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de Haas, Stans; Hoing, Mechtild; Timmerman, M. C.

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Sexual Harassment and Health Among Male and Female Police Officers

Stans de Haas
Rutgers Nisso Group, Utrecht, the Netherlands

Greetje Timmerman
University of Groningen

Mechtild Höing
Rutgers Nisso Group, Utrecht, the Netherlands

The aims of this study were to investigate whether sexual harassment is related to mental and physical health of both men and women, and to explore the possible moderating effects of gender on the relation between sexual harassment and health. In addition, we investigated whether women were more often bothered by sexual harassment than men, and whether victims who report being bothered by the harassment experience more health problems compared to victims who did not feel bothered. A representative sample of 3,001 policemen and 1,295 policewomen in the Dutch police force filled out an Internet questionnaire. It appeared that women were more often bothered by sexual harassment than men, but gender did not moderate the relation between sexual harassment and mental and physical health. In addition, victims who felt bothered by the harassing behaviors reported more mental and physical health problems than victims who did not feel bothered. The distinction between bothered and nonbothered victims is important because appraisal is an essential aspect in the operationalization of sexual harassment.

Keywords: sexual harassment, gender, police, health

Sexual harassment occurs frequently in many organizations (Fitzgerald, Drasgow, Hulin, Gelfand, & Magley, 1997). Due to methodological and organizational differences, prevalence rates differ across studies (Timmerman & Bajema, 1999; Willness, Steele, & Lee, 2007). In the U.S. federal workplace, 44% of women and 19% of men were confronted with sexual harassment in a 2-year period (U.S. Merit Systems

Protection Board, 1995). In workplaces in the European Union, approximately 33% to 50% of women and 10% of men experienced sexual harassment (European Commission, 1999). A survey study among serving policewomen from 35 countries revealed that 77% experienced sexual harassment from colleagues (Brown & Heidensohn, 2000).

Sexual harassment can be defined as improper behavior that has a sexual dimension (O'Donohue, Downs, & Yeater, 1998). A frequently used psychological definition was formulated by Fitzgerald, Swan, and Magley (1997) as "unwanted sex-related behavior at work that is appraised by the recipient as offensive, exceeding her resources or threatening well-being" (p. 15). Three forms of sexual harassment can be distinguished: gender harassment (nonsexual gender-based experiences, such as sexist comments), unwanted sexual attention (uninvited sex-based comments, gestures, or attempts at physical contact), and sexual coercion (work-related intimidation or rewards used to induce sexual cooperation; Fitzgerald, Gelfand, & Drasgow, 1995; Fitzgerald et al., 1988).

We find it interesting that women are generally more bothered by sexual harassment than men (Berdahl, Magley, & Waldo, 1996). This suggests that men and women appraise sexual harassment differently. Does this mean that sexual harassment is more

Stans de Haas and Mechtild Höing, Rutgers Nisso Group, Utrecht, the Netherlands; Greetje Timmerman, Behavioral and Social Sciences, Gender Studies, University of Groningen.

The data reported were gathered by the Rutgers Nisso Group, the Dutch Expert Centre on Sexuality, as part of a larger study, which was commissioned by the Dutch Police Union (NPB) and financed by the Grant Committee Labor Market and Educations Police (SAOP). During the research process the researchers (S. De Haas, M. Zaagsma, M. Höing, W. Van Berlo, and I. Vanwesenbeeck) were advised by a committee with representatives of the NPB (H. Van Duijn and J. Van de Putte) and the SAOP (A. Hooijenga), as well as the Police Labor Union ACP (G. Van de Kamp and W. Van der Pal), the Ministry of the Interior and Kingdom Relations (S. Broek, G. Hovius, and M. Marsman) and the Dutch Police Institute (F. Diepenbach). Data were gathered with support of the chiefs of the 26 Dutch police corps.

Correspondence concerning this article should be addressed to Rutgers Nisso Group, Stans de Haas, P.O. Box 9022, 3506 GA, Utrecht, the Netherlands. E-mail: s.dehaas@rng.nl

detrimental to mental and physical health of women than of men? In previous research, the link between health and sexual harassment has been shown (Sbraga & O'Donohue, 2000), but studies investigating gender differences are inconsistent. Including victims' appraisal in the measurement of sexual harassment may shed more light on the variation in health consequences between individuals (De Visser, Rissel, Richters, & Smith, 2007).

In previous research on the relation between sexual harassment and health, appraisal was not taken into account. To fill this gap, we assessed victims' appraisal of sexual harassment, by asking victims whether they felt bothered by the harassment. By directly asking whether victims felt bothered, we were able to evaluate victims' subjective evaluation of their experiences. So we assessed both actual experiences and the appraisal of these experiences, which to our knowledge has not been done in previous research. By including appraisal in the operationalization of sexual harassment, we were able to distinguish nonharassed men and women, and harassed men and women, who reported that they did not feel bothered and men and women who reported that they did feel bothered by the harassment. This distinction is important because victims' appraisal is an essential aspect in Fitzgerald et al.'s (1997) definition of sexual harassment. Also, at the workplace appraisal is used as indicated to decide whether behavior is sexually harassing. For example, a qualitative study in the Dutch army revealed that male and female army personnel perceived potential harassing behavior as harassing when the victim feels bothered by it (Commissie Onderzoek Ongewenst Gedrag binnen de Krijgsmacht, 2006).

