

Secondary Dignity Harm: A Quantitative Study of Vicarious Dehumanization and its Psychosocial Impact on Adolescents in Marginalized Contexts

Ahad A Majeed

Master of Science in Clinical Psychology Scholar, JAIN (Deemed-to-be-University), Bengaluru, India

Email: [adv.ahadamajeed\[at\]gmail.com](mailto:adv.ahadamajeed[at]gmail.com)

Abstract: *This quantitative descriptive study examines the prevalence and psychosocial impact of vicarious dehumanization among adolescents in marginalized contexts across India, conceptualized as 'secondary dignity harm.' The study investigates how witnessing dehumanization directed at ingroup members affects adolescents' emotional, relational, and identity-based well-being. Using a cross-sectional survey design, data were collected through an anonymous closed-ended questionnaire administered to adolescents aged 14–19 currently studying and residing in marginalized communities (N = 72). Descriptive statistics frequencies, percentages, means, standard deviations, and cross-tabulations were used to analyze the data. Findings revealed a high prevalence of witnessed dehumanization (62.5% witnessing >6 times annually), significant emotional impact (shame $M=3.82$, anger $M=4.47$, helplessness $M=4.25$), personal dignity harm ($M=4.31$), identity disturbance, and reliance on community-based coping strategies over formal counselling (accessed by only 5.6%). The study extends dehumanization theory by introducing secondary dehumanization as a measurable construct, bridges dignity studies and trauma research, and offers evidence-based implications for trauma-informed educational practices and mental health assessments.*

Keywords: Secondary dignity harm, vicarious dehumanization, adolescence, marginalized contexts, quantitative survey, descriptive statistics, pan-India, mental health

1. Introduction

Dehumanization the perception or treatment of individuals as less than human has been a subject of extensive psychological inquiry, particularly in the context of intergroup relations, violence, and systemic oppression. Haslam (2006) conceptualized dehumanization as a dual phenomenon, comprising animalistic dehumanization (denial of human uniqueness, characterized by treating individuals as coarse or uncivilized) and mechanistic dehumanization (denial of human nature, characterized by treating individuals as cold, rigid, or machine-like). While this framework has been instrumental in understanding how perpetrators cognitively exclude others, focus has predominantly remained on direct targets.

However, oppression and dehumanization are rarely isolated events. They occur within social contexts where community members family, neighbours, and peers are present as witnesses. This study introduces the concept of vicarious dehumanization the psychological harm experienced by individuals who witness the dehumanization of others sharing their social identity and terms this phenomenon 'secondary dignity harm.'

Adolescence represents a critical developmental period characterized by identity formation, heightened social awareness, and sensitivity to exclusion (Umaña-Taylor, 2011). Adolescents in marginalized contexts frequently witness dehumanizing acts directed at their social group, including verbal abuse, institutional discrimination, and physical humiliation. Building upon Goffman's (1963) notion of 'courtesy stigma' and Hicks's (2011) honor-based dignity framework, this research systematically measures the

prevalence and magnitude of secondary dignity harm among marginalized youth in India.

1.1 Theoretical Integration & Framework

Table 1 summarizes the core theoretical models integrated to conceptualize vicarious dehumanization and secondary dignity harm in this study.

Theory / Model	Contribution to Present Study
Haslam's Dual Model (2006)	Characterizes the dual nature (animalistic vs. mechanistic) of witnessed dehumanization.
Bandura's Moral Disengagement (1999)	Explains the perpetrator mechanisms enabling inhumane intergroup actions.
Goffman's Stigma Theory (1963)	Provides foundation via 'courtesy stigma' for secondary identity-based harm.
Vicarious Trauma Framework (McCann & Pearlman, 1990)	Explains cognitive schema disruption resulting from indirect trauma exposure.
Hicks's Dignity Frameworks (2011)	Explains the interpersonal nature of dignity in collectivist cultural settings.

2. Methodology

2.1 Research Design & Participant Demographics

A quantitative descriptive, cross-sectional survey design was executed. Data were gathered using an anonymous self-administered Google Form questionnaire distributed through community-based organizations (CBOs) and local networks across India. A sample of N = 72 adolescents aged 14–19 currently studying and residing in marginalized communities for ≥ 5 years met all inclusion criteria.

Category	Subcategory	Frequency (n)	Percentage (%)
Gender	Male	31	43.10%
	Female	37	51.40%
	Other / Non-binary	2	2.80%
	Prefer not to say	2	2.80%
Age Group	14–15 years	18	25.00%
	16–17 years	32	44.40%
	18–19 years	22	30.60%
Class / Year	Class 9–10	20	27.80%
	Class 11–12	34	47.20%
	Undergraduate (1st–3rd year)	18	25.00%
Family Occupation	Daily wage / manual labour	29	40.30%
	Fishing/ coastal/ agrarian	18	25.00%
	Small business / shop	14	19.40%
	Salaried employment	7	9.70%
	Other / Unemployed	4	5.60%

2.2 Measures & Scale Reliability

The primary instrument comprised 16 Likert-scale items (5-point: 1 = Strongly Disagree to 5 = Strongly Agree) assessing emotional, relational, identity-based, and academic impacts (Q15–Q30, Q36), along with categorical items for frequency, perpetrator, location, and coping mechanisms. Cronbach's alpha internal consistency for the 16 Likert items yielded $\alpha = 0.88$, indicating robust scale reliability.

3. Findings and Results

3.1 Exposure to Vicarious Dehumanization

All 72 participants reported witnessing community dehumanization at least 3 times in the preceding 12 months. High exposure was prominent: 38.9% witnessed incidents 6–10 times, 11.1% witnessed 11–20 times, and 23.6% witnessed dehumanizing acts over 20 times annually.

