exhibit 15: Women and Wages, 2015



- This map illustrates the difference between male and female wages across the world. From 2011 to 2014, for every \$100 a man was paid, a woman was paid just \$76 (World Bank).
- The countries with the highest paid female employees: New Zealand (where women are paid roughly 5% less than men), Belgium, Luxembourg, Denmark, Norway, and Spain.
- The countries with the worst paid female employees: South Korea (where women are paid roughly 37% less than men), Estonia, Japan, Israel, Netherlands, and Finland.

Discrepancy by Gender and Ethnicity

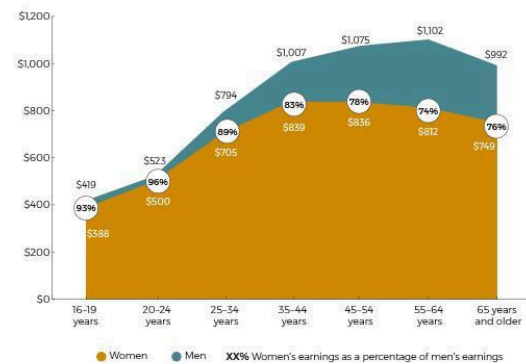
Median Annual Earnings, by Race/Ethnicity and Gender, 2015



Source: U.S. Census Bureau, 2015 American Community Survey 1-Year Estimates

Discrepancy by Gender and Age

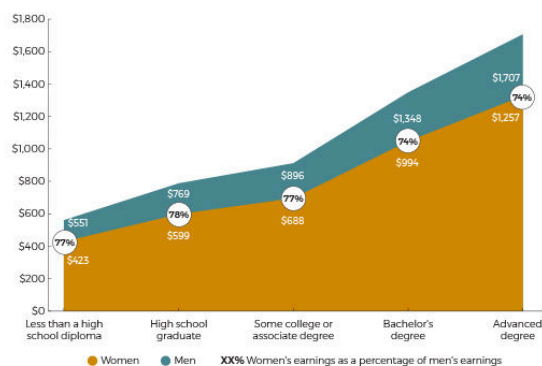
Median Weekly Earnings, by Age and Gender, 2016



Note: Based on median usual weekly earnings of full-time wage and salary workers, 2016 annual averages
Source: The Simple Truth about the Gender Pay Gap

Discrepancy Present even with Education

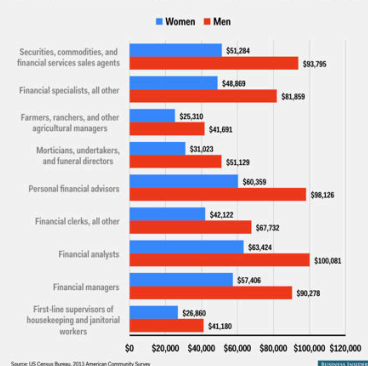
Median Weekly Earnings, by Level of Education and Gender, 2016



Note: Based on median usual weekly earnings of full-time wage and salary workers, ages 25 and older, 2016 annual averages
Source: The Simple Truth about the Gender Pay Gap

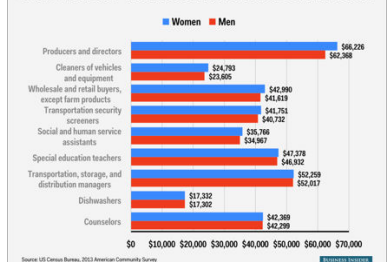
What about within selected occupations?

Jobs where men make more than women



Source: U.S. Census Bureau, 2011 American Community Survey

Jobs where women make more than men



Source: U.S. Census Bureau, 2011 American Community Survey

Job Satisfaction

- No real differences in overall job satisfaction between genders
- Paradox of the contented female worker
- Sexual minorities
 - Workplace discrimination
 - Lower satisfaction, higher psychological distress

How can we change the workplace?

- Change policy
 - **Pay equity**
 - Pay based on workers' worth, not gender or ethnicity
 - **Affirmative action**
 - Ensure that workplace provides equal opportunity for everyone

Why are there such differences in salary?

- 1) **Investment in the job**
 - Human capital perspective
- 2) **Occupational segregation**
- 3) **Salary negotiations**
 - Men average 4.3% raise, women 2.7% raise when they negotiate
- 4) **Wage discrimination**
 - Used to say women were working for 'extra's' or 'pocket money' so didn't need as much
 - Motherhood penalty – 18% reduction in salary PER child
 - Fatherhood wage premium – fathers earn more than non-fathers

Retirement

- Why retire?
 - **Men** – involuntary, health reasons
 - **Women** – voluntary, family obligations
 - Eldercare
 - Work identity – if positive, want to keep working

Leisure during Retirement

- Gender differences
 - **Women:** social activities and crafts
 - **Men:** physical activities and spectator sports
- What affects leisure activities?
 - 1. Age
 - 2. Amount of free time
 - 3. Transportation and programs

Poverty

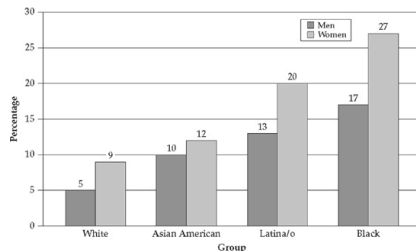
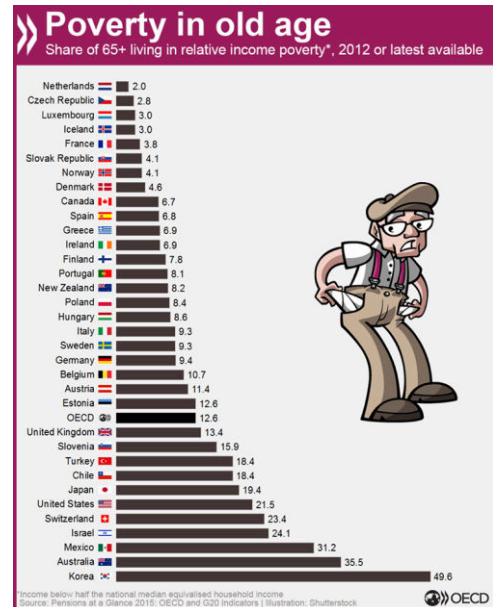


FIGURE 10.1 Percentage of Older Black, Latina/o, Asian American, and White Women and Men Below the Poverty Level, 2007.
Source: Federal Interagency Forum (2009).