The Relation of Sexual Harassment With Health

In 2000, Sbraga and O'Donohue reviewed the state of sexual harassment theory, research, and treatment. They found that sexual harassment is a potential hazard in many areas of a victim's life. In the present study, we focused on mental and physical health problems. It appeared that victims reported mental health problems such as anxiety, depression, irritability, anger, and uncontrolled crying. Possible physical health consequences were weight loss, fatigue, and dental and gastrointestinal problems. In addition, the link between mental and physical health and sexual harassment was also found in recent meta-analyses (Cantisano, Domínguez, & Depolo, 2008; Willness, Steel, & Lee, 2007).

The negative consequences of experiencing sexual harassment may be enduring over time. For example, lifetime risk for posttraumatic stress disorder (PTSD) was higher for female victims of sexual harassment compared to nonvictims (Dansky & Kilpatrick, 1997). Munson, Hulin, and Drasgow (2000) showed that women who were sexually harassed reported reduced life satisfaction 2 years later.

Gender Differences?

Thus, it is clear that sexual harassment is negatively related to mental and physical health, but is this relation equally strong for men and women? In a sample of federal employees, no differences were found between men and women regarding their psychological or emotional well being (Thacker & Gohmann, 1996). In a military sample, the same result was found: Mental and physical health of men and women was equally affected by harassing experiences (Magley, Waldo, Drasgow, & Fitzgerald, 1999). This finding was replicated by Bergman and Henning (2008), who suggested that this speaks to the universality of the stress response; different individuals will respond similar to stressors of a given strength (Seyle, 1973, 1976).

Although the aforementioned studies did not reveal gender differences, some researchers did find differences between men and women. In a sample of university personnel, sexual harassment was found to be related to serious illness, injury, or assault, especially for men compared to women. However, the overall risk for work-related illness and injury was also higher for men than for women, due to the men's job duties. It is possible that the relation between sexual harassment and health was an artifact of occupation-related risk factors for illness and injury (Rospenda, Richman, Ehmke, & Zlatoper, 2005). On the other hand, women might perceive sexual harassment as an occupational hazard that is accepted and cannot be avoided (Thacker, 1992). Women might simply "live with it," whereas sexual harassment is unexpected for men, which may result in more negative consequences for men.

In another study with a sample of university employees, it was found that sexual harassment is related to mental health problems such as depression, anxiety, hostility, and alcohol consumption for both men and women (Richman et al., 1999). Although gender differences were not tested in this study, differences in regression coefficients indicate that women were more affected than men. Also, in the United Kingdom, harassing behaviors in police

organizations had different consequences for men and women. More specifically, women who experienced gender harassment, such as suggestive stories or jokes, name calling, or negative comments, had more mental health problems compared to women who did not experience this form of harassment. For men, gender harassment was not related to mental health problems (Parker & Griffin, 2002). Women may be more affected by sexual harassment than men because women generally experience more serious forms of sexual harassment and they experience it more frequently compared to men (Fitzgerald et al., 1988). In addition, in male-dominated workplaces female employees can be tokens. Tokenism would occur when there are many more male than female employees (Kanter, 1977). It could be that sexual harassment raises more stress for a token compared to a nontoken because of the former's visible vulnerable status (Bergman, & Drasgow, 2003).

In sum, research on the question of whether sexual harassment forms an equal threat to mental and physical health of men and women shows inconsistent results. Theoretically, three different effects of gender are possible. First, women and men could be equally affected because different individuals may respond similar to stressors of a given strength (Seyle, 1973, 1976). Second, men could be affected more than women because women might perceive sexual harassment as an occupational hazard that is expected and as a result simply live with it, whereas sexual harassment is unexpected for men, which results in more negative consequences for men. Third, women could be more affected, due to their limited amount of societal power (Berdahl et al., 1996) and their visible vulnerable status (Bergman & Drasgow, 2003).

Victims' Appraisal and Sexual Harassment

Whereas inconsistent results were found for men and women regarding the relation between sexual harassment and health, male and female victims do seem to appraise sexual harassment differently. A study by Gutek (1985) among a representative sample of working men and women in Los Angeles County, California showed that at the workplace men often evaluate female expressions of sexuality as trivial or funny, whereas for women, male encounters raise feelings of anger and disgust. So, men are often flattered by advances made by women (Levy & Paludi, 1997). In addition, when asked how much anxiety respondents would experience if they were confronted with different types of sexual harassment,

for all forms of sexual harassment women reported that they would experience more anxiety than men (Berdahl et al., 1996). So women seem to be more bothered by sexual harassment than men.

To explain variation in health consequences of sexual harassment, victims' appraisal of their experiences has not been considered in previous empirical research. However, it has been proposed that victims' mental health depends on their sense making of the harassing behavior (O'Leary-Kelly, Paetzold, & Griffin, 2000). This suggests that both actual experiences and victims' appraisal of these experiences are important elements of sexual harassment.

The Present Study

In the present study, we investigated whether the relation between sexual harassment and mental and physical health is the same for men and women. We add to the sexual harassment literature, by asking victims whether they felt bothered by their experiences. Including victims' appraisal in the measurement of sexual harassment is important because it could shed more light on the variation in health consequences between individuals (De Visser et al., 2007) and because appraisal is an essential aspect in the operationalization of sexual harassment.

As the effect of sexual harassment may be very powerful and therefore may affect all victims (Bergman & Drasgow, 2003), we hypothesized the following with regard to gender:

Hypothesis 1: Sexual harassment is negatively related to the mental and physical health of both men and women. As previous research revealed inconsistent findings regarding gender differences, we did not hypothesize that the relation with health is stronger for women or for men. Rather, we explored the possible moderating effects of gender on the relation between sexual harassment and health.

Because women seem to appraise sexual harassment more negatively than men, we hypothesize the following with regard to victims' appraisal:

Hypothesis 2: Women often feel more bothered by sexual harassment than men.

