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SEXUAL HARASSMENT

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The issue of sexual harassment first received national attention through the media focus on a few high-profile cases, including the Anita Hill/Clarence Thomas allegations and the U.S. Navy's Tailhook scandal. However, sexual harassment is far more common than these few well-publicized cases would suggest. Research data indicate that sexual harassment is widespread in the workplace and in educational institutions. In fact, it has been estimated that half of the women ever employed have experienced some type of sexually harassing behavior. Unfortunately, despite the considerable evidence documenting sexual harassment as a major social problem, sexual harassment has received relatively little attention within the field of clinical psychology.

Sexual harassment is defined as unwelcome verbal or physical conduct of a sexual nature that occurs in the workplace. Behaviors that constitute sexual harassment can range from unwanted flirtatious remarks to unwanted sexual advances, coercion of sexual activity, and sexual assault. Despite its relatively straightforward definition, reaching agreement within the legal, organizational, and psychological communities as to what constitutes sexual harassment has been challenging. The current legal standard for sexual harassment was established in 1980, derived from the U.S. Equal Employment Opportunity Commission's guidelines on discrimination based on sex. This definition of sexual harassment includes two types of behavior, *quid pro quo* (Latin for "this for that") and hostile environment sexual harassment. *Quid pro quo* harassment refers to workplace or educational consequences being contingent upon sexual favors. Hostile environment harassment refers to a repetitive, offensive pattern of unwanted behaviors that interferes with a person's work performance or creates an intimidating or hostile work environment.

Acceptance by the psychological community of a comprehensive behavioral definition of sexual harassment is also an ongoing process. However, Fitzgerald's tripartite model of sexual harassment is one definitional system that is relatively parsimonious, widely used, and has received empirical

support among a wide range of populations (see Fitzgerald, Swan, & Magley, 1997). According to this model, sexual harassment includes three types of behavior: *gender harassment*, behavior that is insulting, hostile, and degrading, but not for the purpose of sexual cooperation; *unwanted sexual attention*, behavior of a sexual nature that is unwelcome, offensive, and unreciprocated; and *sexual coercion*, extortion of sexual cooperation in return for job-related considerations. Obviously, these legal and behavioral definitions cover a wide range of harassing behaviors. In addition, the specific outcomes associated with any particular behavior vary significantly based on several important characteristics. For a full understanding of any one sexual harassment experience, it is critical to assess the victim's subjective perception of the behavior, as well as more objective criteria such as the severity, frequency, and chronicity of the harassing behavior.

Sexual harassment is most often perceived as the male harassment of women, and indeed, the majority of sexual harassment research has focused on this issue. Empirical examinations of the issue of gender and sexual harassment (e.g., Magley, Waldo, et al., 1999) suggest that the sexual harassment

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experiences of women and men differ both quantitatively and qualitatively. Women are far more likely than men to have experienced sexual harassment and are more likely to report finding these experiences distressing. The majority of men's victimization experiences involve gender harassment rather than unwanted sexual attention or sexual coercion and, unlike women, men report high frequencies of same-sex sexual harassment. At least among military populations, it appears that same-sex sexual harassment may be more likely to occur when targeted men do not fit offenders' gender-role stereotypes of heterosexual hypermasculinity (Stockdale et al., 1999).

Unlike other forms of interpersonal trauma that disproportionately impact women (e.g., sexual assault, domestic violence, child sexual abuse), sexual harassment has received scant attention from PTSD researchers. In fact, only a handful of studies exam-

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In this issue:

- Sexual Harassment
- PILOTS Update

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ine PTSD symptomatology as an outcome associated with sexual harassment. The first systematic examination of sexual harassment and PTSD at the diagnostic level occurred as part of the National Women's Study (Dansky & Kilpatrick, 1997). The results indicate that the current and lifetime risk of having a PTSD diagnosis was significantly higher among sexual harassment victims than among non-victims. This relationship between sexual harassment victimization and PTSD held, even after taking into account the effects of other physical and sexual assault victimization. In a later study, Fontana and Rosenheck (1998) compared the relative effects of peacetime and wartime duty-related stress with sexual harassment and assault experienced during military service in the etiology of PTSD among treatment-seeking women veterans. While both duty-related stress and sexual stress contributed separately and significantly to the development of PTSD, for these women sexual stress was almost four times as influential in the development of PTSD, suggesting that work-related sexual stress may be a particularly pernicious form of trauma exposure for military women.

