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Peer Sexual Harassment: A Barrier to the Health of Adolescent Females?

V. Susan Dahinten

La question du harcèlement sexuel au travail et à l'université a suscité une attention croissante au fil des ans, mais l'on s'est trop peu préoccupé chez les infirmières de cette question en ce qui concerne la santé des adolescentes. La notion de harcèlement sexuel englobe un large éventail de comportements offensifs et sexistes qui contribuent à créer un environnement hostile pour les victimes. Bien que la recherche sur ce sujet demeure limitée et peu rigoureuse, les résultats préliminaires, de même que les conclusions tirées de la documentation sur le harcèlement au travail et l'adaptation au stress, suggèrent que le harcèlement sexuel exercé par les pairs peut avoir des répercussions sur la santé physique et mentale des jeunes femmes, sur leur comportement en matière de santé et sur leurs éventuels rapports affectifs. L'auteur recommande que de plus amples recherches soient entreprises sur le sujet, et que les outils conceptuels choisis pour ce faire soient extraits des écrits traitant de l'adaptation et du stress transactionnels.

Despite increasing societal concern about sexual harassment in the workplace and in academia, to date sexual harassment has been neglected by nurses as a health issue among adolescents. Sexual harassment includes a wide range of unwelcome sexually oriented and gender-offensive behaviours that contribute to a hostile environment. Although the research is limited and lacking in rigour, early findings, along with evidence abstracted from the workplace-harassment and stress and coping literature, suggest that peer sexual harassment may adversely affect young women's mental and physical health, health-related behaviours, and future relationships. The author makes recommendations for further sexual-harassment research, specific to the adolescent population, based on a conceptual framework derived from the transactional stress and coping literature.

Although sexual harassment is increasingly recognized as part of the continuum of violence against women, to date it has been neglected by nurses and other health-care providers as a health issue among adolescents. This is in contrast to increased societal concern about sexual harassment in the workplace and in universities and colleges, as well as the emerging concern of educators about the harassment of adolescents. Even with the recognition of adolescents as an at-risk group in terms of mental-health status and health behaviours, and with increasing attention being directed to the broad determinants of their health, the sexual

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harassment of adolescents has received virtually no attention in the adolescent-health or school-health literature. For example, a computerized search of the CINAHL and Medline databases located only two studies pertaining to the sexual harassment of adolescents (Bagley, Bolitho, & Bertrand, 1997; Roscoe, Strouse, & Goodwin, 1994), and only one of these was concerned with health outcomes (Bagley et al.). In startling contrast, abundant attention has been directed towards the sexual harassment of health-care professionals.

The research that has been done on the sexual harassment of adolescents has emerged from the fields of education and psychology, and although it is still in the nascent stage, findings indicate that student-on-student — or peer — sexual harassment is both widespread and pernicious, at least for female adolescents. This should not be surprising given that the American Psychiatric Association recognizes sexual harassment in the workplace as a significant stressor in the lives of women (as cited in Koss et al., 1994) and given the abundant evidence linking psychosocial stressors with negative physical, psychological, and behavioural health outcomes in the adult population. Although adolescence is generally conceived of as a particularly healthy time of life, it is known that adolescents engage in serious health-risk behaviours (which have implications for long-term lifestyle and health outcomes) and suffer high rates of psychological disturbance (e.g., depression), possibly in response to the stressors in their lives. Stress is a meaningful construct for nursing because of its well-documented association with illness and other negative health outcomes. Stress and coping theory is, therefore, an appropriate conceptual framework to bring to the study of sexual harassment and adolescent health. The purpose of this paper, then, is to review the early work on sexual harassment among adolescents, and to abstract issues from the workplace-harassment and stress and coping literature that may guide future research into the health effects of harassment in the adolescent population.

