

Perceived Sexism, Self-Silencing and Psychological Distress in Young Women

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Abstract

Self-silencing and perceived sexism are assumed to be among the significant aspects that impact the mental health of women. This paper identifies the linkage between self-silencing behavior, perceived sexism of young women and their psychological distress. Sexism in young Pakistani women leads to the escalating self-destructive practices as a consequence of shifting numerous forms of mental health issues. In a cross-sectional survey design, the purposive sampling method was used. The sample consisted of $n=250$ Pakistani women in the age category of 18-29 years. A mediation analysis to evaluate the relationship between perceived sexism and psychological distress. The mediators were women's preference for self-silence. It was found that both recent and lifetime experiences of perceived sexism were significantly associated with higher levels of psychological distress. The self-silencing was significantly and positively associated with psychological distress in both models. In contrast, perceived sexism was not significantly associated with self-silencing, and the mediation analyses did not support self-silencing as a significant mediator of the relationship between perceived sexism and psychological distress. These findings suggest that the solution to undo the psychological effects of perceived sexism might lie in the solution to self-silencing behaviors. However, it does not explain the association between perceived sexism and distress as a mediator. The current study suggests that to attain the goal of reducing self-silencing and its adverse effects, it is necessary to have programs aimed at personal and organizational levels. The tendency toward self-suppressing behaviors and psychological toll can potentially be decreased by the interventions that involve youth empowerment, peer support, and systemic educational programs regarding sexism and gender equality.

Keywords: Perceived sexism, psychological distress, self-silencing, Pakistani women

Introduction

The world today is so dynamic that it is crucial to comprehend the matters related to gender equity and female rightfulness. There is a need for a refined view of sexism and the adverse health effects of such behaviors (Spaccatini & Roccato, 2021). The psychological suffering of young women, their self-silencing, and their perception of sexism have all been researched in-depth (Grigoropoulos, 2025). Perceived sexism is the recognition and internalization of gender-based discrimination. It is the significant predictor of many mental health issues in young women (Lillian, 2020). Self-silencing is the inhibition of needs, wants, and thoughts to maintain relations and avoid conflict (Sharma et al, 2025). Such behaviors may also lead to psychological suffering, low self-esteem, and isolation (Baeza et al., 2022; Freitag

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et al., 2024). Self-silencing is an act of withholding what he or she really thinks and feels to prevent confrontation (Aborisade, 2021). The examples of undetectable discrimination in perceived sexism are stereotypes and subtle prejudices that nurture the feelings of being neglected or unrecognized (Akoja & Anjorin, 2020; Rome et al., 2020). The incidence of stress, anxiety, and depression is likely to be higher among young women who have experienced sexism (Emran et al., 2020). The detrimental effects of intersectionality of self-silencing and subjective sexism are synergistic with a detrimental effect on mental health (Lunde et al., 2021; Mannergren-Selimovic, 2020; Scott et al., 2023).

Some of the studies (Lunde et al., 2021; Mannergren-Selimovic, 2020) have looked at the connection between psychological distress, self-silencing, and perceived sexism among young women. Young women prefer self-silencing as a coping mechanism in response to their perceived sexism (Naeem et al., 2024) but perceived sexism can deteriorate mental health (Akarsu & Sakalli, 2023). Therefore, self-silencing that was originally created to reduce interpersonal conflict increases the chances of psychological discomfort in the long run (Sadeghzad et al., 2022). The young women who had a higher perceived sexism and practiced more self-silencing, reported an increase in psychological distress (Inman & London, 2022). Samardzic et al. (2024) discovered that the treatments that minimized self-silencing behavior were very effective in enhancing the mental health of young women who experienced sexism. Baeza et al. (2024) state that many people are still victims of the less obvious and more challenging to recognize forms of gender discrimination. Such discrimination, usually expressed in the form of sexism, can cause serious psychological discomfort, from which an individual feel frustration and alienation (Baeza et al., 2022). Women subjected to constant sexism will begin repressing thoughts and feelings and will not dare to voice them in fear of being opposed by their peers. According to the findings of Shahid and Dale (2024), self-silencing increases psychological distress, including symptoms of depression and anxiety.