While these are not the only investigations that examine PTSD symptomatology among sexual harassment victims, they do provide a representative sample of the few existing studies. The relative lack of research in this area may reflect confusion regarding the diagnostic appropriateness of PTSD in cases of sexual harassment. In a recent theoretical paper, Avina and O'Donohue (2002) address the issue of whether or not sexual harassment can constitute trauma as defined by the DSM-IV. These authors argue that more severe forms of sexual harassment clearly meet this diagnostic criterion, as they are examples of sexual or physical assault. However, Avina and O'Donohue suggest that other, less severe examples of sexual harassment may also meet this criterion. Such incidents pose a threat to the physical integrity of the victim by threatening the victim's financial well-being, by threatening the victim's personal boundaries, and by threatening the victim's control of situations over which she should legitimately be able to have some control. Unfortunately, if a large number of mental health professionals do not consider sexual harassment to legitimately constitute trauma, a large population of victims will not be provided with appropriate treatment services.

Outside of the field of traumatic stress, extensive work has been done establishing theoretical models of sexual harassment. For example, Fitzgerald's model of the antecedents and consequences of sexual harassment has received extensive empirical support (Fitzgerald, Drasgow, et al., 1997). According to this model, sexual harassment in organizations is a function of two antecedent conditions. The first of these conditions, organizational climate, refers to organizational characteristics that communicate tolerance of sexual harassment. The second factor is job gender context, referring to the gender ratio of the workgroup, immediate supervisor's gender, and the gender-traditional vs. nontraditional nature of the job. A number of investigations have found support for these two factors as

predictors of the occurrence of sexual harassment (e.g., Fitzgerald, Drasgow et al., 1997), but more recent investigations have suggested that the model may be improved further by considering individual difference variables associated with victims and perpetrators. For example, Harned, Ormerod and colleagues (2002) replicated Fitzgerald's model among a large sample of women employed by the U.S. military and incorporated indices of victims' organizational (e.g., rank) and sociocultural power (e.g., age, race, marital status) into the model as additional predictors of victimization. While organizational and job gender context were still important antecedent variables, less organizational and sociocultural power were also associated with an increased likelihood of experiencing sexual harassment. This type of investigation suggests that antecedents of sexual harassment are best described as a "situation by person interaction" in which both organizational factors and individual difference factors play a role.

Fitzgerald's model also addresses the negative consequences associated with sexual harassment victimization. Empirical testing of the model indicates that sexual harassment exerts considerable negative impact on work-related variables, psychological states, and physical health over and above any negative consequences attributed to other job stressors (Fitzgerald, Drasgow, et al., 1997). Harned and Fitzgerald (2002) examined the link between sexual harassment and eating disorder symptoms and concluded that there was no direct relationship between sexual harassment and eating disorder symptoms. However, the investigation did confirm that, among women, sexual harassment was related to psychological distress, which was, in turn, associated with eating disorder symptoms. Research out of other laboratories provides additional support for the negative health consequences associated with sexual harassment victimization. For example, in an examination of the mental health correlates of sexual harassment among university employees, Richman and colleagues (1999) found that sexual harassment put both men and women at increased risk for depression, anxiety, hostility, and problematic alcohol use. Other investigations have expanded Fitzgerald's model to include a longitudinal component. Such investigations have provided support for a model whereby sexual harassment occurring at one time point impacts job and psychological variables two years later, suggesting that the negative consequences of harassment are enduring and often compounded by further harassment (Glomb et al., 1999).

Some skeptics have argued that the negative outcomes associated with sexual harassment may be attributed to women labeling "innocent workplace flirtation" as sexual harassment. In fact, empirical findings discount this notion. Magley, Hulin, et al. (1999) found that negative psychological outcomes were related to the frequency of harassing behaviors, whether or not women labeled these experiences as sexual harassment. Similarly, Munson et al. (2001) reported that, among a large sample of men and women in the military, the level or frequency of sexual

harassment was a better predictor of outcomes than whether or not the victim labeled the experience as sexual harassment. While labeling an event as harassment is not a strong predictor of negative psychological consequences, this type of cognitive appraisal does impact what type of coping responses a victim is likely to use in response to harassing behavior. Malamut and Offermann (2001) found that whether a victim labeled an encounter as sexual harassment, in addition to the degree to which she reported emotional reactions to the experience, influenced her choice of coping strategies.

The U.S. Supreme Court has held that an employer is not liable for sexual harassment if the plaintiff did not make a reasonable attempt to use available options to prevent or correct sexual harassment, such as reporting the behavior to someone with decision-making power. This reflects a widely held notion that victims of sexual harassment could best cope with that harassment by reporting it to organizational officials. However, as with other types of sexual trauma, only a minority of victims actually report sexual harassment. In addition, the evidence suggests that reporting harassment may not always be an adaptive strategy. For example, Bergman and her colleagues (2002) examined the issue of reporting among military personnel. These authors found that reporting sexual harassment was actually related to negative, rather than positive, outcomes, including retaliation, lowered job satisfaction, and greater psychological distress. It appears that these negative outcomes were not the direct result of reporting, per se, but were related to the organization's response to the report and the victim's lack of satisfaction with the reporting process. Longitudinal studies have found similar results. Richman et al. (2001) examined the outcomes associated with the use of active coping strategies, including reporting. These authors found that active coping strategies used at one time point were not associated with the cessation of sexual harassment one year later. Furthermore, the use of unsuccessful active coping strategies predicted problematic alcohol use. Thus, while active coping strategies have been found to be beneficial for dealing with some social stressors, it appears that, in general, this is not the case with sexual harassment in today's organizational climate.