Because it has been proposed that victims' mental health depends on their sensemaking of the harassing behavior (O'Leary-Kelly et al., 2000), we formulated the following hypothesis regarding the two victim

groups: those who feel bothered and those who do not.

Hypothesis 3: Victims who report that they feel bothered by harassment experience more health problems compared to victims who do not feel bothered.

Data were collected with an Internet survey. As sexual harassment occurs frequently in male-dominated organizations (Sbraga & O'Donohue, 2000), we studied the link between health and sexual harassment in the Dutch police force, which is a preeminently male-dominated organization.

Method

Participants

In the sample, 3,001 policemen and 1,295 police-women were included. The sample was representative for gender, age, and job status. For these variables, the sample was similar to the population. All 25 Dutch regional police divisions and the Corps National Police Services were represented in the sample. Although most survey studies in the Netherlands reach a response rate of 25%, the response rate of our sample was 15%. Low response rate was possibly due to questionnaire overload and technical problems with getting started with the Internet questionnaire. Six percent of both the policemen and women were of foreign descent, such as Surinamese, Turkish, or Moroccan. The average age was 45 years for men ($SD = 9.72$) and 39 years for women ($SD = 9.40$). Eighty-three percent of the men worked as executives, and 22% were part of the managerial staff. For women, these percentages were 51% and 8%, respectively.

Procedure

The study was part of a project on sexual harassment, bullying, and diversity in the Dutch police force. On behalf of a police labor union, the Rutgers Nisso Group, Dutch Expert Centre on Sexuality sent out an introductory letter among a representative group of police officers at their home addresses. Respondents were invited to anonymously fill out an Internet questionnaire either at home or at work. The questionnaire was placed on the Internet by the Dutch police academy. As an incentive, one out of every hundred respondents received a book token of €25.

After 4 weeks, all respondents received a written reminder of the request to fill out the questionnaire.

Measurements

To rule out the possible association of age, social support, and workload with mental and physical health, we included these job and demographic characteristics as control variables. Obviously, health decreases with age. The risk for mental and physical health problems is relatively smaller for those who receive social support (Stansfeld, Fuhrer, Head, Ferrie, & Shipley, 1997; Uchino, 2004). Health is also affected by workload, albeit to a limited extent (Stephens et al., 1998). As sexual harassment is closely related to power issues, rank is also often included as a predictor or a control variable, especially in studies using army samples (e.g., Bergman & Henning, 2008), where hierarchy is part of daily work and communication. In the Dutch police force, this is not the case. Of course, hierarchy is present, but the boundaries between organizational layers are not as clear as in the army. Therefore rank was not assessed through the questionnaire. Besides questions relating to demographic and job aspects, the questionnaire included successive instruments measuring social support, workload, burnout (as an indicator of mental health), sexual harassment, and physical health.

Sexual Harassment

The Dutch adaptation of the Sexual Experience Questionnaire (SEQ; Fitzgerald et al., 1988; 1995) was used to measure sexual harassment. The translation from English into Dutch made some minor changes in formulation necessary. Three items measuring gender harassment were deleted, because gender harassment may not be suitable to measure sexual harassment of men (Magley et al., 1999). These items were replaced by others that were found to be applicable to the police context in previous research (Sandfort & Vanwesenbeeck, 2000). The Dutch version presents 18 sexual harassing behaviors and asks respondents to indicate frequency of experiencing these personally from superiors or coworkers during the previous 24 months. Scores were based on a 5-point scale ranging from 1 (*never*), 2 (*a few times*), 3 (*several times*), 4 (*regularly*), to 5 (*many times*). In addition, when a given behavior was experienced at least a few times, respondents were asked to indicate the extent to which they felt bothered by this particular incident on a 5-point scale ranging from 1 (*not at all*) to 5 (*extremely*).

Factor analyses on our data revealed two factors. The first, Unwanted Sexual Attention and Advances, consists of 12 items referring to forms of verbal and behavioral harassment (Cronbach's $\alpha = .83$). The second, Sexual Coercion, consists of six items referring to resistance, promises or retaliation (Cronbach's $\alpha = .69$). The two-factor structure was inconsistent with the three-factor structure that was found with the revision of the SEQ of 1995 (Fitzgerald et al., 1995). The fact that we replaced the three gender harassment items by three other items measuring unwanted sexual attention and advances may explain this inconsistency. Because everybody who experienced sexual coercion also experienced unwanted sexual attention and advances, the two scales were combined in one measure for sexual harassment. In addition, as we asked for the frequency of experiencing sexual harassment and the extent to which victims felt bothered two sexual harassment scales could be constructed: Experience of Sexual Harassment (ESH, $\alpha = .87$) and Bothered by Sexual Harassment (BSH, $\alpha = .89$).

The SEQ was originally designed to measure sexual harassment of women. Differential test function for men and women was investigated for the Department of Defense version of the SEQ (SEQ-DoD), which is similar to the original version of the SEQ. It appeared that the SEQ-DoD functioned equivalently across men and women when four items were removed (Donovan & Drasgow, 1999). By removing three items measuring gender harassment, we had removed three out of four items. One item was retained ("Stared, leered, or ogled you in a way that made you feel uncomfortable"). In our sample, 48% of the men who were confronted with this form of sexual harassment felt bothered. Therefore, we consider it a relevant item and the item was not removed.

Social Support

Social support was measured using the Perceptions of Social Support List (Van Sonderen, 1991). This list encompasses two items for Support in Daily Situations (e.g., "Do you feel valued at your work?"; $\alpha = .71$), four items for Support in Problematic Situations (e.g., "Can you count on your colleagues?"; $\alpha = .81$), and four items for Social Isolation (e.g., "Do you feel you are being left alone at work?"; $\alpha = .87$). All items were measured on a 4-point scale ranging from 1 (*not at all*) to 4 (*very much*). Mean scores were used in the analyses.