Since sexism is found in nearly every aspect of life and affects mental health, the role of self-silencing in this domain must be known. Breaking down self-silencing patterns might help in addressing the psychological harm sexism may cause and improving the mental health and well-being of those exposed to sexism (Camellia et al., 2021). Sexism can also provoke various emotional disorders, such as self-silencing, which can create the risk of developing physical symptoms (Yih, 2023). Different types of bigoted treatments are associated with emotional distress (Baeza et al., 2024; Aborisade, 2021). Several research findings (Buchholz & Dimitrijevic, 2024; Choo, 2020) show that individuals who support the conventional gender roles are in many cases unable to recognize the consequences of current actions. Self-silencing, in response to sexism, can lead to physical health symptoms (including fatigue) and to physical conditions related to stress (including headaches). According to Carillo (2022), recent and/or lifetime sexism is associated with a range of psychological problems, such as emotional symptoms, obsessive-compulsive behaviors, relationship sensitivity, anxiety, and premenstrual symptoms. Guggisberg (2021) explains that young women with high levels of sexism are more likely to internalize sexist experiences that lead to a vicious cycle of emotion and self-silence. Among community and university women, recent sexist events were associated with depression, whereas lifetime experiences were related to physical symptoms that were not associated with other stressors (Letniku, 2024).

Women subjected to constant sexism will begin repressing thoughts and feelings and will not dare to voice them in fear of being reprimanded or being opposed by their colleagues. Long-term negative sexism and self-denial might cause serious mental pain when intersected into other inequities and discrimination, such as race and injustices based on class. As an example, Stevenson and Hiebert (2021) found that lifetime sexism experiences, hostile sexism and self-silencing experiences, in particular, were powerful predictors of psychological distress, but recent sexist events did not have a strong impact. This internalization is often brought about by social norms that do not allow women to raise their voices and instead contribute to the development of feelings of powerlessness and low self-esteem (Chowdhury & Fileborn, 2020). As Mackworth-Young et al. (2020) have pointed out, when perceived sexism is combined with racial or economic injustices, these mental health issues might exacerbate them. On the same note, Papantoniou (2021) maintained that perceived sexism is connected with psychological distress via self-silence. Pokharel et al. (2020) investigated the factors that influence silencing behavior in women who experience violence from their spouse. This study used integrative review method. This study discovered that these factors that drive women to silence spousal violence are interreligious and work together at ecological levels, but the strongest effect is microsystem levels. On the whole, the review showed that the silencing of women is not a personal decision, but a by-product of social, cultural and structural forces that are deeply entrenched, and service providers need to be aware of these forces to help disclose in respectful and compassionate ways. The frequency of sexist episodes within the last year was also identified as a highly influential factor of psychological discomfort, which means that recent sexist experiences are particularly harmful (Freitag et al., 2024).

The present study has utilized the following theoretical models to develop a growing understanding in accordance with the objective of the current study. The Relational-Cultural Theory (RCT) has served to emphasize the importance of relationships that foster development in alleviating mental pain particularly in cases where gender-based discrimination is witnessed (Miller & Stiver, 1997). This theory provides a detailed view over the perspective of how women could be experiencing distress due to the manner in which they relate with people and their treatment by the society. In this theory, it was taken into account that the stress that women face could be caused by a complex of greater social sexism and its interactions with other people. According to the concept of RCT, the manner of presentation of a culture is twistable due to the working of power, privilege, exclusion and labeling. This can lead to narrow concepts of how relationships and activities ought to be, which may in turn cause the individuals to experience stressed (Miller & Stiver, 1997). According to Jack (1991), there is a theory of silencing the self that emphasizes the process of socialization where people acquire the norms, rules, and even behavior of the society has a very vital role in self-silencing. Jack (1991) emphasized the importance of self-assessment that is founded on the two immediate surroundings, such as the family and the wider cultural setting. The idea of "Silencing the Self" by Jack (1991) indicates that the depressive moods in women may have some links to the experiences in women relationships, particularly when they adhere to what the society imposes on them regarding the way women in any relationships should act.

