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## **Workplace sexual harassment and its influence on employees' psychological outcomes—A social perception perspective**

### **Introduction**

The current study concerns the issue of social perception of people who have experienced sexual harassment (SH), or rather, who have experienced unwanted sexual attention and sexual coercion. While there exists a multitude of definitions of sexual harassment, the one chosen here is based on empirical research on people who experienced SH.

Research (Fitzgerald et al., 1995; Waldo et al., 1998) shows that the general concept of SH can be divided into several categories, namely, sexual coercion, unwanted sexual attention, and gender harassment. Sexual coercion occurs when a person is being blackmailed into having a sexual relationship with someone in order to gain something (e.g., a promotion, a raise) or so as not to lose something (e.g., a job). Unwanted sexual attention happens when a person is the focus of behaviours of a sexual nature that they do not want, do not expect, and do not appreciate. Finally, gender harassment refers to situations when someone is being treated in a negative way because of their gender (e.g., a woman being told to act more feminine and put on make up, or a man told to „man up” and to be less emotional).

Research on men who experienced SH (Waldo et al., 1998) shows that gender harassment can be further split into three more categories: lewd comments, negative remarks about gender, and enforcement of the gender role. The first two types of SH are the ones which people usually think of when asked about SH. On the other hand, gender harassment, while much more prevalent and (when frequent) causing similar levels of negative outcomes (such as anxiety, depression, or somatic symptoms), is oftentimes omitted when SH is discussed, especially by lay people (Studzinska et al., 2019).

## **Consequences and Perceptions of Sexual Harassment**

Sexual harassment, even in its mildest forms, can cause a plethora of negative effects to people who experience it. A model presented by Fitzgerald et al. (1997) and Fitzgerald et al. (1995) shows a number of factors which influence the occurrence of SH in the workplace, and a number of its consequences. According to their model, SH is preceded by the organizational climate and the job-gender context (i.e., the proportion of men and women in the organization). The consequences include both job related outcomes, such as job satisfaction, organizational withdrawal, organizational commitment, and workgroup productivity, as well as health and well-being consequences, such as a negative impact on mental health, physical health, PTSD symptoms, and life satisfaction. The current study concentrates on the health and well-being-related outcomes and their perception. In their meta-analysis, Willness et al. (2007) showed that SH experiences are linked to psychological and physical health-related variables. The experience of SH impacts mental health (anxiety, depression, sadness, and negative mood), life satisfaction (subjective well-being), and PTSD levels, but also the reported frequency of physical symptoms such as nausea, headaches, shortness of breath, or exhaustion. Other research (Fitzgerald et al., 1997) also shows similar results: SH is linked to distress (anxiety, depression), PTSD, and well-being, which, in turn, influences health (Langhout et al, 2005), as well as psychological distress when perceived as frightening and bothersome (only in men). In the case of military personnel, experience of military sexual trauma (which includes sexual harassment) is associated with two to three times greater odds of receiving a mental health diagnosis of PTSD, adjustment disorders, alcohol abuse, anxiety, bipolar disorder, schizophrenia, psychosis, dissociative disorder, eating disorder, or depression (Kimerling et al., 2007).

Thus, SH constitutes a serious issue with grave consequences, both in terms of mental as well as physical health. Moreover, SH happens to both men and women. While most studies show that women experience SH more often than men, depending on the studied samples and types of SH taken into consideration, in some instances men declared even more cases of SH than did women (e.g., Studzinska & Wojciszke, 2019). The current study concerns the issue of social perception of such experiences—depending on the gender of the person who experiences it and the person who commits it.

It is pertinent to examine how the act of sexual harassment is perceived depending on who commits it and on whom. The classic study by Konrad and Gutek (1986) showed that men claimed they would feel flattered (67%) after experiencing different behaviours constituting SH, compared to the majority of women (63%) who reported they would feel insulted. Other studies examined whether certain behaviours are examples of SH depending on who committed them (Frazier et al., 1995; Katz et al., 1996; LaRocca & Kromrey, 1999; Ohse & Stockdale, 2008; Osman, 2004; Runtz & O'Donnell, 2003; Stockdale et al., 2004) and the results usually show that unwanted sexual attention and sexual coercion are considered to be SH, and that SH by men is considered to be SH to a larger extent than SH by women.

Thus, the current study sought to examine how people perceive consequences of SH depending on the gender of the person who experienced it and the gender of the perpetrator.