WORK AND FAMILY

TABLE 12.2 Employment Rate of Women with Children by Age of Youngest child, 1976–2009

Year	Youngest Child Less Than 3	Youngest Child 3 to 5	Youngest Child Less Than 6	Youngest Child 6 to 15	Youngest Child Less Than 16
1976	27.6%	36.8%	31.4%	46.4%	39.1%
1981	39.3%	46.7%	42.1%	56.2%	49.3%
1986	49.4%	54.5%	51.4%	61.9%	56.7%
1991	54.4%	60.1%	56.5%	69%	62.8%
1996	57.8%	60.5%	58.9%	69.8%	64.5%
2001	61.3%	67%	63.7%	75.3%	70.1%
2006	64.3%	69.4%	66.4%	78.2%	72.9%
2007	65.1%	72.6%	68.1%	79.4%	74.3%
2008	64.6%	70.3%	66.8%	80%	73.8%
2009	64.4%	69.7%	66.5%	78.5%	72.9%

Source: Statistics Canada. 2011. *Employment rate of women with children by age of youngest child, 1976 to 2009* (table 5). "Women in Canada: A Gender-based Statistical Report." Catalogue No. 89-503-X. Ottawa, Ontario. Statistics Canada.

Attitudes to Women’s Roles of Employee and Mother

- Not the Standard North American Family (SNAF)/ Nuclear family anymore
- **Agentic vs. Communal**
 - Mothers who go back to work quickly are viewed as less warm and nurturing

- Men and women whose mothers worked are more likely to agree that working mothers can have great relationships with their children

Division of Labour

- Division of labour between men and women **still very unequal**
 - **1965**: 35 hours for women, 5 hours for men per week
 - **2005**: 19 hours for women, 11 for men per week
- If children are present and both parents employed:
 - Women spend 17 hours more on housework and childcare than men a week
- **The sandwich generation**: caring for kids and elderly parents
- **Leisure time**
 - **Women**: family leisure time is their leisure time
 - **Men**: solitary activities

Balancing Family and Work

- **Costs**
- **Role strain**
 - **Role overload**: exceeds one's time or energy
 - **Inter-role conflict**: incompatible demands from two or more roles
 - **Scarcity hypothesis**: excessive role responsibilities deplete the individual's limited supply of time and energy, which can lead to stress
- **Benefits**
 - Higher self-esteem
 - Physical health
 - Greater respect/prestige
 - Economic security
- **Enhancement hypothesis**: each additional role provides the above
- **Buffering**: when one role is bad, the other can make up for it

Most women do not perceive this unequal division as unfair

- Why?
 - 1) **Time constraints**
 - Home-makers have more time than their husbands for housework
 - 2) **Relative power**
 - Lower degree of marital power
 - Person with greater resources will use their power to limit engagement in these tasks
 - 3) **Gender attitudes**
 - Spouses beliefs about appropriate gender roles

Effects of Maternal Employment on Children

- Research shows both maternal employment and non-maternal care are not harmful
- Benefits
 - Preschoolers have more prosocial behaviour, less anxious and hyperactive
 - Children don't have as rigid gender roles

Effects of Maternal Employment on Spouse

- Depends on the quality of the marriage

▶ **VIDEO**: Can we have it all?

https://www.ted.com/talks/anne_marie_slaughter_can_we_all_have_it_all /transcript

How can we help work-life balance?

- Need family friendly workplace policies
 - Paid parental leave
 - Flextime
 - Telecommuting
 - Employer help with child care
 - Elder-care benefits



Midlife Transitions in Family and Work Roles

- Need to be satisfied with life roles
- Regrets about life direction
 - Related to decisions about marriage, career and children
 - Need to act on the regrets and make changes
- Making changes

Physical and Mental Health

PHYSICAL HEALTH

Remember?

- Women were excluded from research participation in many medical studies in the past
- Even studies of diseases that predominantly affect women such as anxiety and depression, the research is primarily carried out with male animals
- The male to female ratio in neuroscience research is close to 5:1

Physician-patient Relationship

- **Sexism:**
 - Male physicians treat women in a paternalistic manner
 - Women's experiences are often trivialized
 - This is often psychosomatic
 - We assume that females' experiences are emotionally caused rather than physically caused
 - Women are 2X more likely to report that they are not happy with the relationship they have with their physician
- Female physicians tend to spend more time building a rapport with patients
 - May be because of the communal and warm traits women are socialized to have early on
- It is more common for women and men to say that they prefer female physicians

What about your ethnicity? Social class?

- **In the US:**
 - Unlikely that someone who is uninsured will seek medical help
 - Low income women are uninsured
 - Ethnic minorities receive poorer healthcare than Caucasians
 - Policies that discourage poor women from having children
- **In Canada:**
 - 1 in vitro cycle is now covered by the government
 - Universal healthcare

What about sexual minority women?

- Higher risk of breast and ovarian cancer
- More likely to smoke and consume alcohol
- Social stigma reduces access to healthcare

Sexually Transmitted Infections

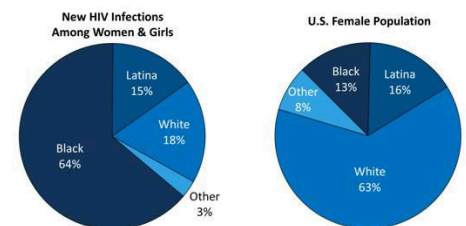
- *Transmitted more easily to women than men*
- *Quite often, they are more difficult to diagnose in women*
- **AIDS**
 - Acquired Immunodeficiency Virus
 - Caused by HIV
 - Women of colour fastest growing group of infected in US
 - Why?
 - Poverty
 - Inadequate access to prevention services
 - Lack of information about safe sex
 - Women are often sicker at time of diagnosis
 - 1. Women are viewed as low risk
 - 2. Delay seeking help because they are caretakers of the rest of the family
 - 3. HIV-infected women tend to live in poverty (hard to access healthcare)
 - *Growing population of older women who are acquiring HIV and developing AIDS*
 - *Vaginal dryness and thinning of vagina increases susceptibility*
 - *Easily spread in retirement homes*
 - *Taboo around older people having sex*

Table 12.1 Major Sexually Transmitted Infections (STIs)