Based on the above-mentioned literature, more explanation is necessary on how perceived sexism, self-silencing, and psychological distress relate to each other. Precisely, the

role of mediating variables such as self-silencing is not known in relation to the correlation between psychological distress and perceived sexism (Naeem et al., 2024). The current paper highlights its distinct contribution as it targets the least researched groups of people, namely women non-western cultures. The role of self-silencing in perceived sexism and psychological distress in the non- Western cultures have been largely overlooked in previous studies (Yih, 2024), which presents a major gap in the body of knowledge. Although the research of Hurst and Beesley (2012) provides correlations among perceived sexism, self-silencing, and psychological distress among Western college women, and self-silencing is proposed as an intermediary variable, its results are limited to the specified western cultural settings. They did not consider the role of cultural and social dynamics in more collectivist or gender-stratified societies. The current study applied Hurst and Beesley (2012) model to a non-Western context.

Pakistan is a culturally unique setting that is characterized by deeply-rooted gender ideals and prevalence of gender bias (Ali et al, 2022). This paper builds on the framework put forward by Hurst and Beesley (2012) by considering perceived sexism and self-silencing and psychological distresses in Pakistani University female students a collectivistic environment in which gender identity and social harmony are enforced by culture. Each time, in contrast to the original sample of the West, self-silencing here is an expression of personal coping and social norms in order to keep the family honor. A study by Jack and Ali (2010), in the area related to gender discrimination, have indicated that self-silencing, emotional suppression, and role-conformity are associated with the increased distress and depressive symptoms particularly in the circumstances where the difficult gender hierarchies exist and are forced in social standards. As explained in above literature it implies that the level and psychological effect of sexism can be quite different in comparison to Western samples.

Research Objectives

- To check the relationship between perceived sexism, self-silencing, and psychological distress in young women.
- To assess the mediating role of self-silencing in the relationship between perceived sexism and psychological distress in young women.

Hypotheses

H1: Perceived sexism is positively associated with psychological distress in young women.

H2: Perceived sexism is positively associated with self-silencing in young women.

H3: Self-silencing is positively associated with psychological distress in young women.

H4: Self-silencing mediates the relationship between perceived sexism and psychological distress in young women

Methods

Research Design and Data

Utilizing the primary data, cross sectional survey design was used in this study. To select the study participants, purposive sampling was used. The final sample included $n=250$ young women. G*Power analysis was used to calculate the sample size.

Inclusion criteria and Exclusion criteria

For inclusion criteria, young women aged 18 to 29 years were included in the study.

Only bilingual young women who understood English were recruited, as the study tools are in English. Those diagnosed with any psychiatric illness or physical disabilities were excluded from the sample. Young women younger than 18 or older than 29 were excluded from the study.

Sociodemographic Characteristics of Participants

The sample included $n = 250$ women whose mean age was 22.47 years ($SD = 2.89$). The majority of the participants (98%) were Muslim, with minor proportions who were Christian (1.6 %) and other religions (0.4%). The educational background was diverse with 59.65 having a bachelor's degree, 20.8 % having a master's degree, 10.4 % having an intermediate degree, 7.6 % having a M.Phil. degree, and 1.6 % having a Ph.D. degree. Regarding marital status, 78% were single, 20.4 % married and a small number were separated (0.4 %), divorced (0.8 %) or widowed (0.4 %). In relation to the family structure, 71.6% of the families lived in nuclear family and 28.4% in a joint family set up.