Workload

Workload was measured with one item: "According to you, is the workload in your work unit generally too high or too low?" with a 5-point scale ranging from 1 (*far too low*) to 5 (*far too high*). Research by Wanous, Reichers, and Hudy (1997) showed that single-item job satisfaction scales have adequate reliability, which might imply that our single-item measure of workload also has sufficient reliability.

Burnout

Burnout was assessed using a short version of the Dutch translation of the Maslach Burnout Inventory (MLB-NL; Schaufeli & Van Dierendonck, 1991). As in the original scale, three subscales were distinguished: Emotional Exhaustion (five items, e.g., "I feel empty at the end of a working day"; $\alpha = .90$), Depersonalization (four items, e.g., "I have become cynical about the effects of my work"; $\alpha = .83$) and Personal Competence (six items, e.g., "I have achieved many worthwhile things in this job"; $\alpha = .77$). Answers were given on a 7-point scale ranging from 1 (*never*) to 7 (*almost always*). Mean scores were used in the analyses. For Personal Competence reversed items were used. As a result, the scale Personal Competence became Diminished Personal Competence.

Physical Health Problems

Four items with a 5-point scale ranging from 1 (*never*) to 5 (*always*) were used to assess physical health problems. The items related to one's general condition ("Are you generally in good health?"), the use of tranquillizers or other medicines ("Do you use tranquillizers or other medicines?"), and two clusters of specific physical complaints (e.g., "How often do you suffer from loss of appetite, insomnia, or fatigue?"). Cronbach's alpha was .75. After reversing the item measuring one's general condition, we used the mean scores on the four items in the analyses. A low score corresponds with good physical health; a high score refers to poor physical health.

Before analyzing the data, we checked whether monomethod bias was present. It has been suggested that common method variance usually does not account for a large amount of variance (Spector, 2006). However, as negative affectivity is related to several work and psychological outcomes (Buchanan & Fitzgerald, 2008) this trait could have inflated relations between sexual harassment and the outcome

variables. To assess whether this form of common method bias was present, we conducted exploratory factor analysis of all variables. If common method variance was present, the first factor should account for a substantial amount of the variance, more than 50% according to Podsakoff and Organ (1986). It appeared that the first factor explained 24.67%. The 50% threshold was reached when seven factors were included, which implies that monomethod bias was not present.

Results

Descriptive Statistics

Of the 1,295 women, 468 did not experience sexual harassment, 410 women did experience harassment but reported that they were not bothered, and 406 women did experience harassment and were bothered. Among the 3,001 men, these figures were 1,548, 1,037 and 397, respectively. For 11 women and for 19 men, scores on sexual harassment were missing.

Sixty-four percent of the women experienced one or more forms of sexual harassment at least once. Among men, this was significantly lower (48%), $\chi^2(1) = 86.10, p < .01$. In addition, female victims also experience sexual harassment more frequently compared to male victims, $t(4264) = 12.12, p < .01$. The most common types of harassment reported by women were offensive remarks about their body or appearance, and crude and offensive sexual remarks made either publicly or privately. Men who experienced sexual harassment were mostly confronted with offensive remarks about their body or appearance, and with suggestive or sexualized materials. In general, more women than men experience sexual harassment. This applies to all forms of sexual harassment, with the exception of the confrontation of suggestive or sexualized materials. Men were more often confronted with such materials than women, $\chi^2(1) = 35.44, p < .01$, but more women than men felt bothered by the confrontation of suggestive or sexualized materials, $\chi^2(1) = 46.39, p < .01$.

Table 1 shows Pearson's correlations between experience of sexual harassment, bothered by sexual harassment, social support, workload, burnout, and physical health problems for both men and women. Also, means and standard deviations for all variables are presented in Table 1. All correlation coefficients differ significantly from zero, except for some of the coefficients for workload. The significant correlation between experience of sexual harassment and

Table 1
Means, Standard Deviations for All Variables, and Pearson's Correlations Between the Independent, Dependent, and Control Variables

Variable	Men			Women		
	M	SD		M	SD	
1. Experience of sexual harassment ^a						
2. Bothered by sexual harassment ^a	.48**			.48**		
3. Support in daily situations	-.12**	.16**		-.12**	.16**	
4. Social isolation	-.18**	.21**		-.18**	.21**	
5. Support in problematic situations	.21**	.23**		.21**	.23**	
6. Workload	.07**	.06		.07**	.06	
7. Emotional exhaustion	.17**	.24**		.17**	.24**	
8. Depersonalization	.17**	.14**		.17**	.14**	
9. Personal competence	-.07**	.12**		-.07**	.12**	
10. Physical health problems	.13**	.20**		.13**	.20**	
			1			1
			2			2
			3			3
			4			4
			5			5
			6			6
			7			7
			8			8
			9			9
			10			10

Note. Values below the diagonal represent correlations for women.

^aFor both sexual harassment scales total sum scores for all 18 items are used to calculate Pearson's correlations. Women and men who did not experience sexual harassment have missing values on the bothered by sexual harassment scale.

* $p < .05$. ** $p < .01$.

bothered by sexual harassment indicates that victims feel more bothered as the frequency of harassment increases.

Sexual Harassment and Health

The first aim of this study was to investigate whether sexual harassment is positively related to burnout and physical health problems of both men and women, and to explore the possible moderating effects of gender on the relation between sexual harassment and health. Second, we wanted to test whether women feel more often bothered by sexual harassment than men and whether victims who report that they feel bothered by harassment experience more health problems compared to victims, who do not feel bothered.