STI	Mode of Transmission	Symptoms	Treatment
Chlamydia	Sexual contact; from mother to baby during birth	Painful urination and intercourse, vaginal discharge; often no symptoms	Antibiotics, e.g., doxycycline, azithromycin
Genital herpes	Sexual contact; most contagious during active outbreaks	Painful blisters near vagina, buttocks; often no symptoms	No cure. Antiviral drugs help healing
Gonorrhea	Sexual contact; from mother to baby during birth	Vaginal discharge, painful urination, bleeding between periods; often no symptoms	Antibiotics, e.g., cephalosporins
Hepatitis B	Sexual contact	Jaundice, loss of appetite	Interferon; preventive vaccine
HIV/AIDS	Sexual contact; infected blood transfusions; from mother to baby during birth or breastfeeding	Flu, weight loss; fatigue; opportunistic infections such as thrush, shingles, herpes	No cure. Antiretroviral drugs delay progress of the disease
HPV/Genital warts	Sexual contact	Painless warts in vagina; often no symptoms	No cure. Wart removal by laser or burning; preventive vaccine
Syphilis	Sexual contact when sores are present; mother to fetus	Initially, hard, painless chancre (sore)	Penicillin
Trichomoniasis	Sexual contact	Yellow odorous vaginal discharge; itching, burning in vulva	Antibiotics, e.g., metronidazole

Sources: Donatelle (2012); Pruthi (2010); Rathus et al. (2010); and Zenilman and Shahmanesh (2012).

New HIV Infections Among Women & Girls and U.S. Female Population, by Race/Ethnicity, 2010



Reproductive System Disorders

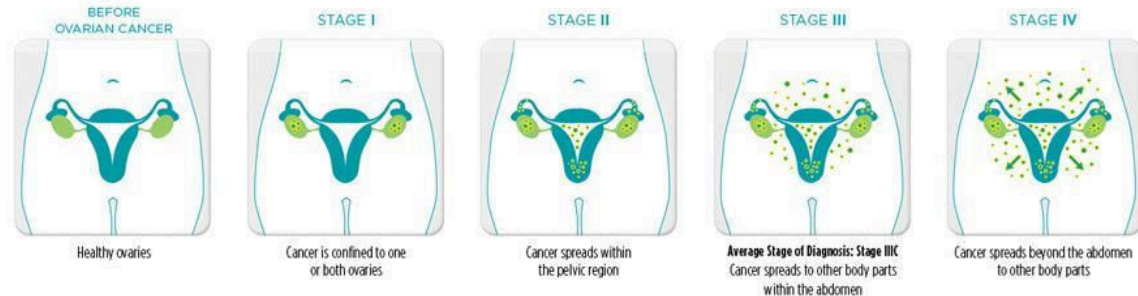
- **Benign conditions** (*this does not mean that they are not fatal conditions, they can still affect your quality of life*)
 - **Endometriosis**
 - Lining of the uterus grows out and towards other pelvic structures (fallopian tubes, ovaries, etc.)
 - Can be chronically painful
 - Can lead to infertility
 - **Fibroid tumors**
 - Can affect fertility
 - Non-cancerous growth
 - **Polycystic ovarian syndrome (PCOS)**
 - Multiple cysts in your ovaries
 - Can cause a lot of negative symptoms
 - Facial hair growth
 - Irregular menstrual cycles
 - Overweight
 - Fertility
- **Cancers** (*are often fatal if not caught early*)
 - Uterine cancer
 - Cervical cancer
 - Pap smear

- Vaccine (Gardasil – vaccine against HPV)
 - HPV can cause cervical cancer as well as throat cancer

Ovarian Cancer

Very dangerous cancer, causes multiple deaths

Symptoms typically do not appear until the later stages of the disease



- **Risk factors include:**
 - Immediate family members with breast, colon, ovarian cancer
 - Early menarche, late menopause
 - Using hormone replacement therapy
 - Obesity
 - Smoking
- **Protective factors:**
 - Bearing children
 - Breastfeeding
 - Birth control pill
 - Low-fat diet

Hysterectomy

- **Removal of uterus**
 - Why?
 - Cancer
 - Endometriosis
 - Fibroid tumors
 - Lots of controversy about the **high prevalence of this procedure in the US**
 - Makes sense when it is used to prevent cancer or to remove cancer
 - However, there is controversy around using a hysterectomy to treat endometriosis and fibroid tumors because they are not fatal diseases and there are other solutions

Osteoporosis

- Approximately 80% of individuals with osteoporosis are women
 - Women have less bone density than males
- **Excessive loss of bone tissue** in older adults which results in bones becoming thinner, brittle, and more porous
- **Prevention:**
 - 1) increase calcium intake
 - 2) weight bearing exercise
 - 3) stop smoking and drinking alcohol
 - 4) estrogen supplementation

TABLE 12.2 Risk Factors for Osteoporosis

Biological Factors

- Gender: women's risk is greater because their bones are smaller and lighter
- Age: after age 30, bone loss begins
- Menopause: drop in estrogen levels increases bone loss
- Thin, small-framed body
- Ethnicity: White and Asian women, who have lower bone density, are at greater risk
- Family history of osteoporosis or older relatives with fractures

Lifestyle Factors

- Diet low in calcium and vitamin D
- High intake of sodium, animal protein, caffeine
- Lack of physical activity
- Smoking
- Alcohol intake of two or more drinks a day

Medical Factors

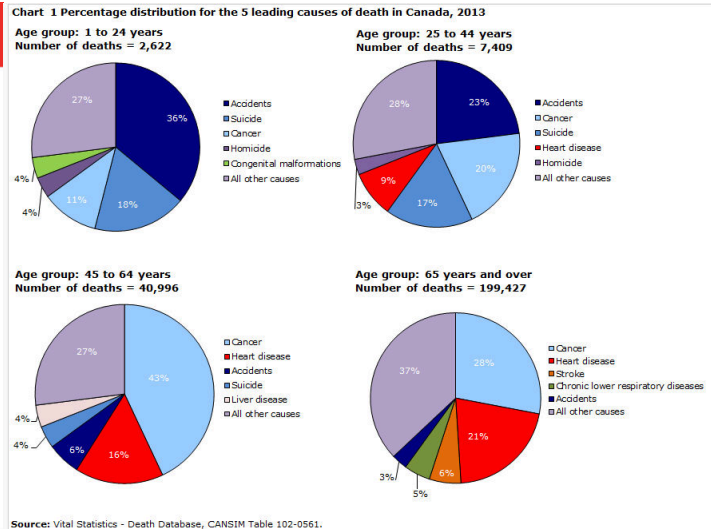
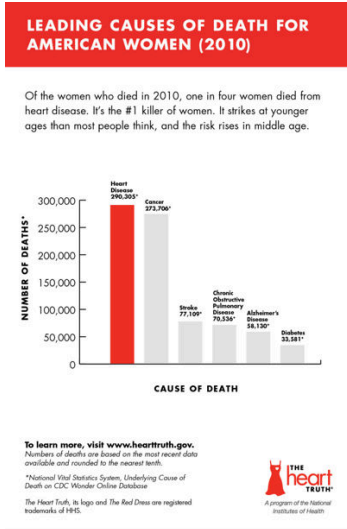
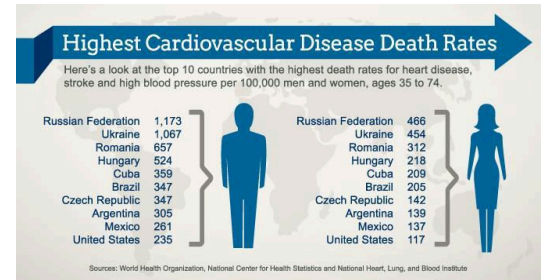
- Rheumatoid arthritis, diabetes, celiac disease, lactose intolerance
- Eating disorders
- Certain medications: diuretics, steroids, anticonvulsants