Despite the wealth of evidence providing support for the negative psychological effects associated with sexual harassment victimization, there is almost no available information on the treatment of sexual harassment. This likely reflects the fact that organizational, rather than clinical, researchers have conducted the majority of sexual harassment research. Campbell et al. (1999) assessed mental health professionals' training experiences in regards to four types of violence against women (i.e., sexual harassment, sexual assault, domestic violence, and childhood sexual abuse). Of these four types of potentially traumatic events, significantly less attention had been paid to sexual harassment as a clinical issue. When training on sexual harassment had been received, it typically emphasized workplace sexual harassment policies rather than more clinically relevant issues, raising concerns that therapists may not be receiving adequate training to address the needs of sexual harassment victims. The limited sexual harassment treatment literature that does exist consists primarily of anecdotal clinical advice. Authors generally suggest using a therapeutic or psychopharmacological treatment approach similar to those used with other interpersonal traumas. For example, Shrier and Hamilton (1996) provide some guidance based on sexual harassment theory and their own clinical experiences. These authors suggest assessing the client's degree of depression, anxiety, and posttraumatic stress symptoms, providing the victim with validation, exploring affective and cognitive reactions including fear, self-blame, anger, and disillusionment, supporting existing adaptive coping strategies, and facilitating the development of new coping skills.

The brief review of the existing sexual harassment research base presented here provides evidence that sexual harassment is a significant social problem, deserving of attention from researchers and clinicians in the field of traumatic stress. We must work together to answer more questions about the individual and organizational consequences of sexual harassment, to design prevention programs targeted at perpetrators and organizations in an effort to reduce the occurrence of sexual harassment, and to develop efficacious treatment programs to address the negative psychological effects experienced by victims.

SELECTED ABSTRACTS

AVINA, C., & O'DONOHUE, W. (2002). **Sexual harassment and PTSD: Is sexual harassment diagnosable trauma?** *Journal of Traumatic Stress, 15*, 69-75. Sexual harassment has become a major social, legal, and mental health problem because of its high prevalence and its negative consequences for victims. These consequences can include decreased productivity, loss of job, decreased income, and impaired psychological and physical well-being. Despite evidence from empirical studies that victims often exhibit PTSD symptoms, some have argued that sexual harassment does not constitute legitimate trauma. We argue that many forms of sexual harassment meet the diagnostic Criteria A1 and A2 of PTSD. Finally, the DSM-IV trauma criterion is explained, and its relationship with sexual harassment and its effects are discussed.

BERGMAN, M.E., LANGHOUT, R.D., PALMIERI, P.A., CORTINA, L.M., & FITZGERALD, L.F. (2002). **The (un)reasonableness of reporting: Antecedents and consequences of reporting sexual harassment.** *Journal of Applied Psychology, 87*, 230-242. This study places the reporting of sexual harassment within an integrated model of the sexual harassment process. Two structural models were developed and tested in a sample ($n = 6,417$) of male and female military personnel. The first model identifies determinants and effects of reporting: Reporting did not improve—and at times worsened—job, psychological, and health outcomes. The authors argue that organizational responses to reports (i.e., organizational remedies, organizational minimization, and retaliation) as well as procedural satisfaction can account for these negative effects. The second model examines

these mediating mechanisms; results suggest that these mediators, and not reporting itself, are the source of the negative effects of reporting. Organizational and legal implications of these findings are discussed.

CAMPBELL, R., RAJA, S., & GRINING, P.L. (1999). **Training mental health professionals on violence against women.** *Journal of Interpersonal Violence, 14*, 1003-1013. This research assesses what forms of training mental health professionals have received on 4 forms of violence against women (sexual assault, domestic violence, sexual harassment, and childhood sexual abuse [CSA]/incest). A systematic probability sample of $N = 415$ licensed Illinois mental health professionals (licensed professional counselors, licensed social workers, licensed clinical social workers, and licensed clinical/counseling psychologists) indicates that 56% have received training on sexual assault, 59% on domestic violence, 36% on sexual harassment, and 78% on CSA/incest. Training on sexual assault, domestic violence, and CSA/incest usually takes place in continuing education courses and provides instruction on therapy techniques and referral sources for victims. Training on sexual harassment usually focuses on workplace policies, not on the clinical issues of treating clients who have been victims of sexual harassment. The participants' recommendations for future training are summarized, and implications for practice are discussed.