## **Study**

**Participants and Procedure.** Two hundred and eleven civil engineering students—83 men and 128 women; mean age of 20.64 ( $SD = 2.35$ ) participated in the study. They were asked to remain in class after lectures and participate in a paper-and-pencil study on social perception. They were all volunteers and were not remunerated in any way. The study was accepted by a relevant ethics committee.

The participants were first asked to provide their demographic information and fill out a short version of the Attitudes Toward Lesbian and Gay Men Scale (Herek & Capitanio, 1995) in order to control for attitudes towards gay men and lesbians, since in two study conditions, the participants read a same-gender SH scenario. The scale consists of six items, and three scores can be calculated—attitudes towards gay men, towards lesbians, and towards gay men and lesbians. Due to the nature of the current study, only the latter score was calculated, on the basis of the mean total score. A high score on the scale indicates a rather negative attitude towards gay men and lesbians. Cronbach's  $\alpha$  for the scale in this study was .851.

Next, the participants were asked to read an excerpt from an article (Szternel, 2010) which described a real-life case of SH. The case involved both unwanted sexual attention and sexual coercion—the employer was not threatening, but rather promising more money and a better position in the company in exchange for sexual favors. The original article presented a case of a male employer harassing a male employee. Three additional versions were created by changing the

gender of the actors and introducing minor changes to the narrative so that it could also fit a male/female, female/male, and female/female SH scenario. The participants were randomly assigned one version of the scenario.

To measure the perceived depression of the SH victim, five items from the Beck Depression Inventory (Beck & Steer, 1984) were used, in a modified form—the participants were not referring to themselves, but rather had to answer how they thought the victim felt. The used items were (end of scale): *s/he is so sad and unhappy that s/he cannot stand it, s/he feels irritated all the time, s/he lost all interest in other people, s/he believes that s/he looks ugly, s/he has lost interest in sex completely*. The choice of those five items was dictated by previous research (Studzinska, 2015, Study 1). The items are scored on a scale from 0 to 3, and the mean is then calculated to create the score of *perceived depression*; the higher the score, the higher the perceived depression. Cronbach's  $\alpha$  for this measure was .761.

To measure perceived somatic symptoms of the SH victim, four items from the Hopkins Symptom Checklist (HSC, Derogatis et al., 1974) were used: *s/he has headaches; s/he has difficulty falling asleep or staying asleep; s/he has poor appetite; s/he feels tense or keyed up*. The items are scored on a scale from 1 (*not at all*) to 5 (*extremely*) and the answers are averaged to obtain a *perceived somatic symptoms* score. Cronbach's  $\alpha$  for this measure was .825.

To measure the perceptions of the situation by the SH victim, the participants were asked to evaluate how the victim could have perceived the situation. They were presented with a list of 12 adjectives on bipolar dimensions, for example, scary/not scary, not irritating/irritating, and were asked to evaluate them on a 7-point scale. The overall score of *perceived negative appraisal of the situation* was calculated by averaging the answers. Cronbach's  $\alpha$  for this measure was .875.

Finally, to measure the perceived emotional state of the victim, the participants were asked to evaluate, on a 7-point scale, the degree to which the victim could have experienced various emotions (e.g., disgust, anger, guilt, sadness). The overall score of *perceived negative emotions* was calculated by averaging the answers. Cronbach's  $\alpha$  for this measure was .856.

The participants were also asked to evaluate on a 7-point scale to what extent the described behaviour constituted SH and how responsible was the victim was the situation.

Other measures, especially related to the perpetrator, were also used, but are not discussed here as they are outside of the scope of the current study.

## Results

The means and standard deviations, as well as Pearson's  $r$  correlation coefficients between the scales are presented in Table 1.

Table 1

### Descriptive Statistics and Correlations

	Perceived depression	Perceived somatic symptoms	Perceived negative appraisal of the situation	Perceived negative emotions	Was this SH?	Mean (SD)
Perceived depression	-					2.45 (0.67)
Perceived somatic symptoms	<b>.603**</b>	-				3.42 (0.90)
Perceived negative appraisal of the situation	<b>.316**</b>	<b>.462**</b>	-			5.61 (1.08)
Perceived negative emotions	<b>.269**</b>	<b>.457**</b>	<b>.465**</b>	-		5.19 (1.02)
Was this SH?	.104	.299*	<b>.519**</b>	<b>.327**</b>	-	6.53 (1.01)
Responsibility	-.070	-.110	<b>-.213**</b>	<b>-.143*</b>	<b>-.215**</b>	3.18 (1.76)

*Note.* Significant correlations in bold. Perceived depression: scores of 0 to 3; Perceived somatic symptoms: scores of 1 to 5; Perceived negative appraisal of the situation, Perceived negative emotions, Was this SH?, and Responsibility: scores of 1 to 7.

