

# Sexual Harassment and Generalized Workplace Abuse Among University Employees: Prevalence and Mental Health Correlates

## ABSTRACT

**Objectives.** This study hypothesized that interpersonal workplace stressors involving sexual harassment and generalized workplace abuse are highly prevalent and significantly linked with mental health outcomes including symptomatic distress, the use and abuse of alcohol, and other drug use.

**Methods.** Employees in 4 university occupational groups (faculty, student, clerical, and service workers;  $n = 2492$ ) were surveyed by means of a mailed self-report instrument. Crosstabular and ordinary least squares and logistic regression analyses examined the prevalence of harassment and abuse and their association with mental health status.

**Results.** The data show high rates of harassment and abuse. Among faculty, females were subjected to higher rates; among clerical and service workers, males were subjected to higher rates. Male and female clerical and service workers experienced higher levels of particularly severe mistreatment. Generalized abuse was more prevalent than harassment for all groups. Both harassment and abuse were significantly linked to most mental health outcomes for men and women.

**Conclusions.** Interpersonally abusive workplace dynamics constitute a significant public health problem that merits increased intervention and prevention strategies. (*Am J Public Health*. 1999;89:358–363)

Judith A. Richman, PhD, Kathleen M. Rospenda, PhD, Stephanie J. Nawyn, BS, Joseph A. Flaherty, MD, Michael Fendrich, PhD, Melinda L. Drum, PhD, and Timothy P. Johnson, PhD

Research showing high rates of sexual harassment in work and educational institutions,<sup>1–5</sup> along with high-profile cases in the media, has established sexual harassment as a major social problem. Studies addressing the deleterious mental health consequences of sexual harassment<sup>1,2,6,7</sup> also suggest that it has substantial public health implications. Less attention has been directed to more generalized interpersonally abusive workplace experiences, since epidemiologic studies of workplace stressors have generally emphasized task-related aspects of work.<sup>8,9</sup> By contrast, organizational behavior studies focus greater attention on interpersonal interactions, and epidemiologic research has linked conflictual workplace interactions with psychiatric morbidity.<sup>10</sup>

Sexual harassment encompasses unwanted sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature.<sup>11</sup> Quid pro quo sexual harassment occurs when advances involve threats, bribery, or conditions of employment. Hostile-environment sexual harassment exists when harassment affects the target's ability to perform his or her job or when it creates an intimidating, hostile, or offensive working environment.<sup>11</sup>

Studies have shown substantial rates of sexual harassment: 42% among female federal workers,<sup>5</sup> 53% among female workers in the general population,<sup>1</sup> and 50% among female university students.<sup>2</sup> Mental health consequences include anger, depression, anxiety, and substance use and abuse.<sup>1,3,6,7,12,13</sup> Most studies have addressed situations involving a female target and thus have neglected victimization of men.<sup>14,15</sup> One study, however, suggested that men's experiences with sexual harassment are less distressful in nature because men have greater power in society.<sup>16</sup> Other researchers have pointed to additional sources of inequality

that are inherent in hierarchies of power.<sup>17,18</sup> Consequently, men in lower-status occupational positions may be less protected from harassment than men in higher positions.

A smaller body of research has suggested that other types of degrading workplace interactions not explicitly involving gender are also highly prevalent and associated with deleterious outcomes. These involve psychologically demeaning and physically aggressive modes of interaction.<sup>3,13,19</sup> Björkqvist et al.,<sup>19</sup> noting that this broader research focus has been more prevalent in Scandinavian than in North American studies, linked these experiences with symptomatic distress. Studies involving American medical trainees have shown similar linkages.<sup>3,13</sup>

This report studies the prevalence and mental health correlates of sexual harassment and generalized workplace abuse among men and women in 4 university occupational groups. It was hypothesized that (1) women's presumed greater exposure to sexual harassment would be complicated by a high level of victimization among lower-status men and women, (2) generalized abuse would be experienced by both genders, and (3) exposure to generalized abuse would vary inversely with hierarchical status. Exposure to harassment and abuse was hypothesized to relate to varied deleterious outcomes. These

Judith A. Richman, Kathleen M. Rospenda, Stephanie J. Nawyn, Joseph A. Flaherty, and Michael Fendrich are with the Department of Psychiatry, Melinda L. Drum is with the Department of Epidemiology and Biostatistics, and Timothy P. Johnson is with the Survey Research Laboratory, University of Illinois at Chicago.