Sources: Gagné (2010); National Institutes of Health (2009); National Osteoporosis Foundation (2010); and Templeton (2010).

Heart Disease

Women and Heart Disease

- In the US, heart disease in women is the biggest killer, even bigger than cancer
- In Canada, cancer is the biggest killer, whereas heart disease is the second biggest killer
- **The risk for heart disease in women dramatically increases after menopause**, they are at greater risk for heart disease later on in their lives
- **Women are more likely than men to die** after a heart attack



Risk factors:

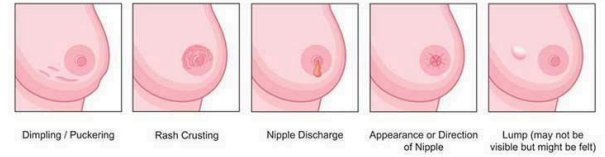
- Ethnicity (more at risk if you are a black woman)
- Family history
- Inactivity
- High blood pressure
- Diabetes
- Obesity
- Smoking
- Diet
- Hormones
- Depression

Diagnosis and treatment:

- **Women less likely to show classical symptoms** of heart disease
 - Nausea
 - Dizziness
 - Shortness of breath
 - Sweating
 - Extreme fatigue
 - Back pain
- Women more **likely to be misdiagnosed**
 - Women are perceived as less likely to be affected by heart disease than men
- **Less likely to be admitted to emergency room**
 - Why?
 - Older, lower SES, have other health conditions that confound the diagnosis

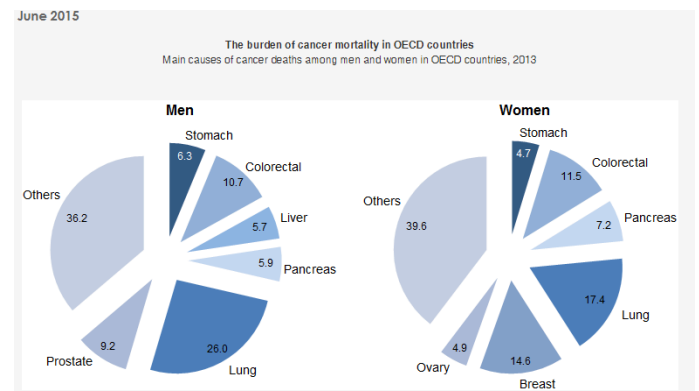
Breast Cancer

- **Most featured disease** among women
 - 80% of women diagnosed with breast cancer will survive
 - Rates:
 - 1.8 women lifetime prevalence
- **Risk factors:**
 - Age, ethnicity, social class
 - White women are more likely to develop
 - Family history – BRCA1 and BRCA2 genes
 - First child after 35
 - Never breastfeeding
 - Smoking
 - Alcohol consumption
 - Diet high in red meat and processed foods
 - Being overweight after menopause
- **Treatment:**
 - **Radical mastectomy** – removal of the breast, underlying chest wall, and underarm lymph nodes
 - **Modified radical mastectomy** – remove lymph nodes underarm and the breast
 - **Simple mastectomy** – only remove the breast, leave the lymph nodes
 - **Lumpectomy** – remove only the lump
 - **Radiation**
 - **Chemotherapy**
 - *Often times treatments will be combined (e.g., mastectomy + chemotherapy)*
- **Psychological impact:**
 - *Depends on age most of the time – younger women are more negatively affected typically*
 - Depression, anxiety, anger
 - Concerns about ‘feminine’ appearance
 - Younger women more negatively affected than older women
 - Women with ‘fighting spirit’ fare better in long term both physically and emotionally



Lung Cancer

- **Risk factors:**
 - Smoking
 - Second hand exposure, asbestos, radon
 - Women more likely to develop it even if they have never smoked
- **Detection and treatment:**
 - Women diagnosed at earlier stage
 - Women survive longer
 - Low survival rate



Later Life

- **Gender paradox:** women live longer than men, but in poorer health
- Why?
 - 1) **biology**
 - Women have two X chromosomes
 - 2) **lifestyle behaviours**

- Men engage in more risk taking behaviours
- 3) **smoking**
 - Men are more likely to smoke compared to women
- 4) **use of preventative health services**
 - Women are more likely to use healthcare services
- 5) **social support**

Social Class and Ethnic Differences

- **Social class**
 - Higher SES/education = better health
- **Ethnicity**
 - Health risks vary by ethnic group
 - Often related to SES
- **Gender difference**
 - Women have more chronic conditions

TABLE 12.4 Leading Causes of Death for Females by Ethnicity, 2011

Rank	White	Black	Native American	Asian/Pacific Islander	Latina
1	Heart disease	Heart disease	Cancer	Cancer	Heart disease
2	Cancer	Cancer	Heart disease	Heart disease	Cancer
3	Stroke	Stroke	Unintentional injuries	Stroke	Stroke
4	Chronic lung disease	Diabetes	Diabetes	Diabetes	Diabetes
5	Alzheimer's disease	Kidney disease	Stroke	Unintentional injuries	Unintentional injuries

Note: Native American includes American Indian and Alaskan Native females.
Source: National Center for Health Statistics (2011).