\*  $p < .005$ , \*\*  $p < .001$

As can be seen, the people who experienced SH were perceived to experience a significant number of depressive symptoms ( $M = 2.45$ ; where 3 was the maximum score). For the other variables, the mean score was always above the scale's middle point, suggesting that a

person who experienced SH was also perceived to experience somatic symptoms and have a negative appraisal of the SH situation. The described situation was seen as SH by the participants ( $M = 6.53$ ; on a 7-point scale) and the victim was not seen as responsible for this situation ( $M = 3.18$ ; on a 1–7-point scale).

Moreover, perceived depression, somatic symptoms, negative perception, and negative emotion scores correlated significantly with each other. Perceived negative appraisal and negative emotions correlated positively with the degree to which the participants saw the situation as SH (i.e., the more the situation was perceived as SH, the more perceived negative emotions and the more the situation was assumed to be perceived by the victim as negative). The degree of assumed responsibility of the victim was correlated negatively with the victim's assumed negative appraisal of the situation, negative emotions of the victim, and the perception of the event as SH (i.e., the more the event was seen as SH, the less the victim was seen as responsible; the more the victim was seen to perceive the event negatively and the more negative emotions s/he was assumed to have experienced, the less s/he was seen as responsible).

In order to analyse the differences in evaluation of the outcome variables depending on the gender of the victim and the perpetrator, I conducted a  $2 \times 2$  (Victim gender  $\times$  Perpetrator gender) analysis of covariance (ANCOVA) with participant gender and attitudes towards gay men and lesbians as covariates. For perceived somatic symptoms and depression, there were no significant differences (all  $ps > .05$ ). For the perceived negative appraisal of the situation, there was a significant main effect of perpetrator gender,  $F(1, 201) = 14.05, p < .001, d = 0.56$  ( $M_{\text{male\_perpetrator}} = 5.91, SD = 0.97$ ;  $M_{\text{female\_perpetrator}} = 5.32, SD = 1.11$ ), of perceived negative emotions,  $F(1, 202) = 8.37, p = .004, d = 0.43$  ( $M_{\text{male\_perpetrator}} = 5.41, SD = 0.98$ ;  $M_{\text{female\_perpetrator}} = 4.97, SD = 1.02$ ), of the perception of behaviour as SH,  $F(1, 203) = 8.73, p = .004, d = 0.45$  ( $M_{\text{male\_perpetrator}} = 6.76, SD = 0.64$ ;  $M_{\text{female\_perpetrator}} = 6.31, SD = 1.24$ ), and of victim responsibility,  $F(1, 203) = 4.75, p = .03, d = 0.26$  ( $M_{\text{male\_perpetrator}} = 3.41, SD = 1.67$ ;  $M_{\text{female\_perpetrator}} = 2.95, SD = 1.82$ ).

Next, it was tested whether the perpetrator's gender influenced the perception of the event as SH, and thus, the perception of the victim's condition. To this end, a series of regression analyses was conducted

using the bootstrapping macro (Hayes, 2013) testing Model number 4, with 20000 bootstrap samples.

The tested models included perpetrator gender as the predictor (men = 0, women = 1) and the perception of the event as SH as the mediator, as well as the following covariates: participant's gender, victim's gender, and attitudes towards gay men and lesbians. The tested mediation model is presented in Figure 1.

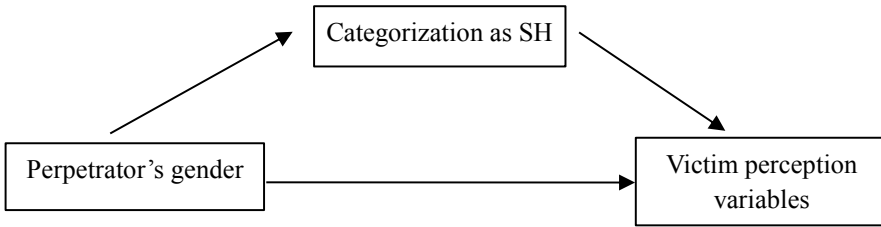
An indirect relationship was found between the perpetrator's gender and perceived somatic symptoms,  $B = -.08$ ,  $SE = 0.04$ , 95% CI  $[-.1764, -.0208]$ ; categorization as SH was predicted by perpetrator gender,  $B = -.38$ ,  $SE = .13$ , and, in turn, led to the perception of more somatic symptoms in the victim,  $B = .23$ ,  $SE = 0.05$ ; perpetrator gender and perceived negative appraisal of the situation  $B = -.18$ ,  $SE = 0.06$ , 95% CI  $[-.3327, -.0617]$ ; categorization as SH was predicted by perpetrator gender  $B = -.38$ ,  $SE = 0.13$ , and, in turn, led to the perception of the situation as more negative,  $B = .49$ ,  $SE = 0.06$ ; perpetrator gender, and perceived negative emotions  $B = -.10$ ,  $SE = 0.05$ , 95% CI  $[-.2276, -.0207]$ , categorization as SH was predicted by perpetrator gender  $B = -.38$ ,  $SE = 0.13$ , and, in turn, led to perception of more negative emotions experienced by the victim,  $B = .27$ ,  $SE = 0.06$ . There was no indirect relationship between perpetrator gender and perceived depressive symptoms,  $B = .00$ ,  $SE = 0.01$ , 95% CI  $[-.0411, .0275]$ .