The most frequent forms of treatment witnessed were verbal abuse/insults (80.6%), social exclusion/ignoring (68.1%), and institutional discrimination in schools or workplaces (56.9%). Public places (75.0%) and social media / online platforms (65.3%) were the leading locations, while strangers (72.2%), police/officials (47.2%), and school staff (33.3%) were major perpetrators.

3.2 Psychosocial Impacts (Likert Scale Items)

Table 3 details the descriptive statistics for key Likert items evaluating the internal magnitude of secondary dignity harm.

Item Code	Construct / Short Statement	Mean (M)	Std. Dev. (SD)
Q15	Felt vicarious shame despite doing nothing wrong	3.82	1.12
Q16	Felt intense anger toward perpetrator	4.47	0.78
Q17	Felt angry at bystanders/protectors who failed to stop it	4.19	0.93
Q19	Felt subjective helplessness	4.25	0.89
Q20	Afraid same treatment could happen to self	4.11	0.97
Q21	Perceived incident as attack on whole community	4.38	0.83
Q22	Felt personal sense of dignity was directly hurt	4.31	0.86
Q24	Experienced difficulty concentrating on academic studies	3.69	1.15

Q29	Felt determined to prove perpetrators wrong	4.36	0.85
Q36	Community dignity is intertwined with personal dignity	4.42	0.79

3.3 Coping Strategies & The Formal Support Deficit

Adolescents relied predominantly on community closeness (66.7%), informal family/peer discussions (61.1%), and religious/spiritual coping (54.2%). Spoke up or protested directly was reported by only 19.4% of respondents.

A striking disconnect emerged regarding help-seeking: while 83.4% indicated that witnessed dehumanization negatively affected their mental health (40.3% 'a lot', 43.1% 'somewhat'), only 5.6% accessed professional counselling. Furthermore, 38.9% reported wanting formal help but being unable to access it. Notably, 91.7% advocated for mandatory adult and teacher training on identity-based harm.

4. Discussion

The quantitative findings confirm that witnessing identity-targeted dehumanization produces a distinct, measurable form of psychological trauma termed 'secondary dignity harm.' High mean scores for personal dignity harm ($M = 4.31$) and community dignity interdependence ($M = 4.42$) support Hicks's (2011) framework: in collectivist contexts, dignity is experienced relational-wide rather than strictly individualistically.

The elevated digital exposure rate (65.3% witnessing online) aligns with national trends regarding online hate speech and algorithmic polarization targeting marginalized groups. Furthermore, the presence of institutional mistreatment (50.0% in schools/colleges) underscores how educational environments can become sources of secondary trauma when staff or peers participate in degrading ingroup members.

Despite high mental health distress (83.4%), the low utilization of professional counselling (5.6%) alongside a high desire for support (38.9%) points to structural barriers, lack of culturally responsive care, and stigma surrounding formal mental health services in India.

5. Conclusion and Recommendations

Secondary dignity harm represents a pervasive yet unrecognized stressor among adolescents in marginalized communities. Observing ingroup degradation inflicts significant psychological distress, academic disruption, and relational avoidance while fostering resilient collective determination.

Recommendations

- 1) **Clinical Practice:** Psychologists and counsellors must incorporate routine screening for witnessed identity-based harm and vicarious dehumanization during adolescent intake evaluations.
- 2) **Educational Policy:** Implement mandatory trauma-informed training for teachers and staff, alongside strict

anti-discrimination guidelines protecting collective student dignity.

- 3) **Community Helplines:** Promote accessible national helplines (e.g., Tele-MANAS 14416, Childline 1098) directly within community centers and marginalized-area schools.

References

- [1] Bandura, A. (1999). Moral disengagement in the perpetration of inhumanities. *Personality and Social Psychology Review*, 3(3), 193–209.
- [2] Benner, A. D., Wang, Y., Shen, Y., Boyle, A. E., Polk, R., & Cheng, Y. P. (2018). Racial/ethnic discrimination and well-being during adolescence: A meta-analytic review. *American Psychologist*, 73(7), 855–883.
- [3] Bride, B. E. (2007). Prevalence of secondary traumatic stress among social workers. *Social Work*, 52(1), 63–70.
- [4] Erikson, E. H. (1968). *Identity: Youth and crisis*. W. W. Norton.
- [5] Figley, C. R. (Ed.). (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder*. Brunner/Mazel.
- [6] Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. Prentice-Hall.
- [7] Haslam, N. (2006). Dehumanization: An integrative review. *Personality and Social Psychology Review*, 10(3), 252–264.
- [8] Heard-Garris, N., Cale, M. G., Camaj, L., Hamati, M. C., & Dominguez, T. P. (2018). Transmitting trauma: A systematic review of vicarious racism and child health. *Social Science & Medicine*, 199, 230–240.
- [9] Hicks, D. (2011). *Dignity: Its essential role in resolving conflict*. Yale University Press.
- [10] Kteily, N., Bruneau, E., Waytz, A., & Cotterill, S. (2015). The ascent of man: A theoretical and empirical reassessment of dehumanization. *Journal of Personality and Social Psychology*, 109(5), 901–931.
- [11] McCann, I. L., & Pearlman, L. A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress*, 3(1), 131–149.
- [12] Umaña-Taylor, A. J. (2011). Ethnic identity. In S. J. Schwartz, K. Luyckx, & V. L. Vignoles (Eds.), *Handbook of identity theory and research* (pp. 791–809). Springer.