Requests for reprints should be sent to Judith Richman, PhD, Department of Psychiatry, UIC (M/C 912), 1601 West Taylor Street, Chicago, IL 60612 (e-mail: jrichman@uic.edu).

This paper was accepted September 2, 1998.

hypotheses were derived from psychiatric epidemiologic research on differential exposure to, and mental health consequences of, social stressors.<sup>20</sup>

## Methods

### Sampling

Data were obtained from a mail survey of employees of an urban American university. The sample was divided by gender and occupation into 8 strata. Occupational groups included faculty, graduate student workers and trainees (research and teaching assistants, medical residents, and postdoctoral fellows), clerical and secretarial workers, and service and maintenance workers. Employees (2416 males and 2416 females) were sampled from the payroll database in the fall of 1996.

### Data Collection

Data collection used Dillman's<sup>21</sup> methodology, with additional follow-ups. Questionnaires (including consent and locating information forms) were mailed to respondents' homes. Procedures included a \$20 participation incentive, reminder postcards, 2 additional mailings, reminder e-mail messages, and follow-up phone calls. Reasons most frequently given for nonparticipation were lack of time (39%) and confidentiality concerns (9%).

The final sample of 2492 employees (52% response rate) included 1336 females (55% response rate) and 1156 males (48% response rate). Response rates by occupational groups were as follows: faculty, 53% (females, 60%; males, 48%); student workers, 59% (females, 64%; males, 54%); clerical workers, 49% (females, 50%; males, 47%); service workers, 38% (females 39%; males, 38%). The lower than desired response rates are reflective of the fact that the questionnaires were self-administered and contained highly sensitive material and identifiers for subsequent tracking.<sup>22</sup> Comparisons of the final sample with known characteristics of the total population revealed an acceptable match in terms of race and gender composition within each occupational stratum. Detailed sample-population comparisons are available from the authors.

### Measures

*Sexual harassment and generalized workplace abuse.* Sexual harassment was measured by a modified version of the Sexual Experiences Questionnaire.<sup>23</sup> This

questionnaire included 19 items that behaviorally depict 3 types of sexual harassment—gender harassment, unwanted sexual attention, and sexual coercion—each measured by 6 items. The first type, gender harassment, encompasses crude sexual comments or comments that demean the target's gender. Second, unwanted sexual attention comprises unwanted touching and repeated requests for dates. Third, sexual coercion involves demands for sexual favors that imply job-related consequences. An additional item assesses sexual assault.

Respondents rated each experience as occurring never, once, or more than once in their current job during the past year.  $\alpha$  levels were as follows: Sexual Experiences Questionnaire, .82 for females and males; gender harassment, .75 for females and .73 for males; unwanted sexual attention, .81 for females and .80 for males; sexual coercion, .81 for females and .83 for males.

Generalized workplace abuse was measured by a 29-item instrument developed from focus group transcripts.<sup>18</sup> The instrument assesses 5 dimensions of abuse: verbal aggression, disrespectful behavior, isolation/exclusion, threats/bribes, and physical aggression. Verbal aggression (9 items) consists of hostile verbal exchanges involving yelling or swearing. Disrespectful behavior (9 items) encompasses demeaning experiences such as being humiliated publicly or being talked down to. Isolation/exclusion (5 items) involves having one's work contributions ignored or being excluded from important work activities. Threats or bribes (3 items) encompass subtle or obvious bribes to do things deemed wrong or threats of retaliation for failing to do such things. Physical aggression (3 items) involves being hit, pushed, or grabbed.

Experiences were rated similarly to the Sexual Experiences Questionnaire ratings.  $\alpha$  levels were as follows: generalized workplace abuse, .92 for females and males; verbal aggression, .80 for females and males; disrespectful behavior, .80 for females and .81 for males; isolation/exclusion, .77 for females and .76 for males; threats/bribes, .45 for females and .44 for males; physical aggression, .39 for females and .63 for males.

With both instruments, experiences were scored positively only if they occurred more than once, with the exception of sexual coercion, sexual assault, and physical aggression (which were scored positively if they happened once, given their severity). Respondents were categorized as harassed or abused on the basis of these rules. It should be noted that the subscales are significantly intercorrelated, but they also appear to tap separate phenomena.<sup>24</sup>

*Mental health correlates.* Depressive symptomatology occurring during the past week was measured by 7 items from the Center for Epidemiological Studies Depression Scale (scale range, 0 to 21).<sup>25,26</sup>  $\alpha$  levels were .86 for females and .84 for males. Anxiety during the past week was measured by the 9-item tension-anxiety factor of the Profile of Mood States<sup>27</sup> (scale range, 0 to 36).  $\alpha$  levels were .82 for females and .80 for males. Hostility during the past week was measured by the 6-item hostility dimension of the Symptom Checklist 90 Revised<sup>28</sup> (scale range, 0 to 22).  $\alpha$  levels were .81 for females and .79 for males.