Legal and Social Definitions of Sexual Harassment

Discussions of sexual harassment are complicated by the lack of a single, unambiguous definition. Sexual harassment was originally thought to refer only to situations in which women are threatened with loss of employment or career advancement as a means of extorting their sexual cooperation (Koss et al., 1994), and as such requires an imbalance of power and abuse of authority. Now, however, sexual harassment is seen as including "any type of unwelcome conduct directed toward an employee or student because of his or her gender" (Strauss, 1992, p. 5).

Sexual harassment is considered a form of discrimination by the Canadian Human Rights Commission (1991) and the United States Civil Rights Act of 1964 (as cited in Koss et al., 1994). There are two broad categories of sexual harassment, both of which are illegal. Sexually coercive behaviour, with its threatened consequences for a person's employment or academic status, is referred to as *quid pro quo* harassment. The other category of harassment behaviour, which is more relevant to a discussion of adolescent peer sexual harassment, is termed *hostile environment*. Hostile-environment sexual harassment refers to any verbal or physical behaviour that creates an intimidating, hostile, or offensive environment, thus interfering with "a student's ability to learn" (Paludi, 1997, p. 226) or "right to receive an equal educational opportunity" (Stein, 1995, p. 148). Legal rulings in Canada and the United States have indicated that the hostile-environment category of harassment includes negative and degrading comments about a person's gender or gender-related attributes. These sex-related but not specifically sexual behaviours are termed *gender harassment* (Koss et al.).

As suggested above, sexual harassment involves a wide range of behaviours ranging from unwelcome sexual references and sexist comments to unwelcome sexual advances and forms of sexual imposition or physical contact that may cross over into the legal definition of sexual assault. Spreading sexual rumours; pulling someone's clothes off; making sexual gestures; touching, pinching, or grabbing; or rating someone on his or her attractiveness or sexual skills are all harassment behaviours. And although the behaviours may be defined by the perpetrator as harmless flirting or merely a joke, both legal and behavioural definitions of sexual harassment acknowledge the phenomenal experience of the recipient. It is "the impact of the behaviour, not the intent" (Paludi, 1997, p. 227) that is most critical in determining whether sexual harassment has occurred. Moreover, we now recognize that females may perpetrate sexual harassment against males, and that same-sex harassment is also possible.

The Scope of Peer Sexual Harassment

There is little published research on the prevalence and incidence of sexual harassment in the adolescent population. The best information, albeit American-based, comes from the Hostile Hallways study commissioned by the American Association of University Women Educational Foundation [AAUW], (1993), which drew on a stratified and ethnically representative random sample of 1,600 students in grades 8 through 11 in 79 secondary schools across the US. Although

the response rate is not identified, the researchers claim that the findings are generalizable throughout the US, with a 95% confidence level. The key findings, which pertain only to school-related experiences during school-related times, are as follows.

Sexual harassment is a common experience among high-school girls, 85% of whom reported being victimized by sexual harassment. Although the incidence of sexual harassment was not clearly defined, 31% reported that they were "often" the target of sexual harassment in school. The ambiguity of the word "often" points to the need for researchers to gather more precise frequency data when surveying adolescents about sexual-harassment victimization. The most common experience was non-physical harassment, including sexual comments, jokes, gestures, and looks. However, 65% of the girls reported being touched, grabbed, or pinched in a sexual way, and 13% had been forced to do something sexual other than kissing. Although the questionnaire included 14 items addressing both physical and non-physical harassment behaviours, gender harassment was not addressed except for one item about being called gay or lesbian. It is possible that prevalence and incidence rates would have been even higher had the full spectrum of sexual harassment been addressed. By far the largest proportion of the harassment experienced in school came from other students rather than teachers or other staff, and it was a public (not secret) occurrence: 86% of the female victims reported being harassed by their peers, whereas 25% reported being harassed by school staff; and they reported experiencing harassment in the hallway (73%), in the classroom (65%), on school grounds (48%), and in the cafeteria (34%). Indeed, Stein (1995) refers to sexual harassment in schools as "the public performance of gendered violence" (p. 145). (The term *gendered violence* is used in feminist literature to direct attention to the role of gender and its social construction as underlying features of male violence against women.)