Because we view the appraisal of sexual harassment as an essential part of the definition of sexual harassment, we combined the two scales (Experience of Sexual Harassment and Bothered by Sexual Harassment) in one variable with three categories. The first category refers to police officers who did not experience sexual harassment, the second category to officers who experienced sexual harassment, but did not feel bothered by it, and the third category refers to respondents who experienced sexual harassment and did feel bothered. By categorizing sexual harassment, the frequency of experiencing sexual harassment has been left out of consideration. It appeared that most participants experienced either no sexual harassment or experienced it a few times. As such this variable was highly skewed and a categorical variable reflects the data better than a continuous variable.

We used a chi-square test to examine whether women felt more often bothered by sexual harassment than men. To test the relation between sexual harassment and health, we used analyses of variance. To control for capitalization of chance we first conducted a multivariate analysis of variance (MANCOVA). Next, main and interaction effects were tested with analyses of covariances (ANCOVAs), controlling for age, social support, and workload. Subsequently, the three groups were compared using Helmert contrast: police officers who had not been harassed (NSH), those who experienced sexual harassment but did not feel bothered by it (ESH), and police officers who were sexually harassed and felt bothered by it (BSH). The ESH and the BSH group were both compared with the NSH group. Finally, it was tested whether the BSH group had more mental and physical health problems than the ESH group.

It appeared that 32% of the women and 13% of the men reported that they felt bothered by the sexually harassing experiences. Among the women who experienced sexual harassment, half of them felt bothered by it, whereas significantly fewer male victims (28%) felt bothered by the harassment, $\chi^2(1) = 110.73, p < .01$.

Average burnout and physical health scores are presented in Table 2. Scores were lowest for police officers who did not experience sexual harassment and highest for officers who did experience sexual harassment and felt bothered by it. It appeared that, after controlling for lack of social support, social isolation, workload, and age, there was a multivariate effect of sexual harassment on burnout and physical health, $F(8, 8418) = 9.77, p < .01$, regardless of

Table 2
Mean Nonadjusted Burnout and Physical Health Scores and Standard Deviations and Estimated Differences Between Nonvictims and Victims of Sexual Harassment

Variable	NSH, <i>M</i> (<i>SD</i>)	ESH, <i>M</i> (<i>SD</i>)	BSH, <i>M</i> (<i>SD</i>)	NSH vs. ESH and BSH	
					ESH vs. BSH
Burnout					
Emotional exhaustion	2.23 (0.91)	2.35 (0.96)	2.69 (1.09)	-0.18**	-0.19**
Depersonalization	2.27 (1.06)	2.44 (1.07)	2.70 (1.19)	-0.15**	-0.04
Diminished personal competence ^a	2.83 (0.86)	2.85 (0.82)	3.10 (0.91)	-0.02	-0.07
Physical health problems					
	1.79 (0.60)	1.87 (0.59)	2.13 (0.68)	-0.14**	-0.16**

Note. NSH = no experience of sexual harassment; ESH = experience of sexual harassment, but not bothered; BSH = experience of and bothered by sexual harassment.

^a We provide complete overview contrasts for diminished personal competence; because the univariate effects for these variables were not significant, the contrasts for these variables are not interpreted.

** $p < .01$.

gender, $F(8, 8418) = 0.72, p = .67$. The univariate effect of harassment on diminished personal competence, $F(2, 4212) = 2.22, p = .11$, was not significant. However, sexual harassment had a significant effect on physical health problems, $F(2, 4212) = 37.32, p < .01$, emotional exhaustion, $F(2, 4212) = 27.02, p < .01$, and depersonalization, $F(2, 4212) = 110.72, p < .01$.

To investigate the differences between nonvictims, nonbothered victims and bothered victims, these three groups were compared using Helmert contrast (see Table 2). Contrast tests for physical health problems, emotional exhaustion, and depersonalization revealed that police officers who experienced sexual harassment and felt bothered by the experience had more physical and burnout complaints compared to nonvictims. Victims who did not feel bothered also had more physical and burnout complaints compared to nonvictims. In addition, victims who felt bothered reported more emotional exhaustion and more physical health problems compared to victims who did not feel bothered. For depersonalization, there was no significant difference between the ESH and BSH group.

For both men and women, there was a relation between sexual harassment and all health variables except for diminished personal competence. Both male and female victims had relatively low mental and physical health scores, and the relation between sexual harassment and mental and physical health was the same for men and women. Although sexual harassment was related to mental and physical health for both bothered and nonbothered victims, emotional exhaustion and physical complaints were highest for the victims who felt bothered by the harassment.

Effect sizes (partial eta-square) range from .01 to .05, which is low according to the criteria of Cohen (1992). The significant effects indicate that gender and sexual harassment predict mental and physical health, but the low effect sizes suggest that there is a large amount of unexplained variance. The eta-square values revealed that the relation between sexual harassment and health was stronger for women than for men. However, the insignificant interaction effect between gender and sexual harassment indicated that the relation was not significantly stronger for women.

Discussion

We hypothesized that sexual harassment is negatively related to the mental and physical health of both men and women. Furthermore, we explored the

possible moderating effects of gender on the relation between sexual harassment and health. In addition, we tested whether women feel more often bothered by sexual harassment than men and whether there was a difference between the victims that did feel bothered. It appeared that harassment was related to mental and physical health of both men and women. And although women were more often bothered by sexual harassment than men, women had not more mental and physical health problems than men. This is interesting because the measure for sexual harassment (the SEQ) was originally designed to measure sexual harassment of women. This female-centered instrument revealed that for men there was also a relation between sexual harassment and health. Moreover, not only the bothered victims reported health problems but also the victims who did not feel bothered. However, victims who feel bothered by the harassing behaviors reported more health problems.