DANSKY, B.S., & KILPATRICK, D.G. (1997). **Effects of sexual harassment.** In W. O'Donohue (Ed.), *Sexual harassment: Theory, research, and treatment* (pp. 152-174). Boston: Allyn & Bacon. Empirical studies of responses to and outcomes of sexual harassment have revealed important information about the sequelae of sexual harassment. It is apparent that a majority of victims of sexual harassment, at least initially, attempt to ignore the offensive behavior. It is also apparent that ignoring sexual harassment rarely leads to its termination, yet more direct or assertive efforts to respond to sexual harassment may not be more effective. Sexual harassment victims suffer a multitude of work-related consequences. Effects of sexual harassment on an organization may include work withdrawal, or avoidance by an individual of work duties, and job withdrawal, or job turnover or retirement. The psychological and physical costs of sexual harassment are manifold. Although not all victims of sexual harassment necessarily experience all symptoms, the range of difficulties is broad and the likelihood is high that many victims experience at least some distress associated with their experience. Given that the study of effects of sexual harassment is a relatively new area of inquiry, there remain a number of gaps in scientific knowledge. To address these gaps in the research literature, we propose the attributes of an "ideal" study. [Adapted from Text]

FITZGERALD, L.F., DRASGOW, F., HULIN, C.L., GELFAND, M.J., & MAGLEY, V.J. (1997). **Antecedents and consequences of sexual harassment in organizations: A test of an integrated model.** *Journal of Applied Psychology, 82*, 578-589. Sexual harassment of women in organizational settings has recently become a topic of interest to researchers and the general public alike. Although numerous studies document its frequency, the development of conceptual models identifying antecedents and consequences of harassment has proceeded at a slower pace. In this article, an empirical test of a recently proposed conceptual model is described. According to the model, organizational climate for sexual harassment and job gender context are critical antecedents of sexual harassment; harassment, in turn, influences work-related variables (e.g., job satisfaction); psychological states (e.g.,

anxiety and depression); and physical health. On the basis of a sample of women employed at a large, regulated utility company, the model's predictions were generally supported.

FITZGERALD, L.F., SWAN, S., & MAGLEY, V.J. (1997). **But was it really sexual harassment? Legal, behavioral, and psychological definitions of the workplace victimization of women.** In W. O'Donohue (Ed.), *Sexual harassment: Theory, research, and treatment* (pp. 5-28). Boston: Allyn & Bacon. This chapter provides an analysis of empirical definitions of sexual harassment. By *empirical*, we intend not only the usual meanings of surveys, items, and scales—referred to here as *behavioral* definitions—but also legal and phenomenological meanings, the other major ways that the concept can be defined. We begin with a brief overview of the historical development of sexual harassment jurisprudence (i.e., legal definitions) and then provide a review of the frameworks that have guided survey construction (i.e., behavioral definitions) and the relationship of such instruments to legal concepts. Following a brief overview of issues of meaning and valence (i.e., the seriousness or severity issue), we explore this topic in more depth via an examination of psychological definitions of sexual harassment. We conclude with a discussion of two related issues that our analysis raises, that is, women's labeling of their experiences as sexual harassment and the controversial topic of the sexual harassment of men. [Adapted from Text]

FONTANA, A., & ROSENHECK, R. (1998). **Duty-related and sexual stress in the etiology of PTSD among women veterans who seek treatment.** *Psychiatric Services, 49*, 658-662. *Objective:* The stressful experiences of women serving in the military have been a focus of increasing concern. A model of the impact of stress related to military duty and stress related to sexual abuse and harassment on the development of PTSD among female veterans was evaluated. *Methods:* Structural equation modeling was applied to data from 327 women treated in a VA clinical program for women with stress disorders. The model was a chronological one and included variables related to the women's premilitary experience, their military service, and their postmilitary experience. *Results:* Altogether 48% of the sample served overseas, and 12% were exposed to enemy fire. A total of 63% reported experiences of physical sexual harassment during military service, and 43% reported rape or attempted rape. Both duty-related and sexual stress were found to contribute separately and significantly to the development of PTSD. Sexual stress was found to be almost four times as influential in the development of PTSD as duty-related stress. Postmilitary social support played a highly significant mediational role between sexual stress during military service and development of PTSD. *Conclusions:* Women's exposure to sexual stress in the military is much more prevalent than previously believed. It is particularly toxic for the development of PTSD. Correct assessment is essential to effective treatment.

GLOMB, T.M., MUNSON, L.J., HULIN, C.L., BERGMAN, M.E., & DRASGOW, F. (1999). **Structural equation models of sexual harassment: Longitudinal explorations and cross-sectional generalizations.** *Journal of Applied Psychology, 84*, 14-28. Sexual harassment and its corresponding outcomes develop and change over time, yet research on this issue has been limited primarily to cross-sectional data. In this article, longitudinal models of harassment were proposed and empirically evaluated via structural equations modeling using data from 217 women who responded to a computerized questionnaire in 1994 and again in 1996. Results indicate that sexual harassment influences both proximal and distal work-related variables (e.g., job satisfac-

tion, work withdrawal, job withdrawal) and psychological outcomes (e.g., life satisfaction, psychological well-being, distress). In addition, a replication of the L. F. Fitzgerald, F. Drasgow, C. L. Hulin, M. J. Gelfand, and V. J. Magley (1997) model of harassment was supported. This research was an initial attempt to develop integrated models of the dynamic effects of sexual harassment over time.