Alcohol consumption was assessed for (1) frequency ("During the last 30 days, about how many days did you drink any type of alcoholic beverage?") and (2) quantity ("When you drank any type of alcoholic beverage during the last 30 days, how many drinks did you usually have per day?"). Frequency of heavy episodic drinking and drinking to intoxication<sup>29</sup> were measured by asking 2 questions: (1) "During the last 12 months, how often did you have 6 or more drinks of wine, beer, or liquor in a single day?" and (2) "About how often in the last 12 months did you drink enough to feel drunk, that is, where drinking noticeably affected your thinking, talking, and behavior?" Responses were dichotomized into 0 vs 1+.

Escapist motives for drinking were assessed by 5 items tapping usual motives: to feel less tense, to escape, to cheer up, to forget things, and to forget worries (scale range, 5 to 20).<sup>30</sup>  $\alpha$  levels were .84 for females and .87 for males. Interpersonal stress motives were measured by 3 modified items<sup>31</sup>: to overcome feelings of inferiority, to get over being irritated or resentful, and to feel more confident in relating to others (scale range, 3 to 12).  $\alpha$  levels were .73 for females and .79 for males. Problem drinking was assessed by a past-year version of the Michigan Alcoholism Screening Test,<sup>32</sup> a 24-item instrument that screens for alcohol abuse or dependence. Since 4 or more points is suggestive of problem drinking, scores were dichotomized into 0–3 vs 4+. A drug inventory assessed past-year use of prescription drugs (tranquilizers, antidepressants, and sedatives), illicit drugs (marijuana/hashish, cocaine, heroin, and psychedelics), and cigarettes.

### Data Analysis

Sociodemographic characteristics of the sample are provided. Cross tabulations present the prevalence of sexual harassment and generalized workplace abuse, contrasting

male and female rates across occupational groups. These analyses reflect logistic regression results that showed significant interactions between occupation and gender in exposure to harassment and abuse. Ordinary least squares and logistic regression analyses demonstrate linkages between sexual harassment and generalized workplace abuse and mental health. Given the gender focus, results are presented separately for men and women.

To take into account unequal rates of sampling from the strata defined by sex and occupational group, estimated prevalences of sexual harassment and generalized workplace abuse within each sex were computed with weights equal to the proportion of the population in each stratum.<sup>33</sup> The weighted and unweighted estimates of prevalences were remarkably similar, generally differing by less than 1%. Similarly, weighted and unweighted standard errors exhibited very small differences. Thus, unweighted cases were used in subsequent analyses.

## Results

Table 1 shows that, while faculty and student workers encompassed approximately equal proportions of females and males, the clerical group was disproportionately female and the service group was disproportionately male. Student workers were disproportionately younger than other groups, as expected. Faculty were disproportionately White, while clerical and service workers were disproportionately Black and student workers were predominantly White or Asian. Most faculty and student workers had graduate or professional degrees, as expected, while most other workers were high school graduates.

**TABLE 1—Sociodemographic Characteristics (%) of the 4 Occupational Groups: Unidentified Urban University, 1996**

	Service (n = 295)	Clerical (n = 557)	Student Workers (n = 875)	Faculty (n = 765)	$\chi^2$	df
<b>Gender</b>						
Female	35.6	76.7	48.9	49.4	170.72*	3
Male	64.4	23.3	51.1	50.6		
<b>Age</b>						
≤30	11.5	17.1	54.1	3.7	917.96*	12
31–40	25.1	28.9	36.3	24.4		
41–50	29.2	28.2	6.2	31.9		
51–60	18.6	18.1	1.6	26.7		
61+	11.2	5.0	0.3	12.0		
<b>Race</b>						
White	21.4	25.7	52.1	80.0	1265.33*	15
Black	58.0	51.3	4.6	3.9		
Hispanic	13.9	14.5	5.1	3.0		
Asian/Pacific Islander	2.0	4.8	34.5	9.8		
American Indian	1.0	0.5	0.2	0.4		
Other/mixed	1.4	1.1	2.7	1.6		
<b>Education</b>						
Less than high school	8.8	0.5	0	0	2206.42*	9
High school graduate	74.9	71.5	0.3	0		
College graduate	12.2	22.1	23.0	0.8		
Graduate/ professional degree	3.1	4.7	76.7	98.7		

Note. Percentages may not add to 100 because of missing data.