Promoting Good Health

- **Physical activity and exercise**
 - Decrease in heart disease, stroke, breast, colon, and ovarian cancer, high blood pressure, diabetes
 - Enhances muscle strength, balance and mobility
- **Psychological benefits**
 - Well-being and self-esteem
 - Body image
 - Higher cognitive functioning into old age
- **Nutrition**
 - Healthy diet
 - Veggies, fruits, whole grains
 - Moderate protein intake
 - Not much sugar, oils, fats
 - Important to eat in moderation

MENTAL HEALTH

Childhood and Adolescence

- **Internalizing disorders**
 - Mood disorders (anxiety, depression, etc.)
 - More common in girls
- **Externalizing disorders**
 - Aggression, conduct disorder, ADHD
 - More common in boys
 - Rarely studied in girls because they are thought of as 'male' disorders

Eating Disorders

- **Diagnostic criteria**
 - **Anorexia Nervosa:**
 - Only 85% of normal body weight
 - Girls and women account for over 95% of the cases
 - A. Refusal to maintain a normal body weight, weighs less than 85% of what is considered 'normal' for age and height
 - B. Person has intense fear of gaining weight

- C. **Distorted sense of body shape**
 - D. **Amenorrhea** in females (not used in DSM-5)
 - **Bulimia Nervosa:**
 - *Tend to be of a normal weight range*
 - A. Recurrent episodes of binge-eating
 - B. Recurrent inappropriate compensatory behaviours to prevent weight gain after binge
 - C. Above occur on average at least once a week for 3 months
 - D. Self-evaluation tied to body shape and weight
 - **Binge eating disorder:**
 - Binging without compensatory mechanisms (you binge but you don't purge)
 - Sex differences are less pronounced, likely to happen in both men and women
- **Physical signs**
 - **Anorexia Nervosa:**
 - Osteoporosis and cardiovascular problems
 - Lowered fertility
 - Dry skin
 - Dry hair and hair loss
 - Lanugo
 - Amenorrhea
 - **Bulimia Nervosa:**
 - Dental problems
 - Russell's sign
 - Electrolyte imbalance
 - Dehydration
 - Gastric rupture
- **Causes of eating disorders**
 - **Biological**
 - Endogenous opioids
 - Body will make you feel high when you are starving yourself in anorexia
 - Body will make you feel high when you binge eat in bulimia
 - **Psychological**
 - Low self-esteem
 - Anxiety, depression
 - Perfectionism, competitiveness
 - Perceived lack of control in life
 - **Cultural**
 - Standards of beauty
 - Female athlete triad (seen frequently in ballet and gymnastics)
 - Amenorrhea, osteoporosis and disordered eating
- **Treatment of eating disorders**
 - *Often extremely difficult to treat and often have the highest mortality rate*
 - **Pharmacological agents**
 - Have very limited effect on bulimia, and no effect with anorexia
 - **Psychological treatment**
 - **CBT** used successfully for bulimia
 - 1. Establishing control over eating
 - 2. Continued focus on normalized eating, eliminating dieting
 - 3. Maintaining change and preventing relapse
 - CBT does not work as well for anorexia as it does for bulimia
 - **'Enhanced CBT'** focuses on:

- Perfectionism, low self-esteem, mood intolerance, interpersonal difficulties
- Focuses on the psychological aspects that are extremely difficult to change
 - Focuses on these things so that the root cause of the ED can be tackled
- **Interpersonal therapy**
- **Nutritional therapy**
- **Family therapy**
- **Self-help**

Substance Abuse Disorders

- **Alcohol**
 - **Telescoping**: a women's alcoholism may start later than a man's, but it progresses faster to substance abuse
 - 8-10% of women
 - 15-30% of men
- **Consequences**
 - All types of **cancer** are increased
 - **Fetal alcohol syndrome (FAS)**
 - Studies have shown that it is better to be a moderate drinker throughout the pregnancy rather than binge drinking on more than 5 drinks in one night
- **Consumption in Canada**
 - 77% of Canadians said they had drunk in the last 12 months
 - 12% were former drinkers, 11% had never drank
 - 36% are light infrequent drinkers
 - Fewer than 5 drinks per occasion, not weekly
 - 32% are light frequent drinkers
 - fewer than 5 drinks per occasion, weekly
 - Consumption peaks in mid 20s
 - **Low-risk drinking guidelines**
 - Women should have no more than 2 drinks per day or 10 drinks per week
 - Women should have no more than 3 drinks per day or 15 drinks per week
 - **High risk drinking**
 - 17% of people who drank in the past year are high risk drinkers
 - More males than females
- **Risk factors for alcohol abuse**
 - **Genetic**
 - Twin and adoption studied indicate it is heritable
 - Multiple genes and patterns of genes
 - Ability to break down alcohol (and acetaldehyde)
 - People of Asian descent typically lack the enzyme that breaks down alcohol, they have a harder time metabolizing it
 - **Neurobiological influences**
 - Small correlations in heart rate increases between males whose fathers have alcohol dependence
 - **Psychological factors**
 - Behavioural disinhibition – types of people who are not able to inhibit their impulses or aggressive behaviour
 - Negative emotionality
 - Tension-reduction
 - **Socio-cultural factors**

- **Treatment**
 - Focus on complete abstinence
 - **Residential method:** Minnesota Model
 - 12-step alcoholics anonymous
 - **Pharmacotherapy**
 - Benzodiazepines are used
 - Antagonist and agonist drugs
 - **Mutual support groups**
 - Alcoholics anonymous
 - **Psychological treatments**
 - 1. Behavioural
 - 2. Relapse prevention
 - 3. Marital and family therapy
 - 4. Brief interventions

TABLE 12.2
TWELVE STEPS OF ALCOHOLICS ANONYMOUS

1. We admitted we were powerless over alcohol—that our lives had become unmanageable.
2. Came to believe that a power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and, when we were wrong, promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics and to practice these principles in all our affairs.

Anxiety Disorders

- **Generalized anxiety disorder (GAD)**
 - **Persistently anxious**, often about minor things
 - **DSM-5:**
 - Chronic, excessive and uncontrollable worry present for more days than not in the last 6 months
 - 3% 1 year prevalence in the population
 - 2/3 of people with GAD are female
- **Panic disorder**
 - **Diagnosis**
 - **Recurrent and unexpected panic attacks**
 - Sudden rush of intense fear or discomfort
 - 4/13 symptoms need to be present:
 - Sweating, trembling, shaking, palpitations, chest pain, nausea, dizzy, chills or heat, paresthesia, de-realization, fear of dying/losing control/going crazy
 - 2 unexpected attacks
 - Persistent concerns of another panic attack, or worry about ramifications of having one
 - 21% of Canadians 15 and over have had a panic attack
- **Phobia**
 - **Most common type of phobias**
 - Animal type – spiders, snakes,
 - Natural environment type – thunderstorm, heights
 - Blood injecting-injury type – fears seeing blood, or an injury, fears of injection, invasive medical procedures
 - Situational type – enclosed spaces, bridges, public transportation
 - Other – all phobias not covered above