Table 1
Sociodemographic Characteristics of Participants

Dempgraphics	<i>n</i>	%
Gender		
Female	250	100%
Religion		
Muslim	245	98.0%
Christianity	4	1.6%
Other	1	0.4%
Educational Status		
Intermediate	26	10.4%
Bachelors	149	59.6%
Masters	52	20.8%
MPhil	19	7.6%
PhD	4	1.6%
Marital Status		
Single	195	78.0%
Married	51	20.4%
Separated	1	0.4%
Divorced	2	0.8%
Widowed	1	0.4%
Family System		
Nuclear	179	71.6%
Joint	71	28.4%

Assessment measures

Demographic Information Questionnaire

Demographic information questionnaire was constructed which included participant's information i.e. age, gender, religion, marital status, education, family status, medical and other psychological illnesses.

Schedule of Sexist Events (SSE)

The SSE (Klonoff & Landrine, 1995) is a tool that people fill out about themselves. It has 20 questions and it measures how women feel about unfair treatment because of their gender. The questions ask about recent unfair treatment and also about unfair treatment they remember from their whole life. People answer these questions by saying how often these things happened to them. It has options to select from a scale ranging from 1 (never) to 6 (almost all of the time), with intermediate options including 2 (once in a while or less than 10% of the time), 3 (sometimes or 10%-25% of the time), 4 (a lot or 26%-49% of the time), and 5 (most of the time or 50%-70% of the time). Each question has two answers: one for the past year and one for their whole life. If they give higher answers, it means they feel like they've experienced more unfair treatment because of their gender. Internal consistency estimates for the SSE-Recent and Lifetime subscales have been in the low .90s (Klonoff & Landrine, 1995). Cronbach's alphas for the recent and lifetime subscales are, .86 and .89 respectively.

Silencing The Self Scale (STSS)

The STSS (Jack and Dill, 1992) is a set of questions participants would answer about their behaviors and beliefs in relationships with partners. There are 31 questions that fall into four groups: Silencing the Self, Externalized Self-Perception and Care as Self-Sacrifice. On this scale the participants respond on a 5-point Likert-type scale ranging from (1-5) strongly disagree to strongly agree, with higher scores indicating greater self-silencing. The total STSS score had a reliability of .88. For this study, only one subscale of STSS (silencing the self-subscale) was used that consists of nine items (Cronbach $\alpha = .86$).

Kessler Psychological Distress Scale (K10)

The Kessler Psychological Distress Scale (K10) is an uncomplicated tool for measuring emotional strain. With 10 questions about feelings, each having a scale with five options, it is a quick way to find out how much someone might be a person struggling emotionally. This was given to patients to fill out on their own. The K10 scale comprises 10 questions about emotional states, each with a five-level response scale. This measure is useful as a brief screening tool to assess levels of distress. For every question, participant can choose a score ranging from 1 (indicating "none of the time") to 5 (representing "all of the time"). Afterward, these scores from the 10 questions are added up. The total can be as low as 10 or as high as 50. If the total is low, it suggests minor psychological distress, while a high total indicates significant psychological distress. The Cronbach alpha value of Kessler's psychological scale is .93 (Fassaert et al., 2009).

Procedure and Ethical Considerations

The institution's research committee's agreement was initially sought to conduct the study. For this purpose, ethical approval was obtained from Kinnaird College for Women. Permission to use the study questionnaires were obtained directly from the original authors of the questionnaires. The study's inclusion and exclusion criteria were thoroughly explained to the participants, who were requested to complete the questionnaire. The participants received specific guidelines and detailed explanation of what the investigation is all about. Each participant signed a written consent stating that they were participating voluntarily. It was of paramount importance to maintain the privacy and anonymity of participant information. The questions posed by participants were answered instantly. The questionnaires were completed

by the participants who provided demographic information along with informed consent. time and effort of the participants were recognized by thankful remarks after data collection.