Additional support for these findings comes from the 1992 mail-in survey conducted by the Wellesley College Center for Research on Women through *Seventeen* magazine (Stein, Marshall, & Tropp, 1993) and a more recent study of 700 New Jersey high-school students (Trigg & Wittenstrom, 1996), which used a modified version of the AAUW (1993) questionnaire. Particularly significant findings of the *Seventeen* study were that 39% of the girls and young women (n = 4,200, aged 9–19) reported being harassed at school *on a daily basis* throughout the prior year and that sexual harassment apparently extends into the elementary-school system. The similarities in findings are striking despite differences in sampling. The school response rate for the New Jersey study was only 30%, with the resultant sample over-representing racial

diversity and the middle-class strata but under-representing eighth-graders. Respondents to the *Seventeen* study were disproportionately Caucasian (89%), with the majority being in the 12- to 16-year-old age group. No similar research has been published for Canadian adolescents, although researchers in the field of education (e.g., Larkin, 1994) have conducted qualitative studies on the experience and meaning of sexual harassment.

Harassment of Boys

The above focus on the sexual harassment of girls and young women is not meant to imply that boys and young men are not also harassed. Indeed, statistics from both the AAUW (1993) study and the New Jersey study (Trigg & Wittenstrom, 1996) show a fairly narrow gender gap in terms of ever being harassed, although the frequency is far less for boys (i.e., roughly the same proportion of girls and boys are harassed at some point in their lives, but a girl is harassed many more times during her life than is a boy). In addition, findings from both of these studies strongly suggest that the educational and emotional experiences of harassment are qualitatively different for boys. For example, a much lower percentage of the boys who were harassed reported changing their behaviour or wanting to stay home from school in response to the harassment. In the New Jersey study, 52% of the girls, but only 19% of the boys, who had been harassed said that they were somewhat or very upset by the experience.

Challenges of Recognition and Measurement

The measurement of sexual harassment is complicated by definitional issues and the sheer prevalence of the problem. Research findings suggest that, unless there has been some physical assault, most students in higher education and women in the workplace do not classify their experiences as sexual harassment despite their feelings of distress and the fact that the behaviour meets legal definitions of harassment (Fitzgerald, 1990; Paludi, 1997). Another challenge in recognizing and addressing sexual harassment among adolescents is what may be termed the paradox of its prevalence. As argued by other feminist researchers (e.g., Halson, 1989; Jones, 1985; Larkin, 1994), sexual harassment is so common that it has been normalized by young women, who often simply accept the behaviours and resulting distress as an inevitable part of being female. This normalization is reinforced by the way in which the behaviours have been tolerated and interpreted by

others as natural expressions of masculinity and by its exclusion from surveys and discussions of school violence (Larkin).

Sexual-harassment research with the adolescent population may be further complicated by variation in the forms of harassment behaviours that are experienced, and their outcomes, relative to age, developmental stage, gender, and other sociodemographic characteristics. The available data suggest that harassment is experienced across a wide age range (AAUW, 1993), with some disturbingly adult-like sexualized behaviours occurring even in the elementary grades (Stein et al., 1993). In the AAUW study, 32% of respondents who had been harassed reported that their first harassment experience occurred prior to Grade 7, with 10% of the Hispanic girls being harassed prior to Grade 3, but the forms of harassment were not delineated. There is also some evidence that males are more likely to experience gender harassment (e.g., being called gay), to experience same-sex harassment, and to be more disturbed by such behaviours (Trigg & Wittenstrom, 1996).

Health Consequences of Sexual Harassment

Whereas there has been little research on the prevalence and incidence of sexual harassment in the adolescent population, even less work has been conducted on outcomes. Outcome data for adult victims of workplace harassment is somewhat less scarce, but until recently has tended to be limited to descriptive and anecdotal accounts from self-identified victims or clinical accounts reported by health-care professionals (Dansky & Kilpatrick, 1997; Lenhart, 1996). Nonetheless, the data that do exist suggest that sexual harassment poses a significant threat, both directly and indirectly, to women's health and well-being.