HARNED, M.S., & FITZGERALD, L.F. (2002). **Understanding a link between sexual harassment and eating disorder symptoms: A mediational analysis.** *Journal of Consulting and Clinical Psychology, 70*, 1170-1181. Using data from 3 samples of working women and men, the present study examines the association between sexual harassment and eating disorder symptoms by studying the processes that may underlie this relationship. The results of structural equation modeling suggest a link between sexual harassment and eating disorder symptoms among women and indicate that this relationship is mediated by psychological distress, self-esteem, and self-blame. Further, sexual harassment was found to predict eating disorder symptoms among women even when experiences of sexual assault were included in the model. No relationship was found between sexual harassment and eating disorder symptoms among men. The theoretical and clinical implications of these results are discussed.

HARNED, M.S., ORMEROD, A.J., PALMIERI, P.A., COLLINSWORTH, L.L., & REED, M. (2002). **Sexual assault and other types of sexual harassment by workplace personnel: A comparison of antecedents and consequences.** *Journal of Occupational Health Psychology, 7*, 174-188. Although sexual assault by workplace personnel is widely viewed as a type of sexual harassment, little is known about whether these overlapping constructs may possess some unique characteristics. This article compares the theoretical antecedents and consequences of sexual assault by workplace personnel and other types of sexual harassment among 22,372 women employed in the U.S. military. Path analysis revealed that low sociocultural and organizational power are associated with an increased likelihood of both types of victimization. Organizational climate and job gender context are directly associated with sexual harassment but are only indirectly associated with sexual assault by workplace personnel. Both types of victimization are associated with a variety of negative outcomes, but the pattern of negative consequences differs.

MAGLEY, V.J., HULIN, C.L., FITZGERALD, L.F., & DENARDO, M. (1999). **Outcomes of self-labeling sexual harassment.** *Journal of Applied Psychology, 84*, 390-402. Research has consistently documented a discrepancy between experiencing offensive sex-related behaviors and labeling these situations as sexual harassment, leading to several attempts to understand this phenomenon. The authors propose that the issue of why it is that women who report such experiences generally do not indicate that they have been sexually harassed is an important psychological question, and may provide a path through the nested meanings of workplace harassment. The authors argue for the value of moving beyond a descriptive approach to this issue by examining the effects of self-labeling on the psychological, health, and work-related outcomes of unwelcome, sex-related experiences. They present data from female employees working in 3 separate organizations, demonstrating that women exposed to such behaviors report very similar consequences, whether they label their experiences as harassment or not.

MAGLEY, V.J., WALDO, C.R., DRASGOW, F., & FITZGERALD, L.F. (1999). **The impact of sexual harassment on military personnel: Is it the same for men and women?** *Military Psychology, 11*, 283-302. Research in the civilian workplace has documented the serious psychological, health-related, and job-related outcomes of sexual harassment of women by men. The question of whether men experience sexual harassment similarly has more recently been proposed (Berdahl, Magley, & Waldo, 1996; Popovich, Campbell, Everton, Mangan, & Gondinko, 1994; Vaux, 1993; Waldo, Berdahl, & Fitzgerald, 1998; Waldo & Magley, 1996), resulting in considerable debate regarding not only the extent of the outcomes of such experiences but also the sex of the offender. This study directly compared outcomes of sexual harassment for men and women utilizing data from the U.S. Department of Defense's (1995) recent gender issues survey. The results of both linear and quadratic regression analyses indicate that within the range of similar experiences, sexual harassment exerts a negative effect on male and female personnel in similar ways on 3 sets of outcomes: psychological, health, and job-related. Three differences emerged, however, suggesting differential experiences of sexual harassment for men and women. First, women were more likely to have been sexually harassed than were men. Second, women experienced sexual harassment at higher frequencies than did men; the negative impact on women, both individually and as a group, is thus considerably more pronounced. Finally, women almost always experienced sexual harassment from men; men were somewhat more likely to experience such behaviors from men than from women.

MALAMUT, A.B., & OFFERMANN, L.R. (2001). **Coping with sexual harassment: Personal, environmental, and cognitive determinants.** *Journal of Applied Psychology, 86*, 1152-1166. A multidimensional coping typology and a process model of coping were used to examine coping strategies in response to sexual harassment, the personal and environmental determinants of these strategies, and the cognitive processes underlying strategy choice. Survey responses of 15,404 military members who reported unwanted sex-related attention were analyzed. Strong support was found for the usefulness of both the typology and the model. Choice of specific coping strategies used in response to sexual harassment varied significantly depending on occupational status, gender, climate, harassment severity, and power differential. Cognitive appraisal mediated the determinant-coping relationship.