Statistical Analysis

To examine whether there is a correlation between perceived sexism and psychological distress, a Pearson Product-Moment Correlation was employed to test the first hypothesis. To test the second hypothesis, a multivariant mediation analysis to determine the mediating effect of self-silencing in the association between perceived sexism and psychological distress among young women was conducted.

Results

The purpose of study was to establish the correlation between perceived sexism and self-silencing and psychological distress in young female individuals. The statistical software (statistical) was applied in order to analyze the data, social science package (SPSS, version 21). Descriptive statistics analysis was applied. Correlation analysis and inferential statistics such as correlation and mediation of the variables was applied. Descriptive analysis of the variables was carried out to calculate the psychometric properties of our study variables. Variation of normality in data was done through skewness and kurtosis as shown in Table 2.

Table 2

Psychometric Properties of Study Variables (N = 250)

Variables	<i>M</i>	<i>SD</i>	Range	Cronbach's α
Schedule of Sexist Events Past year life (SSE-R)	42.86	16.75	20-120	.91
Schedule of Sexist Events Lifetime (SSE-L)	45.27	16.83	20-120	.91
The Silencing the Self Scale (STSS)	27.72	6.27	9-45	.70
Kessler Psychological Distress Scale (K-10)	28.90	8.94	10-50	.90

Table 2 shows the mean number of sexist incidences in the last year of experience and the dispersion of scores of the participants. In the same manner, the Schedule of Sexist Events Lifetime (SSE- L) consists of 20 items, $M= 45.27$ and $SD = 16.83$ represent the average number of sexist events experienced in the lifetime and the standard deviation in the scores of the respondents. Silencing the Self Scale (STSS) consists of 9 items with $M= 27.72$ and $SD = 6.27$ which implies the overall tendency to silence the self and variability of the scores of the participant. The values of skewness and kurtosis eliminate alternative explanation and illustrates that the data is normally distributed.

Table 3

Descriptive Statistics and Pearson Product Moment Correlation Coefficient among Perceived Sexism Self Silencing and Psychological Distress in Young Women

Variables	<i>N</i>	<i>M</i>	<i>SD</i>	1	2	3	4
1.Sexism Recent	250	2.14	.84	-			
2.Sexism Lifetime	250	2.26	.84	.92***	-		
3.Self Silencing	250	3.07	.70	.11	.10	-	
4. Psychological Distress	250	2.89	.89	.47***	.46***	.34***	-

Note. *** $p < .001$

In table 3, it was indicated that the relationship between them is significant, moderate, and positive between perceived sexism and psychological distress in young women. This suggests that young women who have high perceived sexism are prone to high level of psychological distress. Of the two subscales of perceived sexism, schedule of sexist the past-year (SSE-R) events has a high, moderate and positive correlation with psychological distress. The schedule of sexist events is the second subscale of perceived sexism for the lifetime (SSE-L) is also of significant, moderate and positive relationship with psychological distress. A significant moderate and positive relationship was reported between outcome variable, mediator variable, the Self Silencing, and Psychological Distress.

Table 4

Results of Mediation Analysis with Self-Silencing as a Mediator between Perceived Sexism and Psychological Distress

Antecedent	Mediator (Self-silencing)			Psychological distress			Total Effect		
	Coeff	SE	p	Coeff	SE	p	Coeff	SE	p
A. Perceived Sexism (Recent Life)									
Constant	3.04	0.12	<.001	0.6	0.24	0.01	1.32	0.14	<.001
Perceived sexism (recent life)	0.09	0.05	0.09	0.46	0.06	<.001	0.5	0.06	<.001
Self-silencing	-	-	-	0.4	0.07	<.001			
R ²	0.01			0.32					
B. Perceived Sexism (Lifetime)									
Constant	3.07	0.13	<.001	0.53	0.25	0.03	1.3	0.14	<.001
Perceived sexism (lifetime)	0.07	0.05	0.17	0.45	0.06	<.001	0.48	0.06	<.001
Self-silencing	-	-	-	0.41	0.07	<.001			
R ²	0.01			0.31					

Note. Coeff = coefficient; SE = standard error; p = p value. Values are transcribed from the SPSS PROCESS (Hayes) Model 4 output shown in the provided screenshots (5,000 bootstrap samples; 95% confidence level). Total Effect reflects the unadjusted association between perceived sexism and psychological distress.