Interpreting these results it should be noted that more women than men were sexually harassed. Moreover, female victims were more frequently harassed than male victims and women felt more often bothered by the harassment than men. So the overall impact of harassment is much larger for women. However, female victims do not report more health problems than male victims. In another study, the same was found for race: average levels of harassment differed across races, but the relation between sexual harassment and its outcomes was the same across races (Bergman & Drasgow, 2003). Miner-Rubino and Cortina (2004) studied the effect of observed workplace incivility and perceived organizational permissiveness of sexual harassment on well-being. Observed workplace incivility refers to crude and discourteous behavior that violates workplace norms for mutual respect and displays a lack of regard for others. In line with our results, Miner-Rubino and Cortina found that both forms of hostility were related to decreased health satisfaction of employees and the effect was not stronger for women than for men. The results of our study indicate that the effect of sexual harassment may be very powerful and therefore may affect both men and women, and both the bothered and nonbothered victims. However, in other studies women appeared to be more affected (e.g., Parker & Griffin, 2002). Future studies should use meta-analytic techniques to make clear under which circumstances gender is a moderating factor.

The results of our study raise two interesting questions. First, why are women more often bothered by sexual harassment than men? First of all, men are

often victimized only once, whereas women are more likely to be victimized structurally. In addition, women are usually directly intimidated, for example with crude and offensive sexual remarks. Men also experience these direct forms of sexual harassment, but often men are confronted with more indirect types of harassment such as suggestive or sexualized materials, which are usually depicting women, not men. Therefore these materials may not be threatening to men. Moreover, men may evaluate female expressions of sexuality as trivial or funny and are flattered by advances made by women, whereas for women male encounters raise feelings of anger and disgust (Gutek, 1985; Levy & Paludi, 1997). Furthermore, men often have more power than women, which provides men with more resources to prevent the potentially harassing behavior to become distressing. Indeed, previous research showed that the more formal power the harasser has over the target, the more likely targets are to report experiencing negative outcomes (Day Langhout, Bergman, Fitzgerald, Drasgow, & Hunter Williams, 2005; O'Connell & Korabik, 2000). In addition, women are minorities in the masculine culture of the police force and sexual harassment is likely to be appraised as undermining, threatening, and sexualizing. For men, who belong to the dominant and more powerful group, potential harassing behaviors from male police officers, shows their acceptance within the male-dominated culture (Parker & Griffin, 2002).

Another important factor that influences the relation between sexual harassment and health is the perpetrator's gender. Men are generally more negatively affected by sexual harassment experiences when the perpetrator is a man (Dubois, Knapp, Faley, & Kurtis, 1998). In our study, victims were asked to indicate the gender and the status of the harasser. However, only 22% of the victims provided information about the harasser. Therefore, the gender of the perpetrator could not be included in the analyses. Some respondents explained that they omitted the information about the perpetrator because the harassment was not that serious.

The second question is: Why is the relation between sexual harassment and health equally strong for men and women? Especially, why are women more often bothered by sexual harassment than men, but why do they not report more mental and physical health problems? As it has been proposed that victims' mental health depends on their sense making of the harassing behavior (O'Leary-Kelly et al., 2000), our finding is unexpected. Possibly the link between appraisal and health consequences is not straightfor-

ward. In line with their male gender role, men indicate that they do not feel bothered by potential harassing behaviors when they are asked explicitly. Although sexual harassment seems harmless for men, men's health appears to be affected. During an interview for another study, a man serving in the Dutch army said sexual behavior was common in his unit. First he indicated that this did not bother him. Later, however, he told us that female colleagues often hugged him. He did not like to have physical contact with these women, but he did not know how to make them stop, because he was afraid they would call him "a sissy" or "a whiner," which indicated that he was emotionally affected (Van Berlo & De Haas, 2007). This example signals that to further examine the effect of gender on the relation between sexual harassment and health for victims who do and who do not feel bothered, qualitative research could be helpful. With in-depth interviews, more information could be provided about the appraisal of different forms of sexual harassment by men and women (Thacker, 1992).

Limitations

Our study is not without limitations. First, no claims about causality can be made because cross-sectional data are used. However, our goal was not to show that sexual harassment causes health problems. We were interested in possible differences in the relation between sexual harassment and health for men and women. In addition, we wanted to investigate whether women were more often bothered by sexual harassment than men and whether victims who report being bothered by the harassment experience more health problems compared to victims who did not feel bothered.

Second, the sample could be biased due to the low response rate. Because no systematic nonresponse data are available, reasons for the low response rate are unknown. Low response rate was possibly due to questionnaire overload for the police officers. Respondents also experienced technical problems with getting started with the Internet questionnaire. Despite the low response rate, the sample was representative for gender, age, and job status. Low response rates could bias report rates of sexual harassment: In studies with low response rates the frequency of sexual harassment is usually higher, than in studies with higher response rates (Gruber, 1990). However, the prevalence rate in our sample was comparable to other similar samples in which sexual harassment

was measured with the same instrument. For example, in the British army, the prevalence rate was 68% (Rutherford, Schneider, & Walmsley, 2006).

Third, the use of retrospective self-report measures may result in bias due to memory problems because respondents have to think back over quite a lengthy period of time (24 months for sexual harassment). However, observational methods are not suitable to measure sexual harassment because sexual harassment may occur selectively and it may be unobserved by others. Therefore, self-report instruments are the most likely measures of choice in studying sexual harassment (Arvey & Cavanaugh, 1995).

Although we removed items measuring gender harassment because they may not be suitable to measure sexual harassment of men, the questionnaire could have been made more sensitive to potential harassing behavior for men. Qualitative research revealed that allegations of rape or poor sexual performance are potential harassing behaviors for men (Lee, 2000). In future research, such male-specific items should be included in the questionnaire.