\* $P < .001$ .

### Prevalence of Sexual Harassment and Generalized Workplace Abuse

Table 2 delineates the prevalence of sexual harassment and generalized workplace abuse among females and males across occupational groups. In the service and clerical groups, males experienced significantly higher rates of sexual harassment in general, and gender harassment in particular, while in the faculty group, females experienced significantly higher rates than

males. Because of the number of comparisons between occupational groups within genders, Bonferroni corrections were made so that group differences were considered significant only if  $P$  was less than .001. Male service and clerical groups experienced more sexual harassment overall, and gender harassment in particular, than the other male groups. For sexual and gender harassment, there were no significant group differences in prevalence of harassment for women.

**TABLE 2—Prevalence of Sexual Harassment (SH) and Generalized Workplace Abuse (GWA), by Gender Across Occupational Groups<sup>a</sup>: Unidentified Urban University, 1996**

Harassment Type	Service, % (n)		Clerical, % (n)		Student Workers, % (n)		Faculty, % (n)	
	Women	Men	Women	Men	Women	Men	Women	Men
Overall SH	27.2 (25)	45.6** (77)	30.7 (116)	46.0** (57)	31.1 (121)	27.1 (110)	40.4 (141)	28.8*** (103)
Gender harassment	28.9 (28)	46.6** (81)	28.6 (110)	41.6** (52)	28.9 (114)	25.3 (104)	39.5 (140)	26.2*** (95)
Unwanted attention	14.6 (14)	20.0 (35)	13.9 (54)	18.4 (23)	10.3 (41)	8.5 (35)	7.9 (28)	5.3 (19)
Sexual coercion	5.2 (5)	6.3 (11)	3.1 (12)	1.6 (2)	1.3 (5)	2.2 (9)	1.7 (6)	1.7 (6)
Sexual assault	1.0 (1)	0.6 (1)	0.5 (2)	0.0 (0)	0.2 (1)	0.0 (0)	0.0 (0)	0.0 (0)
Overall GWA	64.3 (54)	69.9 (114)	73.0 (260)	77.6 (90)	58.8 (221)	59.7 (243)	67.7 (214)	52.3*** (171)
Verbal aggression	51.6 (47)	56.1 (97)	56.8 (217)	58.5 (69)	44.3 (171)	49.2 (207)	53.0 (178)	39.3*** (133)
Disrespectful behavior	57.9 (55)	58.0 (101)	60.9 (237)	69.2 (83)	45.2 (184)	45.4 (194)	45.5 (160)	32.3*** (117)
Isolation/exclusion	41.9 (39)	48.6 (84)	46.4 (182)	51.2 (63)	26.1 (107)	29.0 (124)	45.7 (159)	32.9*** (117)
Threats/bribes	27.4 (26)	24.4 (44)	17.2 (70)	29.8** (36)	11.7 (48)	16.5* (71)	16.7 (60)	15.8 (58)
Physical aggression	11.3 (11)	13.0 (24)	5.3 (22)	8.0 (10)	2.4 (10)	3.7 (16)	1.6 (6)	1.3 (5)

<sup>a</sup>Percentage experiencing at least 1 item more than once, except for sexual coercion, sexual assault, and physical aggression, which need occur only once because of their severe nature.

\* $P < .05$ ; \*\* $P < .01$ ; \*\*\* $P < .001$  (2-tailed tests).

**TABLE 3—Harassment as a Predictor of 5 Mental Health Outcomes: Unstandardized Regression Coefficients (SEs) for Women and Men, Controlling for Race, Age, and Occupation**