Adult victims of sexual harassment report a variety of somatic complaints, including headaches, fatigue, sleep disturbances, gastrointestinal disorders, weight fluctuations, back pain, and jaw tightness and other forms of muscular tension, along with increases in the frequency of respiratory and urinary tract infections. They also report a range of emotional effects, including anger, anxiety, depression, and an increased fear of rape and other crime, as well as changes in self-perception such as decreased self-esteem and self-confidence (Dansky & Kilpatrick, 1997; Lenhart, 1996). In one of the few more rigorous studies, Dansky and Kilpatrick used hierarchical multiple logistic regression analysis with a randomized sample of 3,000 American women to demonstrate that women with a history of sexual-harassment victimization were 1.2 times more likely than non-victims to be currently suffering depression. Schneider, Swan, and Fitzgerald (in

press) were similarly able to discriminate between groups of women who had and had not been harassed, on the basis of their psychological status. No similarly rigorous study was found with respect to physical-health outcomes.

Outcome data from the three adolescent surveys cited earlier (AAUW, 1993; Stein et al., 1993; Trigg & Wittenstrom, 1996), and the qualitative work by Larkin (1994) in Canada and Halson (1989) in the United Kingdom, are congruent with the psychological outcomes reported for workplace harassment. In the AAUW study, 43% of the girls who had experienced harassment reported feeling less confident about themselves, 39% reported feeling afraid or scared, and 25% reported that the harassment left them feeling confused about who they were. One young woman in Larkin's study described her response as, "I feel bad about my body and I wish that I was a boy" (p. 109). Although it seems likely that the different developmental tasks of childhood and adolescence may be differentially affected by harassment in its various forms, this is an area that has not yet been explored in the literature.

The Stress-Health Relationship

Further evidence of the potentially harmful effects of sexual harassment may be abstracted from the stress and coping literature. Despite some inconsistent findings and the challenge in establishing definitive causal relations, investigation into stress-health relationships has yielded provocative results for a wide range of health effects, including immune-system functioning, infectious disease, the course of chronic disease, and somatic complaints (Barr, Boyce, & Zeltzer, 1996). Research has also demonstrated significant relationships between stress and health-risk behaviours such as tobacco or alcohol use (e.g., Wills & Filer, 1996), although the relationship to health-protective behaviours has been less well tested and remains uncertain. If sexual harassment does have similar behavioural effects, adolescents may be at particular risk for developing harmful long-term lifestyle patterns due to their critical stage of development.

Psychosocial stressors are generally categorized as either *acute life events* (e.g., death of a sibling), *daily hassles* (e.g., arguments with siblings), or *chronic strains* (e.g., living in poverty) (Aldwin, 1994), although the effects of magnitude and chronicity are not yet well understood. Nonetheless, what is particularly relevant to the study of sexual harassment is that each type of stress has been found to be predictive of somatic and mental-health complaints (Aldwin; Thoits, 1995). Thus, the

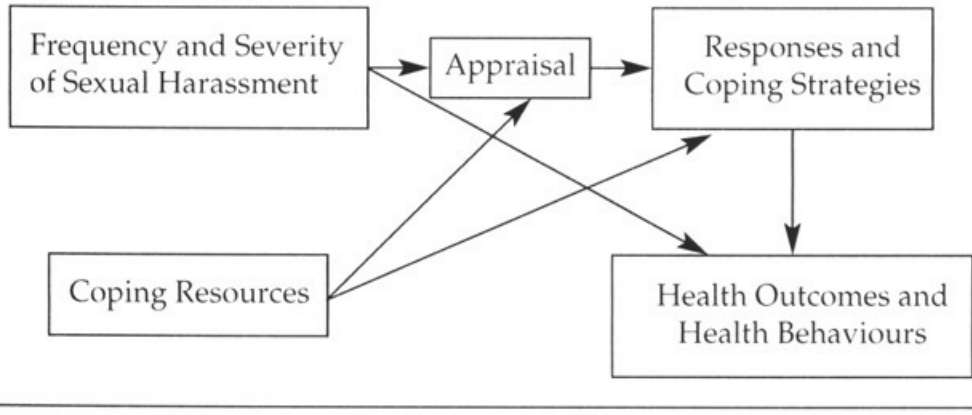
construction of sexual harassment as including a wide range of offensive behaviours, from the more serious single incidents to the less offensive but much more frequent behaviours, is congruent with the theoretical approaches and empirical findings of other stress research. Still controversial, however, is the uncertain duration of stress effects (Aldwin; Thoits), with its critical implications for research design and selection of outcome measures.