Fifth, a single-item measure was used to assess workload. Reliability of single item measures may be low. Because we wanted to limit the length of the questionnaire, we could not include scales for all measures. Moreover, research by Wanous et al. (1997) showed that single-item job satisfaction scales have adequate reliability, which might imply that our single-item measure of workload also has sufficient reliability.

Finally, the participants in this study all worked in the Dutch police force. As a result, the generalizability of this study is limited. However, the results should apply to other male-dominated organizations with similar characteristics.

Conclusions and Implications

Notwithstanding the limitations, our study contributes to the sexual harassment literature because we included victims' appraisal in the measurement of sexual harassment, which makes the assessment of this workplace hazard more comprehensive. We assessed both actual experiences and the appraisal of these experiences, which to our knowledge has not been done in previous research. This distinction is important because victims' appraisal is an essential aspect in Fitzgerald et al.'s (1997) definition of sexual harassment. The results of our study suggest that the effects of sexual harassment are very powerful for both men and women, and both the bothered and nonbothered victims report health problems. In addition, victims who feel bothered by the

harassment report more health problems than the victims who did not feel bothered. These results imply that policies against sexual harassment should not only be aimed at women but also at men. For example, education, which employers are obliged to provide in the Netherlands, should inform employees about the potential risks and consequences of harassment both for women and men. It should also be emphasized that sexual harassment should be taken seriously, even when it seems harmless and victims do not feel bothered about it.

References

- 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.
- Berdahl, J. L., Magley, V. J., & Waldo, C. R. (1996). The sexual harassment of men? Exploring the concept with theory and data. *Psychology of Women Quarterly, 20*, 527–547.
- Bergman, M. E., & Drasgow, F. (2003). Race as a moderator in a model of sexual harassment: An empirical test. *Journal of Occupational Health Psychology, 8*, 131–145.
- Bergman, M. E., & Henning, J. B. (2008). Sex and ethnicity as moderators in the sexual harassment phenomenon: A revision and test of Fitzgerald et al. (1994). *Journal of Occupational Health Psychology, 13*, 152–167.
- Berlo, W., van, & Haas, S., de (2007). [interviews with army personnel]. Unpublished raw data.
- Brown, J. M., & Heidensohn, F. (2000). *Gender and policing: Comparative perspectives*. New York: St. Martin's Press.
- Buchanan, N. T., & Fitzgerald, L. F. (2008). Effects of racial and sexual harassment on work and psychological well-being of African American women. *Journal of Occupational Health Psychology, 13*, 137–151.
- Cantisano, G. T., Domínguez, J. F. M., & Depolo, M. (2008). Perceived sexual harassment at work: Meta-analysis and structural model of antecedents and consequences. *The Spanish Journal of Psychology, 11*, 207–218.
- Cohen, J. (1992). A power primer. *Psychological Bulletin, 112*, 155–159.
- Commissie Onderzoek Ongewenst Gedrag binnen de Krijgsmacht. (2006). *Ongewenst gedrag binnen de krijgsmacht: Rapportage over onderzoek naar vorm en incidentie van en verklarende factoren voor ongewenst gedrag binnen de Nederlandse Krijgsmacht* [Unwanted behavior in the army: Research report on type and incidence of and explaining factors for unwanted behavior in the Dutch army]. Amsterdam, the Netherlands: Author.
- Dansky, B. S., & Kilpatrick, D. G. (1997). Effects of sexual harassment. In W. O'Donohue (Ed.), *Sexual harassment: Theory, research, and treatment* (pp. 151–174). Boston: Allyn & Bacon.
- Day Langhout, R., Bergman, M. A., Fitzgerald, L. F., Drasgow, F., & Hunter Williams, J. (2005). Sexual harassment severity: Assessing situational and personal determinants and outcomes. *Journal of Applied Social Psychology, 35*, 975–1007.