Harassment Type	Depression		Anxiety		Hostility		Frequency of Drinking		Escapist Drinking Motives	
	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men
Overall SH	1.56*** (0.29)	0.77** (0.27)	2.00*** (0.44)	1.11* (0.42)	0.91*** (0.19)	0.64*** (0.20)	1.06* (0.42)	0.20 (0.58)	0.50** (0.19)	-0.21 (0.24)
Gender harassment	1.47*** (0.30)	0.85** (0.28)	1.78*** (0.45)	1.27** (0.43)	0.82*** (0.19)	0.68*** (0.20)	0.97* (0.43)	0.46 (0.59)	0.42* (0.19)	-0.11 (0.25)
Unwanted attention	1.13** (0.46)	0.77 (0.42)	1.55* (0.67)	1.05 (0.66)	0.91** (0.29)	0.61 (0.32)	1.79** (0.65)	0.65 (0.90)	0.41 (0.29)	0.30 (0.38)
Sexual coercion	2.84** (1.03)	0.79 (0.92)	3.21* (1.50)	-0.15 (1.24)	0.70 (0.64)	0.65 (0.60)	1.12 (1.50)	-0.53 (1.75)	0.50 (0.67)	-0.04 (0.73)
Overall GWA	1.60*** (0.29)	1.67*** (0.25)	2.17*** (0.44)	2.84*** (0.39)	1.02*** (0.19)	1.29*** (0.19)	1.17** (0.43)	0.92 (0.56)	0.26 (0.19)	0.20 (0.24)
Verbal aggression	1.40*** (0.28)	1.56*** (0.25)	2.07*** (0.41)	2.36*** (0.38)	1.00*** (0.18)	1.13*** (0.18)	0.95* (0.41)	0.78 (0.54)	0.32 (0.18)	0.39 (0.23)
Disrespectful behavior	1.83*** (0.28)	1.74*** (0.25)	2.51*** (0.41)	2.45*** (0.39)	0.95*** (0.18)	1.05*** (0.19)	0.74 (0.41)	0.74 (0.55)	0.35 (0.18)	0.02 (0.23)
Isolation/exclusion	1.53*** (0.29)	1.30*** (0.26)	2.46*** (0.43)	2.22*** (0.40)	1.09*** (0.18)	0.77*** (0.19)	1.16** (0.42)	0.25 (0.56)	0.23 (0.19)	0.12 (0.24)
Threats/bribes	1.06** (0.39)	1.37*** (0.33)	2.16*** (0.57)	2.15*** (0.50)	0.79** (0.25)	1.12*** (0.24)	0.23 (0.56)	2.00** (0.68)	0.14 (0.25)	0.46 (0.29)

Note. SH = sexual harassment; GWA = generalized workplace abuse. \*  $P < .05$ ; \*\*  $P < .01$ ; \*\*\*  $P < .001$  (2-tailed tests).

For generalized abuse, the major gender difference was that female faculty experienced higher rates of overall generalized workplace abuse, and of several of its sub-components, than did male faculty. Male clerical and student workers, however, experienced more threats and bribes than their female counterparts. Physical aggression was experienced most frequently by male and female service workers and, to a lesser extent, clerical workers. Contrasts in the differential prevalence of sexual harassment and generalized abuse show that, across occupational groups, both genders are far more likely to experience generalized abuse than sexual harassment. More than half of the respondents in each gender/occupational group reported experiencing some form of generalized abuse.

#### *Linkages Between Sexual Harassment and Generalized Workplace Abuse and Mental Health*

Table 3 shows linkages of harassment and abuse with depression, anxiety, hostility, frequency of drinking, and escapist drinking motives, and Table 4 shows their linkages with heavy episodic drinking, drinking to intoxication, prescription drug use, and cigarette use. To correct for multiple comparisons, emphasis is placed only on findings in which  $P$  is less than .01. Thus, since neither harassment nor abuse was significantly related to quantity of drinking, interpersonal stress motives, problem-related drinking, or illicit substance abuse for men or women at these  $P$  values, these results are not shown.

The relationships between harassment and abuse and each measure of symptomatic distress are highly significant and consistent for both genders. By contrast, the relationships with drinking outcomes and drug use are more variable. For women, (1) both harassment (in the form of unwanted attention) and abuse relate to frequency of drinking; (2) harassment relates to escapist drinking motives, drinking to intoxication, and prescription drug use; and (3) abuse relates to heavy episodic drinking. For men, (1) both harassment and abuse relate to heavy episodic drinking and prescription drug use; (2) harassment and abuse in the form of disrespectful behavior relate to drinking to intoxication; and (3) abuse in the form of threats or bribes relates to frequency of drinking.