The results of the simple mediation analyses assessing whether self-silencing explains the relationship between perceived sexism and psychological distress are presented in Table 4. For perceived sexism in recent life, the association with self-silencing was not significance ($B = 0.09$, $SE = 0.05$, $p = .09$). However, higher levels of self-silencing were strongly associated with greater psychological distress ($B = 0.40$, $SE = 0.07$, $p < .001$). Perceived sexism in recent life remained significantly associated with psychological distress after accounting for self-silencing ($B = 0.46$, $SE = 0.06$, $p < .001$), and the unadjusted total effect was also statistically significant ($b = 0.50$, $SE = 0.06$, $p < .001$).

Perceived sexism across the life course was not significantly associated with self-silencing ($B = 0.07$, $SE = 0.05$, $p = .17$). In contrast, self-silencing was significantly associated with psychological distress ($B = 0.41$, $SE = 0.07$, $p < .001$). Lifetime perceived sexism also had significant association with psychological distress in the adjusted model ($B = 0.45$, $SE = 0.06$, $p < .001$), as a significant total effect was observed in the unadjusted analysis ($B = 0.48$, $SE = 0.06$, $p < .001$).

Discussion

This current study was meant to investigate the correlation of perceived sexism, self-silencing, and psychological distress among young women. This research will add a lot to the existing literature by examining these relationships in detail. It was found that young women who have undergone recent and lifetime sexism are more likely to have high levels of psychological distress. It was hypothesized that this connection exists due to gender-based and discrimination may cause more psychological stress to young women. Additionally, it was also hypothesized that young women with more self-silencing behaviors also have a tendency to experience increased levels of psychological distress.

According to our first hypothesis, perceived sexism is positively associated with psychological distress in young women. The research findings indicated that there was a strong positive correlation between high degree of perceived sexism, recent experience and lifetime experience, and increased dispositions to psychological anguish in young women. Studies indicated evidence of links between various forms of discrimination, including sexism, heterosexism, and racism, and mental distress (Moradi & Subich, 2002; Pieterse & Carter, 2007; Szymanski, 2006) and as per our results which revealed that there was a significant positive correlation between perceived sexism and psychological distress. Moreover, there is positive correlation between perceived. psychological distress and sexist occurrences are also well-documented; an example of these findings can be found in the works by (Klonoff & Landrine, 1995). Further, as our study results indicated, Schmitt et al. (2002) also revealed that there was more support to indicate that psychological effects could be predicted by experience of perceived gender discrimination. Recently, in a sample of community and university women psychological misery was connected with sexist incidents. A study done by Swim et al. (2001) examined the impact of perceived sexism on psychological distress. They reported that those who were more likely to consider themselves more victimized by sexism were more likely to report higher degree of psychological distress including symptoms as anxiety and depression. This finding also implicates that being exposed to the perception of sexism may result in adverse effects on the psychological well-being. All these results are consistent with the initial hypothesis. The potential that sexist events may cause a long-term negative effect is also present since women who have encountered sexist situations often, both recently and throughout their lives, are more likely to report greater psychological distress (Naeemipour, 2024). Also, it was found that the use of self-silencing and psychological distress was significant. This indicates that women are more prone to suffer from psychological discomfort when they often censor their ideas and emotions to avoid confrontation or social rejection (Nadim & Fladmoe, 2021).