Major Depressive Disorder (MDD)

- The '**common cold**' of **mental disorders** because of its prevalence
- MDD lifetime prevalence, early to mid 20s onset
 - America is between 5.2 and 17.2%
 - Canada is around 5%
- MDD shows **significant comorbidity with anxiety disorders**
- Twice as common in females

- Enormous burden on the economy
 - In 1998 in Canada -- \$2.6 billion depression related productivity losses
- **Symptoms of MDD**
 - 5 of the following symptoms present for at least two weeks
 - Sad, depressed mood, most of the day, every day
 - Loss of interest/pleasure in almost all activities (anhedonia)
 - Difficulties in sleeping
 - Shift in activity level (agitated vs. lethargic)
 - Appetite/weight changes
 - Loss of energy, feeling fatigue
 - Negative self-concept, self-reproach, worthlessness
 - Difficulty concentrating
 - Recurrent thoughts about suicide or death
- **Diagnosis and treatment**
 - **Gender bias in diagnosis**
 - Double standard of mental health?
 - Women more likely to be diagnosed and treated for anxiety/men for antisocial behaviour
 - **Types of therapy**
 - 1. Traditional (psychotherapy, pharmacotherapy)
 - 2. Feminist therapy
 - 3. Counselor self-disclosure

Why is it more common in women?

- 1. Seek help more often
- 2. Biology
 - Low serotonin, hormonal changes over life span
- 3. Stress, social status, and discrimination
 - More likely than men to experience discrimination
- 4. Feminine role
 - Feeling helpless and powerless
- 5. Silencing the self
 - Women care more about the needs of others than themselves
- 6. Ruminative style
 - Co-rumination

Promoting Mental Health

- **Social support**
 - Women tend to focus on children and family when stressed
 - Men tend to become more aggressive or to try to escape
- **Optimism**
- **Physical exercise**

Violence Against Women

Violence against women as a men's issue

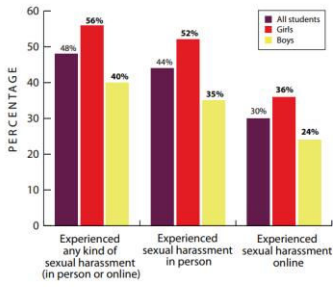
- ▶ https://www.ted.com/talks/jackson_katz_violence_against_women_it_s_a_men_s_issue#t-258680
- ▶ Would you view this video the same if it was a woman talking?

Sexual Harassment at School

- **2 forms:**
 - 1) Submission to or rejection of the behaviour forms the basis for decisions about the student (e.g., admission, grades)
 - 2) The behaviour creates an intimidating, hostile, or offensive study environment

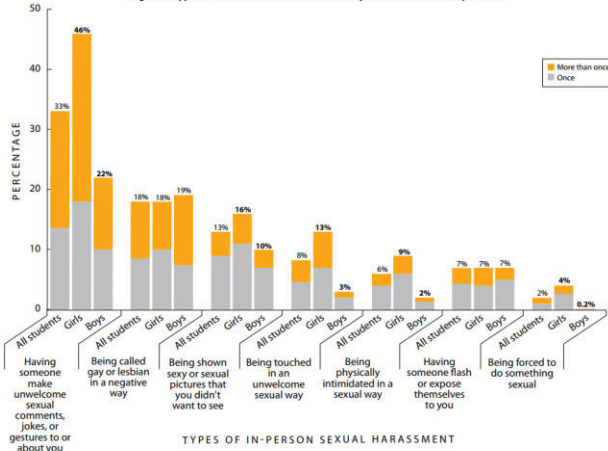
Elementary and High School

Figure 1. Students Who Experienced Sexual Harassment during the 2010–11 School Year, by Gender



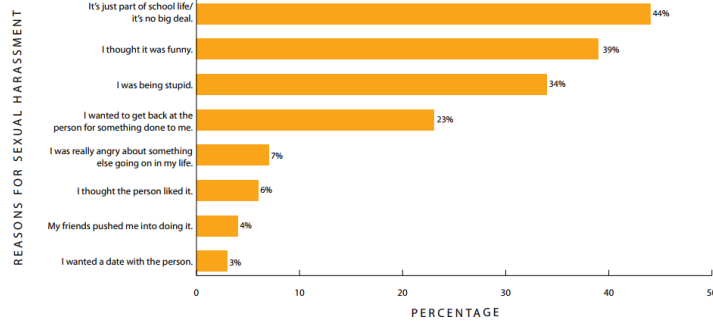
Notes: Students were asked if they had experienced any of 10 types of sexual harassment since the beginning of the school year. **Bold** numbers indicate statistically significant gender differences at the 95 percent level. Base-survey respondents (n=1,965 students), 1,002 girls and 963 boys in grades 7–12. Source: AAUW sexual harassment survey, May–June 2011.

Figure 2. Types of Sexual Harassment Students Experienced in Person, by Gender



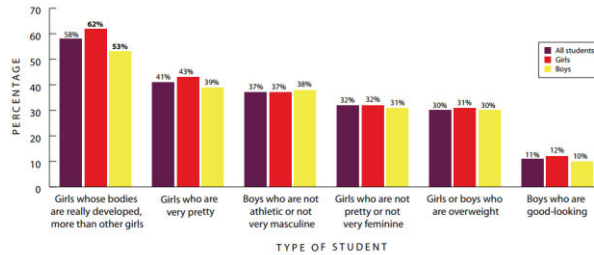
Notes: **Bold** numbers indicate statistically significant gender differences at the 95 percent level. Base-survey respondents (n=1,965 students), 1,002 girls and 963 boys in grades 7–12. Source: AAUW sexual harassment survey, May–June 2011.

Why students harassed one another



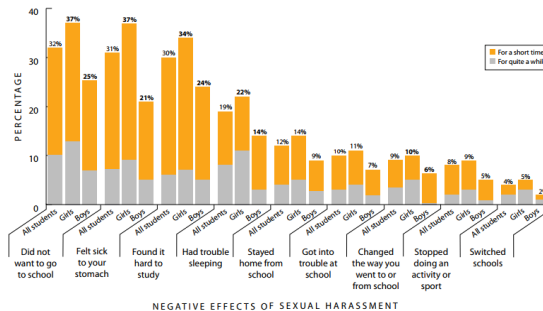
Notes: Base-survey respondents who indicated that they had harassed someone in person or online since the beginning of the school year (n=290 students), 135 girls and 155 boys in grades 7–12. Categories were not mutually exclusive, and students could choose more than one reason. Source: AAUW sexual harassment survey, May–June 2011.

