

Sexual Harassment and PTSD: Is Sexual Harassment Diagnosable Trauma?

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Sexual harassment has become a major social, legal, and mental health problem because of its high prevalence and its negative consequences for victims. These consequences can include decreased productivity, loss of job, decreased income, and impaired psychological and physical well-being. Despite evidence from empirical studies that victims often exhibit posttraumatic stress disorder (PTSD) symptoms, some have argued that sexual harassment does not constitute legitimate trauma. We argue that many forms of sexual harassment meet the diagnostic Criteria A1 and A2 of PTSD. Finally, the *DSM-IV* trauma criterion is explicated, and its relationship with sexual harassment and its effects are discussed.

KEY WORDS: sexual harassment; PTSD; trauma; physical integrity.

Sexual harassment has become an increasingly important issue over the past two decades. Over 10,000 people made complaints of sexual harassment in 1992, and complaints by women have nearly more than doubled from 5,603 in 1989 to 14,420 in 1994 (Andrew & Andrew, 1997; Simon, 1996). Sexual harassment occurs in many different settings: 51% of family practice female resident physicians, 64% of females in the U.S. military, 70% of female office workers, and 88% of female nurses report having experienced sexual harassment (Dan, Pinsof, & Riggs, 1995; Piotrkowski, 1998; Pryor, 1995; Vukovich, 1996).

Despite the prevalence of sexual harassment, there are many unanswered questions. Some of the more pressing questions regarding harassment include defining it; predicting its effects on victims, harassers, and organizations; investigating it; preventing it; rehabilitating sexual harassers; and treating its victims (O'Donohue, 1997). While scholars have made attempts to address these questions, Fitzgerald, Gelfand, and Drasgow (1995) have described the current state of knowledge as rudimentary. For

example, although there is literature that explicates both legal definitions of sexual harassment that are general, formal and institutional, and psychological definitions that are more idiosyncratic, informal, and personal, it is not clear how these two definitional strategies should intersect and influence responses by business, the legal system, and the mental health field (Fitzgerald et al., 1988; Fitzgerald, Swan, & Magley, 1997). Furthermore, although sexual harassment prevention programs are common, little is known regarding their effectiveness (O'Donohue, Penix, & Brunswig, 1999). Finally, there are controversies concerning the proper use of mental health diagnoses in this area (Frances, First, & Pincus, 1995). Questions include the following: Can sexual harassers meet the criteria for some kind of paraphilia?, and Can victims meet the criteria for trauma-related diagnoses?

Definitions of Sexual Harassment

Legal and Regulatory Definitions

The law proscribing sexual harassment derives from Title VII of the Civil Rights Act of 1964. Title VII prohibits discrimination "with respect to . . . terms, conditions, or

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privileges of employment . . .” because of an individual’s sex, race, religion, and so forth. (Title VII, Civil Rights Act §2000-2(a). Although sexual harassment is not explicitly mentioned in the Act, courts later interpreted sexual harassment to be subsumed because it is gender-related.

According to the U.S. Equal Employment Opportunity Commission (1980), sexual harassment is defined as

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature; when cooperation or submission was an implicit or explicit condition of employment; was used as a basis for the employment-related decisions; or when the conduct has the purpose or effect of unreasonably interfering with a person’s work performance or creating an intimidating, hostile or offensive working environment. (p. 74676)

These guidelines have been interpreted to define two types of sexual harassment: (1) behaviors, such as remarks or advances, that are unwanted or unwelcome and therefore create a hostile environment or (2) behaviors that are *quid pro quo* (this for that) in nature in which workplace consequences are made contingent upon sexual favors. Thacker and Gohmann (1996) further described *quid pro quo* sexual harassment as “the conditional form of harassment; that is, the target is expected to grant sexual favors in return for either promised benefits (e.g., a raise or a promotion) or removal of a threat to do harm (e.g., termination or demotion)” (p. 431).

Quid pro quo sexual harassment was first recognized as an illegal work condition in *Williams v. Saxbe* (1976). The court ruled that the act of firing a female employee for refusing sexual demands was discriminatory because it was applied to one gender and not to the other (Fitzgerald, Swan, et al., 1997). It is potentially more severe than other kinds of sexual harassment because there are threats of workplace and economic consequences that can be quite significant for the victim.

Hostile environment sexual harassment was not legally recognized until a decade after *quid pro quo* harassment. In *Meritor Savings Bank v. Vinson* (1986), the U.S. Supreme Court ruled that creating a sexualized work environment is prohibited under Title VII. Displaying sexual materials, sexual leering, and unwanted sexual comments (e.g., jokes, teasing, remarks) that interfere with the employees’ work performance create a hostile environment.

Gender harassment is also covered under the laws proscribing hostile environment sexual harassment. Gender harassment is the most prevalent form of sexual harassment (Fitzgerald et al., 1988; Fitzgerald, Drasgow, Hulin, Gelfand, & Magley, 1997). Gender harassment is not aimed at eliciting sexual cooperation, but instead involves misogynistic, offensive, and hostile attitudes regarding gender (usually women). Gender harassment will

not be further considered in this paper, because our focus will be on the question of whether harassment that *sexually* victimizes properly constitutes trauma.

Psychological Definitions of Sexual Harassment

A psychological definition does not focus on the incident itself but rather, attends to the victim’s evaluation of the situation such that the victim’s evaluation is influenced by factors like ambiguity, perceived threat, and loss (Fitzgerald, Swan, & Fischer, 1995). Fitzgerald, Swan, et al. (1997) defined sexual harassment psychologically as “unwanted sex-related behavior at work that is appraised by the recipient as offensive, exceeding her resources, or threatening her well-being” (p. 15). These authors describe three elements that influence the victim’s appraisal: Stimulus factors, contextual factors, and individual factors. Stimulus factors refer to the objective aspects of the sexually harassing behavior and include frequency, duration, and intensity. Studies reported that greater frequency is rated as more severe and related to more serious outcomes (Fitzgerald & Shullman, 1993; Gutek & Koss, 1993). Contextual factors refer to organizational tolerance and permissive management such as refusal to take complaints seriously, heightened retaliation for reporting, and lack of substantial sanctions for the harasser (Naylor, Pritchard, & Ilgen, 1980; Pryor, LaVite, & Stoller, 1993). Finally, individual factors refer to previous victimization, personal resources, attributions, and attitudes (Fitzgerald, Hulin, & Drasgow, 1995).

The investigation of how these definitional strategies are associated with the frequency of harmful effects is an important set of research questions. Because most of the existing research has used legal definitions, these will be used for the purposes of this paper. However we recognize that the use of legal terms entails limitations, because these more nomothetic definitions are not directly tied to the psychological processes involved in sexual harassment.

DSM-IV Criteria for Posttraumatic Stress Disorder (PTSD)

Harassment victims have been described as suffering from a “posttrauma syndrome” (Hamilton, Alagna, King, & Lloyd, 1987). A PTSD model of the sequelae of sexual harassment has been used to attempt to account for effects such as flashbacks, sleep disturbances, and emotional numbing (Gutek & Koss, 1993; Koss, 1990). Clinical researchers have reported that sexual harassment victims are frequently meeting the symptom criteria for PTSD (Dansky & Kilpatrick, 1997). The Diagnostic and