Overall, these results suggest that when the perpetrator was male, the event was seen as SH to a larger extent and thus, the victim was perceived to experience more somatic symptoms, have a more negative appraisal of the situation, and experience more negative emotions.

### **Summary and Discussion**

The presented study provides new information regarding the process of evaluation of SH and its victims' suffering. First of all, the participants recognized the described behaviours as SH. This is not surprising, as sexual coercion is the stereotypical SH, while other types of SH (especially gender harassment) are less often recognized (Studzinska et al., 2019). Secondly, the victims were perceived to suffer as a result of SH and to appraise the SH situation in a negative





Covariates: participant's gender, victim's gender, attitudes towards gay men and lesbians. The mediation model is significant for the following outcome variables: perceived somatic symptoms, perceived negative appraisal of the situation and perceived negative emotions.

**Figure 1.** The tested mediation model.

light—they were evaluated as experiencing depressive and somatic symptoms and negative emotions, as well as having a negative appraisal of the SH situation.

Of note is also the difference in perception of the outcome variables depending on the gender of the perpetrator. The results showing the influence of gender of the perpetrator rather than the victim are interesting and contrary to the idea that the gender of the victim is of utmost importance. The results of the current study indicate that when the perpetrator is a man, the perceived negative appraisal of the situation by the victim and the victim's perceived negative emotions are higher than when the perpetrator is a woman. The behaviour in question is also seen as constituting SH to a larger extent when the perpetrator is a man. Finally, the victim is seen as more responsible for being sexually harassed when the perpetrator is a man, compared to when the perpetrator is a woman. The question remains why there were no differences for the other two victim-related variables—perceived depression and perceived somatic symptoms. It is possible that the scales used, which were extracted from diagnostic tools, were too specific, or that it was harder for the participants to answer reliably.

As suggested previously (Studzinska et al., 2019), there seems to be an important relationship between the categorization of certain behaviours as SH and the evaluation of SH-related outcome variables, such as the victim's perceived stress (Studzinska et al., 2019). As the

authors note: „the underlying process seems to be that once they see a behaviour as harassing they see it as causing more stress to the victim” (p. 28). Similarly, in the current study, it seems that SH behaviours in themselves were not as important as was the perception of them as harassing (or not), and it was this perception that drove the evaluation.

The model presented above (Studzińska et al., 2019) concentrates on the perception of the perpetrator rather than the victim. It shows that categorization of a behaviour as SH increases the perception of stress in the victim, which, in turn, negatively influences the perceived morality of the perpetrator. The actual SH evaluation process is likely even more complex and the results of the current study can be easily incorporated into the previous model. The results suggest that the perpetrator’s gender influences the categorization of their behaviours as SH, which influences the victim’s perceived outcomes, which then influence the perception of the perpetrator. Thus, it might seem that the gender of the perpetrator influences how they are perceived, but in fact, the underlying mechanism shows that the evaluation depends on the categorization of a behaviour as SH and, subsequently, on the perception of the victim’s appraisal of the situation and the victim’s emotions.

Seeing the importance of the categorization of a behaviour as SH, it is possible that educating people about what constitutes SH would help them notice the suffering of SH victims regardless of their gender. This is especially important in cases of the milder forms of SH (such as gender harassment), which people do not consider to be harmful, contrary to evidence from empirical research. As can be noted from the presented results – this does not seem to be an issue in the case of sexual coercion.

In the post-#metoo world, it is crucial to understand what drives the evaluation of those who commit SH and of those who experience it, and the current study contributes to this end. Certainly more work is needed to better understand the exact mechanisms, but once they are uncovered, this knowledge might serve to create interventions.

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