#### **Discussion**

Men and women across occupational groups perceive substantial degrees of expo-

sure to both sexual harassment and generalized workplace abuse. While sexual harassment, but not generalized workplace abuse, is illegal in the United States, the data demonstrate that generalized abuse is experienced far more frequently and is associated with deleterious outcomes in victims. Since sexual harassment and generalized workplace abuse are intercorrelated, it is possible that generalized workplace abuse may include more subtle forms of sexual harassment. For intervention and prevention purposes, legal definitions of workplace harassment could usefully broaden the domain of relevant experiences to regulate more adequately mental welfare in the workplace, as in Scandinavian countries.<sup>19</sup>

The data highlight the public health significance of both sexual harassment and generalized workplace abuse, which are significantly associated with a diverse range of negative mental health outcomes. Moreover, these patterns hold for both men and women. Although the strength of associations between harassment and abuse on the one hand and mental health outcomes on the other ranges from small to substantial, and the number of comparisons made was large, there is an overall pattern of negative mental health outcomes. Moreover, interpersonal stressors in the workplace may have delayed effects on mental health. The range of outcomes encompassing distress and possible self-medication with alcohol and cigarettes suggests that harassment and abuse may create an emotional climate of self-soothing behaviors in victims that, over time, leads to serious psychopathology such as problem drinking in individuals who tend to self-medicate when distressed.

Despite the dominant social construction of sexual harassment as a form of female victimization, both genders were shown to be subject to sexual harassment (mainly gender harassment) as well as to generalized workplace abuse. Moreover, the data show an interaction between gender and occupational status in the differential exposure to sexual harassment and generalized abuse in the studied population. While men were shown to be more subject to sexual harassment than women in the 2 lower-status occupations, faculty women were more exposed than faculty men and no less exposed than women in the lower-status groups. Thus, women are at greatest risk of harassment and abuse in the high occupational group and men are at greatest risk in the low occupational groups. While gender and occupational status constituted the central foci here, other sources of powerlessness (sexual orientation, race, etc.) merit future attention. Moreover, power-linked

**TABLE 4—Harassment as a Predictor of Substance Use: Odds Ratios (ORs) and 95% Confidence Intervals (CIs) for Harassment of Women and Men, Adjusted for Race, Age, and Occupation**

Harassment Type		Heavy Episodic Drinking		Drinking to Intoxication		Prescription Drug Use		Cigarette Use	
		OR	CI	OR	CI	OR	CI	OR	CI
Overall SH	Women	1.10	0.80, 1.52	1.72***	1.26, 2.36	1.75**	1.17, 2.62	1.03	0.74, 1.44
	Men	1.43**	1.05, 1.97	1.83***	1.32, 2.53	1.35	0.85, 2.14	1.34	0.97, 1.84
Gender harassment	Women	1.09	0.79, 1.51	1.75***	1.27, 2.41	1.67*	1.11, 2.51	1.02	0.73, 1.44
	Men	1.50**	1.09, 2.06	2.00***	1.44, 2.79	1.18	0.74, 1.90	1.35	0.98, 1.87
Unwanted attention	Women	1.12	0.70, 1.79	1.49	0.93, 2.39	1.79	1.00, 3.21	0.87	0.52, 1.44
	Men	0.91	0.56, 1.48	1.92**	1.17, 3.15	2.75**	1.47, 5.12	1.68*	1.05, 2.68
Sexual coercion	Women	0.94	0.32, 2.71	1.56	0.52, 4.61	2.61	0.82, 8.32	1.33	0.49, 3.62
	Men	0.92	0.36, 2.36	1.21	0.49, 3.01	6.80***	2.70, 17.17	1.87	0.76, 4.61
Overall GWA	Women	0.96	0.69, 1.34	1.28	0.92, 1.78	1.32	0.86, 2.03	1.55**	1.09, 2.20
	Men	1.60***	1.17, 2.21	1.52*	1.10, 2.10	1.84**	1.15, 2.96	1.32	0.96, 1.83
Verbal aggression	Women	1.03	0.76, 1.41	1.20	0.88, 1.64	1.45	0.97, 2.17	1.35	0.98, 1.86
	Men	1.34	0.99, 1.81	1.36	1.00, 1.84	2.06**	1.31, 3.22	1.07	0.78, 1.45
Disrespectful behavior	Women	0.98	0.72, 1.34	1.22	0.89, 1.65	1.29	0.87, 1.92	1.53**	1.11, 2.10
	Men	1.68***	1.24, 2.28	1.52**	1.11, 2.08	1.47	0.94, 2.31	1.25	0.92, 1.71
Isolation/exclusion	Women	0.98	0.71, 1.34	1.29	0.94, 1.77	1.35	0.90, 2.03	1.55**	1.12, 2.14
	Men	1.45*	1.06, 1.99	1.20	0.87, 1.65	1.17	0.74, 1.83	1.14	0.83, 1.57
Threats/bribes	Women	0.90	0.59, 1.38	0.80	0.52, 1.23	1.08	0.63, 1.86	0.99	0.64, 1.53
	Men	1.11	0.76, 1.62	1.01	0.68, 1.49	1.45	0.84, 2.50	1.09	0.74, 1.61