There are other dilemmas remaining that offer important lessons for future harassment research. For despite the abundant evidence of a broad range of health effects, and our nascent understanding of the psychobiological pathways, stress-health research findings have yielded relatively small effect sizes, with substantial variation among individuals; and it now seems well established that stress is not a simple construct but, rather, a complex, transactional process involving multidimensional situational stressors, subjective appraisal, coping behaviours, and the interplay of other personal resources (Aldwin, 1994; Barr et al., 1996; Thoits, 1995). Social support has been the most frequently studied coping resource, and although it has been found to be positively associated with better physical and mental health, it remains uncertain whether social resources exert their effects directly, indirectly, or through a combination of pathways. Furthermore, though it has been demonstrated that people tend to use multiple coping strategies in the same stress situation, little is known about the efficacy of the different forms of coping (Thoits).

The above results suggest the importance of including subjective appraisal into any measure of stress (e.g., by requiring each respondent to rate the severity or undesirability of each stressor experienced) and assessing coping strategies along with personal characteristics that may influence the stress experience, while paying theoretical and methodological attention to the differences between mediating and moderating variables (see Barr et al., 1996). Given that the three phases of adolescence (early, middle, and late) are purported to have distinct characteristics (Crockett & Petersen, 1993), with mid-adolescence being characterized as having a peer orientation, it seems important to consider both age and developmental issues that may relate to the adolescent's vulnerability or resilience to various stressors. A conceptual approach to the study of sexual harassment, grounded in a transactional theory of stress and coping (Lazarus & Folkman, 1984), is proposed in Figure 1. This approach directs attention to: (a) possible interaction effects (e.g., appraisal of the event being moderated by a coping resource such as self-esteem), (b) the direct and indirect pathways by which health may be affected, and (c) the phenomenon of comorbidity. The latter refers to

multiple health outcomes that may coexist or exert interaction effects (e.g., physical health effects or behavioural outcomes may be mediated by the emotional effects of harassment). Such an approach would help move sexual-harassment research with adolescents beyond simple correlational surveys and atheoretical descriptive analyses to better capture the dynamic nature of the stress phenomena and reduce the difficulties of causal inference.

Figure 1 *Conceptual Approach to Sexual Harassment Health Outcomes Research*



Indirect Health Effects through Educational Outcomes

Sexual harassment may affect health indirectly. Studies of sexual harassment among adolescents provide compelling evidence of serious educational consequences, including attention difficulties, decreased class participation, and absenteeism (AAUW, 1993; Larkin, 1994). According to Strauss (1993), such reactions and avoidance behaviours on the part of the victims "may result in lost education opportunities, which in turn decreases career options and economic potential" (p. 31). Given our emerging understanding of the relationships between socioeconomic factors and health, this presents yet another potential pathway for negative health outcomes, with particularly long-term implications.

Perhaps a more critical issue is the possibility that peer sexual harassment among adolescents may contribute to sexual and physical violence in future intimate relationships. Because high schools play such an important role in gender socialization, Stein and others argue that if sexual harassment is left unchecked the schools may function as training grounds for violence — places where girls "are trained to accept battering and assault" and boys "receive permission, even training, to become batterers" (Stein, 1995, p. 148; see also Jones, 1985; Larkin, 1994).