- De Visser, R. O., Rissel, C. E., Richters, J., & Smith, A. M. A. (2007). The impact of sexual coercion on psychological, physical and sexual well-being in a representative sample of Australian women. *Archives of Sex Behavior, 36*, 676–686.
- Donovan, M. A., & Drasgow, F. (1999). Do men's and women's experiences of sexual harassment differ? An examination of the differential test functioning of the Sexual Experience Questionnaire. *Military Psychology, 11*, 265–282.
- Dubois, C. L. Z., Knapp, D. E., Faley, R. H., & Kurtis, G. A. (1998). An empirical investigation of same- and other-gender sexual harassment in the workplace. *Sex Roles, 39*, 731–749.
- European Commission. (1999). *Sexual harassment at the workplace in the European Union*. Luxembourg: Office for the Official Publications of the European Communities.
- Fitzgerald, L. F., Drasgow, F., Hulin, Ch. 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.
- Fitzgerald, L. F., Gelfand, M. J., & Drasgow, F. (1995). Measuring sexual harassment: Theoretical and psychometric advances. *Basic and Applied Psychology, 17*, 425–445.
- Fitzgerald, L. F., Shullman, S. L., Bailey, N., Richards, M., Swecker, J., Gold, Y., et al. (1988). The incidence and dimensions of sexual harassment in academia and the workplace. *Journal of Vocational Behavior, 32*, 152–175.
- Fitzgerald, L. F., Swan, S., & Magley, V. J. (1997). But was it really sexual harassment? Legal, behavioral, and psychological definitions of workplace victimization of women. In W. O'Donohue (Ed.), *Sexual harassment: Theory, research, and treatment* (pp. 5–28). Boston: Allyn & Bacon.
- Gruber, J. E. (1990). Methodological problems and policy implications in sexual harassment research. *Population Research and Policy Review, 9*, 271–298.
- Gutek, B. A. (1985). *Sex and the workplace: Impact of sexual behavior and harassment of women, men, and organizations*. San Francisco: Jossey-Bass.
- Kanter, R. M. (1977). *Men and women of the corporation*. New York: Basic Books.
- Lee, D. (2000). Hegemonic masculinity and male feminisation: The sexual harassment of men at work. *Journal of Gender Studies, 9*, 141–155.
- Levy, A. C., & Paludi, M. A. (1997). *Workplace sexual harassment*. Upper Saddle River, NJ: Prentice Hall.
- 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.
- Miner-Rubino, K., & Cortina, L. M. (2004). Working in a context of hostility toward women: Implications for employees' well-being. *Journal of Occupational Health Psychology, 9*, 107–122.
- 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.
- O'Connell, C. E., & Korabik, K. (2000). Sexual harassment: The relationship of personal vulnerability, work context, perpetrator status, and type of harassment outcomes. *Journal of Vocational Behavior, 56*, 299–329.
- O'Donohue, W., Downs, K., & Yeater, E. A. (1998). Sexual harassment: A review of the literature. *Aggression and Violent Behavior, 3*, 111–128.
- O'Leary-Kelly, A. M., Paetzold, R. L., & Griffin, R. W. (2000). Sexual harassment as aggressive behaviour: An actor based perspective. *Academy of Management Review, 25*, 372–388.
- Parker, S. K., & Griffin, M. A. (2002). What is so bad about a little name-calling? Negative consequences of gender harassment for overperformance demands and distress. *Journal of Occupational Health Psychology, 3*, 195–210.
- Podsakoff, P. M., & Organ, D. W. (1986). Self-reports of organizational research: Problems and prospects. *Journal of Management, 12*, 531–544.
- Richman, J. A., Rospenda, K. M., Nawyn, S. J., Flaherty, J. A., Fendrich, M., Drum, M. L., et al. (1999). Sexual harassment and generalized workplace abuse among university employees: Prevalence and mental health consequences. *American Journal of Public Health, 89*, 358–363.
- Rospenda, K. M., Richman, J. A., Ehmke, J. L. Z., & Zlatoper, K. W. (2005). Is workplace harassment hazardous to your health? *Journal of Business and Psychology, 20*, 95–110.
- Rutherford, S., Schneider, R., & Walmsley, A. (2006). *Quantitative & qualitative research into sexual harassment in the armed forces*. Hampshire, England: Schneider-Ross.
- Sandfort, T., & Vanwesenbeeck, I. (2000). *Omgangsvormen, werkbeleving en diversiteit bij de Nederlandse politie* [Sexual harassment and bullying, experience in work, and diversity in the Dutch police force in 2006]. Delft, the Netherlands: Eburon.
- Sbraga, T. P., & O'Donohue, W. (2000). Sexual harassment. *Annual Review of Sex Research, 11*, 258–285.
- Schaufeli, W. B., & Dierendonck, D. (1991). *Burnout, een begrip gemeten: De Nederlandse versie van de Maslach Burnout Inventory (MLB-NL)* [Burnout, measuring the construct: The Dutch version of the Maslach Burnout Inventory (MLB-NL)]. Nijmegen, the Netherlands: KUN/Vakgroep Arbeids-en Organisatie-psychologie.
- Seyle, H. (1973). Evolution of the stress concept. *American Scientist, 61*, 692–699.
- Seyle, H. (1976). *The stress of life* (Rev. ed.). New York: McGraw-Hill.
- Spector, P. E. (2006). Method variance in organizational research. *Organizational Research Methods, 9*, 221–232.
- Stansfeld, S. A., Fuhrer, R., Head, J., Ferrie, J., & Shipley, M. (1997). Work and psychiatric disorder in the Whitehall II study. *Journal of Psychosomatic Research, 43*, 73–81.
- Stephoe, A., Wardle, J., Lipsey, Z., Mills, R., Oliver, G., Jarvis, M., et al. (1998). A longitudinal study of work load and variations in psychological well-being, cortisol, smoking, and alcohol consumption. *Annals of Behavioral Medicine, 20*, 84–91.
- Thacker, R. A. (1992). A descriptive study of behavioral responses to sexual harassment: Implications for the control theory. *Employee Responsibilities and Rights Journal, 5*, 155–171.
- Thacker, R. A., & Gohmann, S. F. (1996). Emotional and psychological consequences of sexual harassment: A descriptive study. *The Journal of Psychology, 130*, 429–446.
- Timmerman, G., & Bajema, C. (1999). Incidence and methodology in sexual harassment research in Northwest Europe. *Women's Studies International Forum, 22*, 673–681.
- Uchino, B. N. (2004). *Social support and physical health:*

- Understanding the health consequences of relationship.* New Haven, CT: Yale University Press.
- U.S. Merit Systems Protection Board. (1995). *Sexual harassment in the federal workplace: Trends, progress, and continuing challenges*. Washington, DC: U.S. Government Printing Office.
- Van Sonderen, E. (1991). *Het meten van sociale steun (proefschrift) [Measuring Social support (dissertation)]*. Groningen, the Netherlands: Rijksuniversiteit Groningen.
- Wanous, J. P., Reichers, A. E., & Hudy, M. J. (1997). Overall job satisfaction: How good are single-item measures? *Journal of Applied Psychology, 82*, 247–252.
- Willness, C. R., Steel, P., & Lee, K. (2007). A meta-analysis of the antecedents and consequences of workplace sexual harassment. *Personnel Psychology, 60*, 127–162.

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