Note. SH = sexual harassment; GWA = generalized workplace abuse. \* $P < .05$ ; \*\* $P < .01$ ; \*\*\* $P < .001$ .

social statuses overlap, such as in the predominantly White composition of the faculty and the predominantly Black composition of the clerical and service workers. Finally, variability in powerlessness may exist within occupational groups (e.g., female faculty are generally in lower ranks than male faculty).

This study involved one particular workplace setting, an ethnically diverse urban American university, and readers should be cautioned about making generalizations to other organizations and environments. While the gender and race composition of the sample generally corresponds to that of the occupational strata of the total population, the maintenance and service group as a whole was the most underrepresented. Moreover, the extent to which personal experiences with harassment and abuse affected willingness to participate in the study is unknown. Future replications of this study, encompassing other organizational settings and understudied groups, are needed to address the extent to which the prevalence and consequences of sexual harassment and generalized workplace abuse are generalizable to the broader labor force.

The data presented here were cross-sectional in nature. It is uncertain to what extent harassment and abuse predict deleterious mental health outcomes or to what extent individuals with mental health problems are differentially prone to evoke problematic workplace interactions. Alternatively, individuals with mental health problems may differentially perceive interactions as harassing or abusive. The validity of various causal infer-

ences will be addressed in future longitudinal research on this cohort. □

### Contributors

J. A. Richman conceptualized the study and wrote most of the paper. K. M. Rospenda directed and participated in data analysis, assisted in instrument development, and contributed to the writing of the paper. S. J. Nawyn assisted in instrument development, analyzed the data, and contributed to the writing of the paper. J. A. Flaherty collaborated in the study conceptualization and contributed to the interpretation of findings and writing of the paper. M. Fendrich assisted with study design, data analysis decisions, and interpretation of findings. M. L. Drum provided statistical expertise, data analysis and interpretation and contributed to the writing of the paper. T. P. Johnson provided sampling and survey methodology expertise and contributed to the writing of the paper. All 7 authors are guarantors for the integrity of the research.

### Acknowledgments

Work on this paper was supported by grant R01AA09989 from the National Institute of Alcohol Abuse and Alcoholism and grant R24MH54212 from the National Institute of Mental Health.

### References

- Gutek BA. *Sex and the Workplace*. San Francisco, Calif: Jossey-Bass; 1985.
- Fitzgerald LF, Shullman SL, Bailey N, et al. The incidence and dimensions of sexual harassment in academia and the workplace. *J Vocational Behav*. 1988;32:152-175.
- Richman JA, Flaherty JA, Rospenda KM, Christensen M. Mental health consequences and correlates of medical student abuse. *JAMA*. 1992;267:692-694.
- Koss MP, Goodman LA, Browne A, Fitzgerald LF, Keita GP, Russo NF. *No Safe Haven: Male Violence Against Women at Home, at Work, and in the Community*. Washington, DC: American Psychological Association; 1994.
- Sexual Harassment of Federal Workers: Is It a Problem?* Washington, DC: US Merit Systems Protection Board; 1981.
- Fitzgerald LF, Drasgow F, Hulin CL, Gelfand MJ, Magley VJ. Antecedents and consequences of sexual harassment in organizations: a test of an integrated model. *J Appl Psychol*. 1997; 82:578-589.
- Schneider KT, Swan S, Fitzgerald LF. Job-related and psychological effects of sexual harassment in the workplace: empirical evidence from two organizations. *J Appl Psychol*. 1997;82:401-415.
- Kohn ML, Schooler C. *Work and Personality: An Inquiry Into the Impact of Social Stratification*. Norwood, NJ: Ablex Publishing Corporation; 1983.
- Karasek R, Theorell T. *Healthy Work: Stress, Productivity and the Reconstruction of Working Life*. New York, NY: Basic Books; 1990.
- Romanov K, Appelberg K, Honkasalo M, Koskenvuo M. Recent interpersonal conflict at work and psychiatric morbidity: a prospective study of 15,530 employees aged 24-64. *J Psychosom Res*. 1996;40:169-176.
- Equal Employment Opportunity Commission (1980) (codified at 29 CFR §1604.11).
- Benson DJ, Thomson GE. Sexual harassment on a university campus: the confluence of authority relations, sexual interest and gender stratification. *Soc Problems*. 1982;29:236-251.
- Richman JA, Flaherty JA, Rospenda KM. Perceived workplace harassment experiences and problem drinking among physicians: broadening the stress/alienation paradigm. *Addiction*. 1996;91:391-403.
- Vaux A. Paradigmatic assumptions in sexual harassment research: being guided without being misled. *J Vocational Behav*. 1993;42: 116-135.