The Challenge to Nurses

Expanding definitions of health are challenging nurses, especially those concerned with community or school health (Broering, 1993). No longer is it adequate to focus on immunization schedules, medication protocols, or vision screening to the exclusion of a concern for mental health, social health, or psychosocial barriers to learning. In addition, both nursing and the health-promotion movement have moved beyond a focus on the individual to an approach that incorporates socio-environmental determinants of health. These changes render it appropriate for nurses to be concerned with social problems that may underlie their clients' psychological disturbances, somatic complaints, or health-compromising behaviours, and with the social construction of gender and gender-related behaviours that may influence the health of adolescents.

In addition to the need to develop a more precise knowledge of the incidence of peer sexual harassment among adolescents in Canada, other research objectives worth pursuing include gaining an understanding of: (a) the meaning of harassment behaviours to adolescents; (b) personal resources that may impact their appraisal of harassment behaviours, choice of coping responses, and their outcomes; (c) the short- and long-term effectiveness of various responses to the harasser (e.g., avoidance or confrontation) and other coping strategies; (d) the impact of institutional factors on the incidence and outcomes of harassment; and (e) gender and developmental differences in adolescents' sexual-harassment experiences. Both qualitative research and more rigorous and analytically complex quantitative approaches are called for.

The above knowledge would assist the nurse, as a member of the school health team, to influence policy-development and prevention efforts by sensitizing schools to the scope of sexual harassment and its health-related sequelae. Such knowledge would also provide a foundation for the development of more appropriate nursing interventions for adolescent harassment victims, interventions that may pertain to cognitive reappraisal, the development of more successful responses to harassment, or more healthful ways of coping with emotional distress than coping strategies that may compromise their health. Knowledge of the links between sexual harassment and health behaviours would also serve more general health-promotion efforts. When causal linkages are demonstrated between psychosocial stressors (some of which arise from social inequities) and health-compromising behaviours, the harmful behaviours become much more of a collective social issue and less a marker of individual failure. Such findings could, therefore, be influential in prioritizing health problems and interventions directed at

youth and might be used to influence intersectoral health-promotion efforts.

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Abused Women's Concerns about Safety and the Therapeutic Environment during Psychiatric Hospitalization

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Cette étude vise à identifier chez des femmes victimes de violence les inquiétudes relativement à la sécurité et à l'environnement de soins au cours d'une hospitalisation en psychiatrie, et à cerner les changements que celles-ci aimeraient voir dans cet environnement. Les inquiétudes ressenties par les femmes ont été explorées au moyen d'entrevues semi-structurées dans le cadre d'une étude qualitative. Des instruments de mesure des agressions sexuelles et physiques ont été utilisés. Parmi les 20 femmes recrutées dans 3 hôpitaux, 18 ont rapporté avoir été victimes d'agressions sexuelles ou physiques. Un chercheur menait les entrevues auprès des participantes tandis qu'un autre prenait des notes. Après chaque entrevue, une liste des inquiétudes identifiées était produite; ces inquiétudes étaient soulevées au cours de l'entrevue suivante si la participante n'en faisait pas mention spontanément. Dix-sept femmes ont déclaré ne pas se sentir en sécurité dans les unités de soin mixtes (hommes et femmes) et ont dit qu'elles préféreraient l'affectation de locaux séparés pour les activités thérapeutiques et les repas; 16 ont exprimé des inquiétudes concernant l'organisation des soins pendant la nuit, les pratiques traditionnelles de restriction des médicaments et les contacts avec le personnel de nuit; 15 considèrent que les soins infirmiers de base sont des éléments extrêmement importants qui ont une influence sur le fait qu'elles se sentent comprises et en sécurité. Les participantes ont dit vouloir être écoutées et participer à la prise de décision.

The purposes of this study were to identify the concerns of women who have a history of abuse regarding safety and the inpatient environment during psychiatric hospitalization, and to identify environmental changes they would like to see. A qualitative design was used to explore the women's concerns through semi-structured interviews. Instruments

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