In this current third hypothesis states that there is a relationship between self-silencing and psychological distress in young women. To support the conclusion made in our study which demonstrates that there is a direct correlation: the more self-silencing behavior, the more psychological distress in young women. The study of self-silencing in the research first centered its attention on its relationship with depression as according to studies carried out by Jack (1991) and Jack and Dill (1992). In line with self-silencing theory of Jack, relational-cultural theorists assume that these efforts to establish relational connections in authenticity are central to most psychological issues, particularly in women. The results that follow the existing literature highlighted that self-silencing has multiple harmful impacts on the psychological

health of a person (Maji & Dixit, 2020) the research was carried out within an organizational setting, and first, the researchers did not plan to diagnose and investigate the mental health effects of self-silencing. However, some interviewees explained that their predisposition to stay quiet when they feel the presence of those in authority had impact on their mental health. The findings of this research are similar to our own findings accepting the third hypothesis as well.

Nevertheless, lifetime sexism experience creates psychological distress and longer lasting. Stevenson and Hiebert (2021) argue that the long-term effects of sexism might pose more of a threat to mental health as a result of the discomfort that the accumulation of sexist incidents causes with time. The generalizability and theoretical strength are strengthened by the larger academic sample used in the research, the application of cross-culturally reliable scales. The results affirm that perceived sexism correlates psychological distress and is mediated by self-silencing, and indicate that collectivist norms may exacerbate internalization of sexist events (Ali et al., 2021). The study has its own limitations (self-report bias, demographic homogeneity, etc.) but provides a culturally nuanced elaboration of the relational-cultural theory and points to the intersection of gender, culture and mental health in Pakistani context.

Another study that is in line to our current study demonstrate that the recent and lifetime perceived sexism have a significant effect on the psychological distress of young women (Baeza, 2024; Mannergren-Selimovic, 2020). These results indicate the relationship between frequent sexist experiences and elevated stress and emotional distress. Moreover, the interrelation between psychological discomfort and self-silencing is also explained as positive because of adverse outcomes of such a practice of not sharing thoughts and emotions according to the norms and expectations of the society (Akoja & Anjorin, 2020; Samardzic et al., 2024). Our study, however, provides a more detailed perspective and demonstrates that perceived sexism is not the only major link to self-silencing, despite the fact that self-silencing is strongly correlated with a state of psychological distress. Shedding light on the factors that impact the psychological distress our study points out the necessity of holistic interventions that would both reduce the sexism and enhance internal coping strategies to promote the mental health of young women.

Conclusion

The current results of the study indicate that encountering sexism is associated with high level of psychological distress. There is a need of realization that gender discrimination does not necessarily lead women to hold back from expressing their thoughts and feelings. Instead, our results suggest that when women keep their feelings to themselves (self-silencing), they experience more psychological distress. Encouraging women to openly express their feelings could help reduce their emotional struggles. While this study did not find a correlation between recent experiences of discrimination and self-silencing, this finding suggests that the relationship between discrimination and self-silencing might be more complex. More research is required to explore this further and to develop the strategies that support women who face discrimination.

Limitations

There are a number of limitations and strengths of our study. To begin with, it was

required to use convenience sampling due to the limited time and nature of the study variable which is a non-probability sampling. Despite these weaknesses, the research has a number of strengths. In contrast to the previous studies, the current research concentrated on the perceived sexism and psychological distress of an Eastern Pakistani sample. Our results can be used to develop specific interventions in the clinical practice of women psychological distress which is linked to sexism and self-silencing behaviors.

Implications

By applying proactive counseling and strategic allocation of available resources the huge impact of sexism can be reduced. Targeted and open programs can be applied to decrease psychological distress and self-silencing behaviors. The educational environments can be addressed in such a way that where sexism cannot survive and where it can be prevented. Women who experienced long term sexism should be considered for support on priority basis. The significance of self-silencing actions in exacerbating mental health issues is highlighted. The findings count on the necessity of the creation of interventions that are specific in reducing the self-silencing and adverse psychological predictors of sexism.

Author Declarations

Conflict of interest

No conflict of interest was found between the authors.

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