Characteristics of Bullied Children



Notes: **Bold** numbers indicate statistically significant gender differences at the 95 percent level. Base-survey respondents (n=1,965 students), 1,002 girls and 963 boys in grades 7–12. Source: AAUW sexual harassment survey, May–June 2011.

Reactions to Being Bullied



Notes: **Bold** numbers indicate statistically significant gender differences at the 95 percent level. Base-survey respondents who indicated that they had experienced a negative impact from being sexually harassed since the beginning of the school year (n=804 students), 484 girls and 320 boys in grades 7–12. Source: AAUW sexual harassment survey, May–June 2011.

College?

- **Consent** is important
 - ▶ <https://www.youtube.com/watch?v=oQbei5JGt8>
- Many initiatives around North America about this
- Incidence is very difficult to assess, many are not reported
 - Queen's reported only 1 in 2013
 - U of O reported 10 between 2009-2013
 - Carleton reported 19 between 2009-2013

Sexual Harassment in the Workplace

- **Unwelcome verbal or physical behaviour**
- **Quid pro quo** – submission or rejection of behaviour forms the basis for work-related decisions (promotion etc.)
- **Hostile environment** – behaviour creates an intimidating, hostile or offensive work environment

Incidence Depends on the Occupation

- **Target characteristics**
 - Gender
 - Age
 - Marital status
 - Sexual orientation
 - Ethnicity
- **Offender characteristics**
 - Perceive sexual relationships as manipulative and exploitative
 - Tradition gender role

Explanations

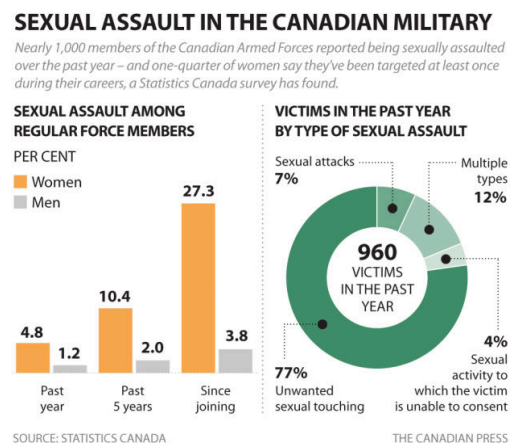
- 1. **Sex-role spillover theory**
 - If many more men than women in a workplace, men respond to female employees as women rather than fellow workers
- 2. **Power theory**
 - Sexual harassment as an abuse of power to gain sexual favours or reinforce the imbalance of power
 - Organizational tolerance
 - Negative effects of sexual harassment are minimized

How do women respond to sexual harassment in the workplace?

- Typically, in 2 ways
 - 1) **Internally focused responses**
 - Attempt to **manage thoughts associated with the incident**
 - Ignore, blame self, minimize
 - 2) **Externally focused responses**
 - Attempt to **solve the problem**
 - Avoiding the harasser, asking them to stop, seeking assistance

Stalking

- Unwanted and repeated actions towards an individual that induce fear and concern for safety



Child Sexual Abuse

- **Contact vs. non-contact** sexual abuse
- **Incest**
 - Stepfather-stepdaughter
 - Brother / sister
- **Incidence:**
 - Hard to pinpoint
 - Estimates: ¼ girls, 1/6 boys are abused in childhood
 - Very few children tell anyone
 - 1. Powerless, fear retaliation
 - 2. Offender is often a trusted adult
 - 3. Embarrassed, feel responsible

How often does child abuse or neglect occur?

- Unknown
- **Change in statistics depends on:**
 - Changes in **public and professional awareness**
 - Changes in **legislation and definitions** affect reporting rates
 - **Emotional abuse** is more difficult to prove than physical abuse

What are the consequences?

- **Carries through lifespan**
- **In childhood:**
 - Depression, anxiety, PTSD
 - Aggression and bullying
 - Low self-esteem
 - Sexual problems
 - School problems
- **In adolescence:**
 - Risky sexual behaviour
 - Eating disorders, depression
 - Self-injury
- **In adulthood:**
 - Anxiety, depression
 - Relationship, marital problems
 - Sexual and substance abuse problems

Treatment and Prevention

- **Treatment**
 - Long process
 - Effectiveness of treatment
 - Therapy for children
- **Prevention**
 - Programs offered in schools
 - Sex offender notification

Infanticide and Neglect

- Some **cultural attitudes devalue females**

TABLE 14.1 Referral Sources in Child Abuse Investigations in Canada, 2008

Referral Source	Number of Investigations	Rate per 1000 Children	Percent of Referrals
Non-professional			
Custodial or non-custodial parent	26 612	4.42	11%
Child (subject of referral)	3 608	0.6	2%
Relative	16 463	2.73	7%
Neighbour/friend	16 508	2.74	7%
Professional			
Community health or social services	27 683	4.6	12%
Hospital (any personnel)	11 812	1.96	5%
School	56 255	9.34	24%
Other child welfare service	13 855	2.3	6%
Daycare centre	2 489	0.41	1%
Police	52 792	8.77	22%
Anonymous/other			
Anonymous	11 414	1.9	5%
Other	8 046	1.34	3%
Total investigations	235 842	39.16	100%

Note: Because there may be more than one referral source, percentages do not add to 100.

Source: Source: Canadian Incidence Study of Reported Child Abuse and Neglect 2008: Major Findings, Pg. 26, Table 3-4b, Public Health Agency of Canada, 2010. Reproduced with the permission of the Minister of Public Works and Government Services Canada, 2013.

- Abortion of female fetus
- Killing of female babies
- Honour killings
- Human trafficking
- Dowries are expensive

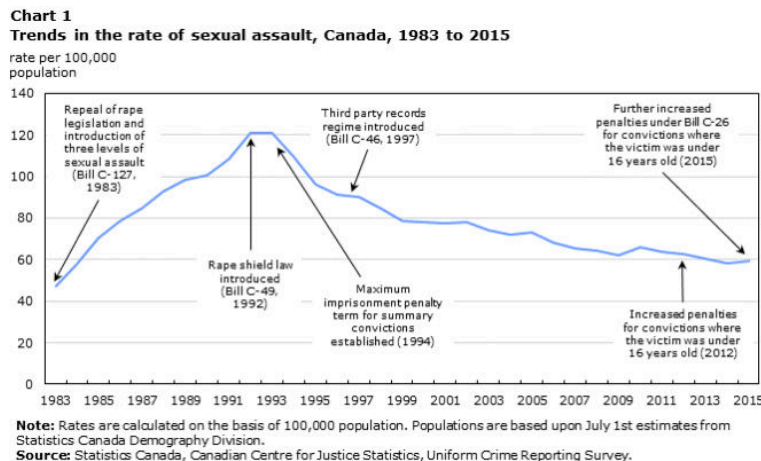
Dating Violence

- **Incidence:**
 - Some studies show 80% of adolescents report one experience of physical aggression in their dating relationship
- Males more likely to report they are victims
 - Females underreport?
 - Females are actually more aggressive in relationships?