MUNSON, L.J., MINER, A.G., & HULIN, C. (2001). **Labeling sexual harassment in the military: An extension and replication.** *Journal of Applied Psychology, 86*, 293-303. Research conducted by V. Magley, C. Hulin, L. F. Fitzgerald, and M. DeNardo (1999) has suggested that women who experience sexual harassment report worse outcomes independent of the labeling process. This study replicates and extends that work. Discriminant analyses were conducted on a sample of approximately 28,000 men and women from the military. The authors included variables similar to those used by V. Magley et al., as well as a variety of antecedent variables. Two significant functions were obtained from the discriminant analyses. The first function ordered groups according to the frequency of harassment and accounted for substantially more variance than did the second function, which ordered groups according to whether they labeled their experiences as sexual harassment. The overall results from these analyses demonstrate that labeling incidents as sexual harassment is of marginal meaningfulness in terms of job outcomes and antecedents of harassment.

RICHMAN, J.A., ROSPENDA, K.M., FLAHERTY, J.A., & FREELS, S. (2001). **Workplace harassment, active coping, and alcohol-related outcomes.** *Journal of Substance Abuse, 13*, 347-366. *Purpose:* While sexual harassment and generalized workplace abuse (GWA) have been linked with alcohol use and abuse, active problem-focused coping has been shown to lessen vulnerability to deleterious mental health consequences of varied social stressors. At the same time, active coping is relatively more efficacious in response to stressors, which are amenable to change by personal actions. However, the moderating role that coping plays in relation to harassment and drinking is unknown. *Method:* Using data from a two-wave survey of university employees ($N=2038$), we addressed the extent to which (1) active coping was utilized by harassed and abused employees, (2) whether coping impacted on the continuation or cessation of harassment and abuse, and (3) the extent to which unsuccessful coping was predictive of alcohol use and abuse. *Results:* Active coping had no significant impact on the ability to end harassing or abusive experiences. Moreover, the use of problem-focused coping that was unsuccessful predicted some drinking outcomes for both men and women, controlling for Wave I drinking and sociodemographic characteristics. *Implications:* The data suggest that increased institutional attention to the prevention of workplace harassment and abuse might impact on decreasing alcohol use and abuse.

SHRIER, D.K., & HAMILTON, J.A. (1996). **Therapeutic interventions and resources.** In D.K. Shrier (Ed.), *Sexual harassment in the workplace and academia: psychiatric issues* (pp. 95-112). Washington, DC: American Psychiatric Press. In this chapter we

describe initial interventions, ongoing individual psychotherapy, group and family therapies, and pharmacotherapy. Resources for forensic, institutional, and self-help information are also discussed, as are interventions to avoid. As clinicians, we particularly need to guard against the tendencies to blame victims of workplace and academic harassment and to assume that bad things don't happen to worthy people—that people generally get what they deserve and deserve what they get (Kushner, 1981; Shrier, 1992). We must counter these biases with data and be open to learning from others. Continuing education, supervision, and a supportive network of colleagues will enable clinicians to better integrate and assimilate this new information for the particular benefit of patients, colleagues, and students. [Adapted from Text]

STOCKDALE, M.S., VISIO, M., & BATRA, L. (1999). **The sexual harassment of men: Evidence for a broader theory of sexual harassment and sex discrimination.** *Psychology, Public Policy, and Law, 5*, 630-664. This article imposes a social science framework on a law-based theory of sexual harassment forwarded by Katherine Franke (1997), which sought to address shortcomings of extant theory and to account for atypical forms of sexual harassment, notably male same-sex sexual harassment (SSSH). Sex-role spillover theory, sexual harassment climate theory, and Person x Situation theory are discussed with regard to their ability to account for SSSH. Preliminary postulates of this framework are tested with data from the 1995 Department of Defense sexual harassment survey of the U.S. military (J. E. Edwards, T. W. Elig, D. L. Edwards, & R. A. Reimder (1997). The results suggest that SSSH occurs because targeted men do not fit their offenders' gender-role.

ADDITIONAL CITATIONS Annotated by the Editor

ARVEY, R.D., & CAVANAUGH, M.A. (1995). **Using surveys to assess the prevalence of sexual harassment: Some methodological problems.** *Journal of Social Issues, 51*, 39-52.

Reviewed findings from over 50 survey studies of sexual harassment. The authors discuss the following issues as leading to problems of interpretation: inconsistency of definitions across studies, inadequate questionnaire formats, problems with the validity of retrospective self-reports, sample selection bias, lack of attention to psychometric properties of instruments, problems with outcome measurement, and lack of generalizability.

BARLING, J., DEKKER, I., LOUGHLIN, C.A., KELLOWAY, E.K., FULLAGAR, C., & JOHNSON, D. (1996). **Prediction and replication of the organizational and personal consequences of workplace sexual harassment.** *Journal of Managerial Psychology, 11*(5), 4-25.