15. Williams C. Sexual harassment in organizations: a critique of current research and policy. *Sexuality Cult.* 1997;1:19-43.
16. Berdahl JL, Magley VJ, Waldo CR. The sexual harassment of men? Exploring the concept with theory and data. *Psychol Women Q.* 1996;20:527-547.
17. Miller LL. Not just weapons of the weak: gender harassment as a form of protest for Army men. *Soc Psychol Q.* 1997;60:32-51.
18. Rospenda KM, Richman JA, Nawyn SJ. Doing power: the confluence of gender, race, and class in contrapower sexual harassment. *Gender Soc.* 1998;12:40-60.
19. Björkqvist K, Österman K, Hjelt-Bäck M. Aggression among university employees. *Aggressive Behav.* 1994;20:173-184.
20. Mirowsky J, Ross CE. *Social Causes of Psychological Distress.* New York, NY: Aldine de Gruyter; 1989.
21. Dillman DA. *Mail and Telephone Surveys: The Total Design Method.* New York, NY: John Wiley and Sons; 1978.
22. Sudman S, Bradburn N. Improving mailed questionnaire design. In: Lockhart DC, ed. *Making Effective Use of Mailed Questionnaires.* San Francisco, Calif: Jossey-Bass; 1984:33-47.
23. Fitzgerald LF. Sexual harassment: the definition and measurement of a construct. In: Paludi MA, ed. *Ivory Power: Sexual Harassment on Campus.* Albany: State University of New York Press; 1990:21-44.
24. Gelfand MJ, Fitzgerald LF, Drasgow R. The structure of sexual harassment: a confirmatory analysis across cultures and settings. *J Vocational Behav.* 1995;47:164-177.
25. Mirowsky J, Ross CE. Control or defense? Depression and the sense of control over good and bad outcomes. *J Health Soc Behav.* 1990; 31:71-86.
26. Radloff LS. The CES-D Scale: a self-report depression scale for research in the general population. *Appl Psychol Meas.* 1977;1: 385-401.
27. McNair DM, Lorr M, Droppleman L. *Profile of Mood States.* San Diego, Calif: Educational and Industrial Testing Service; 1981.
28. Derogatis LR. *SCL-90-R.* Baltimore, Md: Clinical Psychometric Research; 1975.
29. Wilsnack SC, Klassen AD, Schur BE, Wilsnack RW. Predicting onset and chronicity of women's problem drinking: a five-year longitudinal analysis. *Am J Public Health.* 1991; 81:305-318.
30. Temple M. Trends in collegiate drinking in California, 1979-1984. *J Stud Alcohol.* 1986; 47:274-282.
31. Wanberg KW, Horn JL, Foster FM. A differential assessment model for alcoholism: the scales of the Alcohol Use Inventory. *J Stud Alcohol.* 1977;38:512-543.
32. Selzer ML. The Michigan Alcoholism Screening Test: the quest for a new diagnostic instrument. *Am J Psychiatry.* 1971;121: 1653-1658.
33. Levy PS, Lemeshow S. *Sampling of Populations: Methods and Applications.* New York, NY: John Wiley and Sons; 1991.

## Managed Care in American Indian and Alaska Native Communities

**Mim Dixon**

This book will help American Indian and Alaska Native peoples understand managed care and the opportunities and challenges presented to their communities, as well as help health care professionals in managed care better understand their perspectives and goals. The examples discussed are in the context of Indian health care systems, but they will provide insight not only for those working inside this community, but also in other minority health systems.

**1998 • softcover • 195 pages • Stock no. 0-87553-238-1/INAD99**

\$7.00 APHA members\* • \$10.00 Nonmembers  
(add shipping and handling costs to all orders)

\*APHA members may purchase up to 2 copies at this price



**American Public Health Association Publications Sales**  
PO Box 753  
Waldorf, MD 20604-0753.  
Voice: (301) 893-1894; Fax: (301) 843-0159  
E-mail: TASC01@APHA.ORG; Web: www.apha.org