Rape

- Sexual penetration of any bodily orifice against the victim's will, obtained by physical force, the threat of force, or while the victim is incapable of giving consent because of mental illness, mental disability, or intoxication
- Term is not used in Canada, instead it is called **sexual assault** and is defined as **sexual contact with another person without that other person's consent**

Statistics of Sexual Assault and Rape



Acquaintance Rape

- **In the US**
 - Perpetrator and victim know each other
 - 9 out of 10 cases of rape
 - Marital rape has been illegal since 1993
 - 10-14% of women are raped by their spouse
 - Labelling the experience as rape is rare
 - Women downplay negative aspects of experience
 - Women blame themselves
 - Reporting to the police is rare
- **Factors associated with acquaintance rape**
 - **Sexual script:** a socialized set of expected behaviours characterized by an aggressive male who initiates and pushes for sexual activity and a gatekeeping female who sets the limits
 - **Characteristics of sexually aggressive men:**
 - Experienced family violence

- Believe rape myths
- **Characteristics of victims:**
 - Younger, have a disability, certain ethnic groups, poor and homeless, living in warzones
- **Alcohol consumption**

Effects of Rape

- **Psychological consequences:**
 - Anxiety, self-blame, shame, depression, suicidal thoughts
- **Physical consequences:**
 - Chronic headaches, pains, fatigue, and sleep disturbances

Rape Prevention

- Change attitudes
- Increase women's self-protection
- Change men's behaviour
- Develop effective procedures for handling complaints

Theories of Rape

- **Evolutionary theory:**
 - Rape evolved as strategy for men to ensure their genes would be passed on
- **Feminist theory:**
 - Rape is rooted in the longstanding and pervasive power imbalance between women and men
- **Social learning theory:**
 - Social behaviours, including attitudes supportive of rape and sexually aggressive behaviours, learned through observation and reinforcement

Abuse Between Partners

- **Intimate partner violence** – violence committed by legally married, separated, divorced, or common-law partners, current or previous dating partners, and other intimate persons
- Types of abuse vary
 - Physical assault
 - Psychological abuse
 - Restriction of movement
 - Economic restriction
 - Sexual abuse
 - Homicide

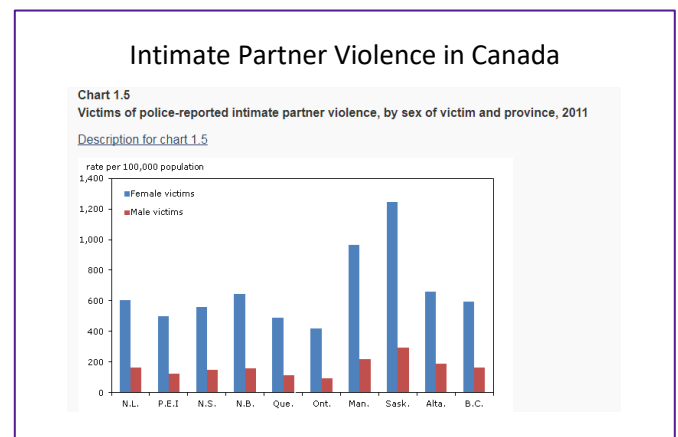
- **Common couple violence vs. intimate terrorism**

Women at Special Risk

- **2009:** nearly 13% of aboriginal women aged 15 or older reported victimization by violent crime within 12 months prior
- **Others at risk:**
 - 1) Those who live in rural/isolated areas
 - 2) Immigrant women who have difficulties getting help
 - 3) Women with physical challenges

Who abuses their partners?

- **Men who accept fully traditional male and female roles**
 - Use violence as a way of solving problems and of controlling others



- Poor self-image but controlling people makes them feel powerful
- Have difficulty dealing with emotions, appear to believe that “real men” do not express soft emotions
- Often blame stress, alcohol problem, or partners for the violence
- Observing or experiencing abuse in childhood

Effects of Intimate Partner Violence

- **Physical**
 - Injuries
- **Psychological**
 - Depression, PTSD, anxiety
- **Financial**
 - Need the income from spouse
- **Effects on children**
 - Children suffer psychological trauma

Why stay?

- **Leaving an abusive relationship occurs in stages:**
 - 1) victims recognize abuse as a problem and weigh pros and cons of leaving
 - 2) develop a plan and actively make changes to stop the abuse
 - 3) take steps to leave
- **Reasons why women stay:**
 - 1) commitment to the caretaker role
 - 2) fear of the consequences of leaving
 - 3) sense of feeling powerless and/or guilt
 - 4) financial dependence

Intervention – Shelters

- Shelters provide more than just safety for abused women
- Economic cutbacks by federal and provincial governments have affected the services offered to abused women and their children
 - Services must therefore often rely on donations
 - Burnout among those working with abuse victims has always been high

Elder Abuse

TABLE 14.1 Types of Elder Abuse

Type of Abuse	Description
Physical and sexual abuse	Inflicting physical pain, sexually molesting, or confining the person against her or his will
Psychological abuse	Threatening, humiliating, insulting, and/or intimidating the person; forcing the person to do degrading things; treating the person like a child
Financial abuse	Destroying property or possessions, stealing the person's money, denying the person access to his or her money

Source: OWL (2009).

Abuse of Older Adults

- Abuse of older adults is **the most recent kind of family violence** to be recognized
- Still **no standard definition** of abuse of older adults, though most professionals distinguish among
 - Neglect (isolation, abandonment, social exclusion)
 - Violation of human, legal, and medical rights
 - Deprivation of choices, decisions, status, finances, respect

Abusers of Older Adults

- Many abusers have **history of psychiatric illness and drug and alcohol problems**
 - Abusers may have experiences family violence as children
 - Older adults who depend on others for care may become too heavy a burden and thus be abused
 - Stress can lead to violence
 - Society holds negative stereotypes of older people

What can be done?

- Awareness of the problem
- Deciding to leave
- Education and training of older people to spot abuse