Used structural equation modeling with data from 5 samples of men and women to examine how sexual harassment in the workplace relates to organizational consequences such as turnover intentions and personal consequences such as physical symptoms. Negative mood emerged as a key mediator of the effects of sexual harassment on adverse outcomes.

BARLING, J., ROGERS, A.G., & KELLOWAY, E.K. (2001). **Behind closed doors: In-home workers' experience of sexual harassment and workplace violence.** *Journal of Occupational Health Psychology, 6*, 255-269.

Tested a structural model of the personal and organizational

consequences of workplace violence and sexual harassment in 292 female healthcare professionals. The effects of violence and harassment were indirectly mediated by fear of the events recurring and by anxiety and anger.

BINGHAM, S.G., & SCHERER, L.L. (1993). **Factors associated with responses to sexual harassment and satisfaction with outcome.** *Sex Roles, 29*, 239-269.

Examined how contextual and behavioral factors and responses to sexual harassment related to satisfaction with outcome in 65 women and 37 men who reported being harassed. Low satisfaction was related to several factors, including female gender, a relatively greater power differential between harasser and victim, and a negative work climate.

FITZGERALD, L.F., GELFAND, M.J., & DRASGOW, F. (1995). **Measuring sexual harassment: Theoretical and psychometric advances.** *Basic and Applied Social Psychology, 17*, 425-445.

Used confirmatory factor analysis to examine a revised version of a questionnaire for assessing sexual harassment. The authors describe the development and revision of the scale, which has three subscales: gender harassment, unwanted sexual attention, and sexual coercion.

FONTANA, A., SCHWARTZ, L.S., & ROSENHECK, R. (1997). **Posttraumatic stress disorder among female Vietnam veterans: A causal model of etiology.** *American Journal of Public Health, 87*, 169-175.

Performed path analysis to test a model of how sexual and war trauma relate to PTSD symptoms in 396 female Vietnam veterans and 250 female Vietnam era veterans. Harassment was reported by 6.2% of theater veterans and 2.7% of era veterans.

FREEMAN, M.R., & RYAN, J.J. (1997). **Sexual harassment and trauma in female veterans.** *Federal Practitioner*, 14(8), 43-45. Surveyed 72 female veterans who received treatment at a Midwestern VA Medical Center. Sexual harassment was reported by 31% of participants in childhood, 36% before active duty, 60% during active duty, and 36% after active duty.

GRUBER, J.E. (1992). **A typology of personal and environmental sexual harassment: Research and policy implications for the 1990s.** *Sex Roles*, 26, 447-464. Argues that research on sexual harassment has suffered from nonstandard definitions and variations in how data have been collected across studies. In an attempt to facilitate improved research, the author presents a typology of sexual harassment and makes several methodological recommendations.

HESSON-MCINNIS, M.S., & FITZGERALD, L.F. (1997). **Sexual harassment: A preliminary test of an integrative model.** *Journal of Applied Social Psychology*, 27, 877-901. Performed path analysis to test a model of the antecedent and outcomes associated with sexual harassment in 8,523 federal employees. The experience of sexual harassment was predicted by the gender context of a job, vulnerability, and the organizational tolerance for harassment. Harassment predicted negative personal and occupational consequences.

MUNSON, L.J., HULIN, C., & DRASGOW, F. (2000). **Longitudinal analysis of dispositional influences and sexual harassment: Effects on job and psychological outcomes.** *Personnel Psychology*, 53, 21-46. Assessed 216 female university faculty and staff members twice, 24 months apart. The effects of harassment were independent of dispositional factors, and sexual harassment at Time 1 was better than coping as a predictor of sexual harassment at Time 2.

NAWYN, S.J., RICHMAN, J.A., ROSPENDA, K.M., & HUGHES, T.L. (2000). **Sexual identity and alcohol-related outcomes: Contributions of workplace harassment.** *Journal of Substance Abuse*, 11, 289-304. Used data from a study of workplace harassment and alcohol use in 2,492 male and female university employees. Compared with heterosexual women, lesbian/bisexual women did not differ in the experience of harassment but showed a stronger association between harassment and alcohol use. In contrast, gay/bisexual men experienced more harassment relative to heterosexual men, but did not show a stronger association with alcohol use.

RICHMAN, J.A., ROSPENDA, K.M., NAWYN, S.J., FLAHERTY, J.A., FENDRICH, M., DRUM, M.L., & JOHNSON, T.P. (1999). **Sexual harassment and generalized workplace abuse among university employees: Prevalence and mental health correlates.** *American Journal of Public Health*, 89, 358-363. Using the data from the same study reported by Nawyn et al. (2000), the authors found a high prevalence of sexual harassment and generalized workplace violence in men and women, although differences in types of abuse varied as a function of gender and job type. Abuse was more common than harassment for both men and women.

RIGER, S. (1991). **Gender dilemmas in sexual harassment policies and procedures.** *American Psychologist*, 46, 497-505. Discusses reasons for the low prevalence of sexual harassment complaints despite organization procedures for reporting harassment. The author argues that organizational policies better reflect male than female perspectives on harassment and that this difference underlies the low reporting by women.

ROSEN, L.N., & MARTIN, L. (1998). **Psychological effects of sexual harassment, appraisal of harassment, and organizational climate among U.S. Army soldiers.** *Military Medicine*, 163, 63-67. Examined psychological outcomes associated with three types of unwanted sexual experiences in 1060 male and 305 female soldiers. In both men and women, viewing harassment as a personal problem (and not merely being harassed) was associated with poorer outcomes.

WASTI, S.A., BERGMAN, M.E., GLOMB, T.M., & DRASGOW, F. (2000). **Test of the cross-cultural generalizability of a model of sexual harassment.** *Journal of Applied Psychology*, 85, 766-778. Used data from 336 Turkish women and 455 American women to examine the measurement equivalence of sexual harassment scales across the two samples. The survey scales showed measurement equivalence and the pattern of findings with American women generalized to the Turkish sample.

WOLFE, J., SHARKANSKY, E.J., READ, J.P., DAWSON, R., MARTIN, J.A., & OUIMETTE, P.C. (1998). **Sexual harassment and assault as predictors of PTSD symptomatology among U.S. female Persian Gulf War military personnel.** *Journal of Interpersonal Violence*, 13, 40-57. Assessed the effects of sexual harassment and sexual assault on 160 female Gulf War veterans who were assessed roughly 5 days and 18-24 months after return from Gulf. Relative to harassment, assault was associated with greater PTSD symptoms at the initial assessment. Frequency of physical sexual harassment was associated with higher levels of PTSD symptoms at follow-up, although the effect became nonsignificant after control for intervening life events.

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PILOTS UPDATE

We have been receiving an increasing number of reports that PILOTS users are unable to search the database. When they click the "search PILOTS" link on our website, either they receive an error message indicating that the requested page cannot be accessed, or the attempt fails with no explanation offered for the failure. Other links within our website function normally; only the links to the PILOTS database and the PTSD Resource Center catalog do not work.

When this happens, the problem is usually caused by a firewall protecting the would-be user's computer or network. A firewall is a piece of software designed to prevent unauthorized access to a computer or system. To protect against hacking and privacy violations, and damage from Trojan horses, worms, and other malicious programs, it monitors incoming communications and rejects those of suspicious origin or content.

Some firewalls also place restrictions on outgoing communications. These are often configured so as to allow external links only to designated ports, or to prevent access to certain ports. And that is where the problem lies.

Both the PILOTS database and the PTSD Resource Center catalog are files on the Dartmouth College Information Service (DCIS). Access to these files is through port 50080, which DCIS uses for all databases mounted on their server. This is a non-standard port. Most websites are reached through port 80, and many firewalls that allow access to this port do not allow access to other ports.

DCIS is unable to change the port assignment for our databases, so anyone wishing to search PILOTS or the PTSD Resource Center catalog will need to arrange for his or her computer to have access to port 50080. Most of our users have already got access to this port—connections to the PILOTS database have been averaging 10,000 per month in recent months—and will not need to do anything.

If you are unable to reach the database from a home computer or from an office computer that is not part of an institutional computer network, you should check to see if your computer has a personal firewall program on it. If it

does, check its settings to see if it is restricting your access to port 50080 (or to any range of port numbers that includes this port). You will need to consult the manual or help file that came with your firewall program to determine what steps to take to remove the restriction.

If you are trying unsuccessfully to search the database from a computer that is connected to a hospital, university, or corporate computer network, ask your system administrator to determine if your problem is caused by your institution's firewall. (If you are based at a VA Medical Center, ask the IRM staff to do this.) If the firewall is blocking access to our databases, ask that the port restrictions be changed to allow access to port 50080.

If your system administrator is unwilling to make this change, or if institutional policies prevent him or her from doing so, you may be able to search the database from a computer that is not restricted by the firewall. Some hospitals that have rigid security policies designed to protect the privacy and integrity of patient records have set aside computers for communicating with external servers. These are not connected to the hospital's internal network and may thus be exempted from the most severe restrictions. A likely place to find such a computer is your hospital's medical library — which is also a good place to find expert help in planning and executing a PILOTS database search.

If you have not got workplace access to a computer that can connect to the PILOTS database, you may need to do your searching from a computer at home or from a colleague's machine. There may be a public or academic library convenient to you that offers internet access, or a cyber cafe where you can do your searching. While these options are not as optimal as being able to use the PILOTS database from the desktop computer in your office, they may provide access to the information you need during the time it takes to arrange for direct access to our databases — and to other useful information resources that may be unavailable to you because of your own or your institution's computer safety precautions.

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