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**Development and Evaluation of a Sexual Harassment  
Sensitivity and Prevention Training Program:  
A Cognitive Approach**

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## Abstract

Sexual harassment is a widespread problem. Many institutions now implement prevention programs, but little is known about the effectiveness of these programs. This research was designed to develop and evaluate the efficacy of a brief video-based sexual harassment prevention intervention aimed at modifying sexual harassment-related cognitions in a working population. Four elements were tested: 1) modifying sexual harassment myths, 2) increasing victim empathy, 3) changing perceptions of personal risks, costs, and benefits associated with harassment behaviors, and 4) changing perceptions of norms related to harassment. These elements were chosen because of their putative relationship to some forms of sexual harassment, and due to their potential for modification in the time that may be allotted for prevention programming in the workplace. The research developed four content and construct valid elements for video that were judged to be appropriate by experts. Study one evaluated the four elements on the criteria of content validity and consumer acceptability. Study two evaluated a video-based treatment containing these four elements against a placebo video intervention on a variety of sexual harassment-related dependent measures. Results indicated that the experimental sensitivity and prevention program: 1) changed participants' self-report of empathy, 2) decreased participants' acceptance of sexual harassment myths, and 3) increased participants' knowledge of sexual harassment in comparison to an active placebo control.

## Development and Evaluation of a Sexual Harassment Sensitivity and Prevention Training Program: A Cognitive Approach

According to Fitzgerald (1993), sexual harassment is "any deliberate or repeated sexual behavior that is unwelcome to its recipient, as well as other sex-related behaviors that are hostile, offensive, or degrading" (p. 1070). The U.S. Equal Employment Opportunity Commission (EEOC, 1980) identified two forms of sexual harassment. The first, called quid pro quo harassment, (literally "this for that"), involves attempts to extort sexual compliance through threats and promises concerning academic or employment opportunities or reprisals. The second, known as hostile environment harassment, involves sexual conduct that creates "an intimidating, hostile, or offensive working environment" (p.74677).

Recent reviews of the literature and empirical literature suggest that over half of working women and 15 percent of males will be sexually harassed in the workplace (Gruber, 1997). Gruber (1990) computed that the median percentage of women reporting sexual harassment is 44 percent. Moreover, he subdivides the results into five types of sexual harassment. The range of reported frequencies found were 9-22 percent for pressure for dates/relationships; 27-35 percent for sexual comments; 8-26 percent for sexual posturing; 12-27 percent for sexual touching; and 1-2 percent for sexual assault. O'Hare and O'Donohue (1998), in a survey of 266 women employed at a Midwestern university; found that 69 percent of women reported at least experience of gender harassment.

There is an increasing body of evidence attesting to the significant incidence and debilitating effects of sexual harassment (e.g., Kilpatrick, 1997). Although the exact nature of the sequelae of sexual harassment are unknown, victims commonly experience shock, humiliation, anxiety, guilt, a loss of self-esteem, isolation, anger, distrust, pain, depression, substance abuse, lower productivity, increased absenteeism, increased utilization of medical and mental health resources and sexual dysfunction (Kilpatrick, 1997). The overlap of individual and organizational consequences of harassment is substantial. Although the payment of damage awards and liability premiums are an obvious cost to businesses, hidden costs exist that may be even more severe. These include job turnover, reduced productivity, absenteeism, and medical insurance claims. The U.S. Merit Systems Protection Board's (1981) survey found that subsequent to being sexually harassed, 16 percent of the victimized employees reported poorer working conditions and decreased opportunities for advancement, and 9 percent reported changing jobs. The report suggested that decreased morale, absenteeism, and loss of concentration were costing the government \$90 million per year. In work settings with less diversity and protections than the federal system, these effects may be even greater. In 88 cases filed with the California Fair Employment and Housing Department between 1979 and 1983, almost half of the complainants were fired and an additional

25% quit in fear or frustration after filing their complaints.

### The Sensitivity and Prevention Program

The present research is an attempt to develop a relatively brief, easy to administer, effective program to reduce the incidence of sexual harassment in the workplace. The development of this program was guided by practical considerations including utilization (length of treatment), dissemination (cost of specialist v. video-based intervention), methodology (high treatment fidelity allowed by video-based treatments), positive pilot work in rape and harassment prevention (Schewe & O'Donohue, 1993), as well as theoretical and empirical concerns. Specifically, the research is designed to evaluate the effectiveness of videotaped interventions that are based on a prevention model that highlights modifying sexual harassment myths and facts, victim empathy, decision making/outcome expectancies, and normative expectations associated with sexual harassment and that replaces these with prosocial beliefs about appropriate work relationships.

Prevention Model. There are no empirically corroborated models of the primary prevention of sexual harassment (Grundmann, O'Donohue, & Peterson, 1997). However, for the proposed research, a working model of sexual harassment prevention was drawn from both Finkelhor's (1986) four preconditions model of the etiology of sexual assault, and cognitive-behavioral accounts of aggression and sexual offending (Bandura, 1977; Burt, 1980). This sexual assault/cognitive-behavioral model was chosen due to the correspondence between the component behaviors of sexual harassment and some forms of sexual offending, and the similar trauma responses of some victims of the two crimes (Kilpatrick, 1997). This preconditions model subsumes early conceptualizations and empirical findings in the small sexual harassment literature (Grundmann, O'Donohue, & Peterson, 1997). There is evidence that cognitive-behavioral interventions are effective in altering cognitions and behaviors associated with sexual offending for some offenders (Grossman, Martis, & Fichtner, 1999). One hypothesis of this investigation is that a cognitive-behavioral intervention will also be effective in altering the cognitions of participants that view the intervention video.

In Finkelhor's (1986) model, sexual offending is the outcome of four individually necessary and conjointly sufficient set of factors: (1) factors that enhance motivation to sexually harass (e.g., deviant sexual arousal); (2) factors that reduce internal inhibitions (e.g., sexual harassment myth acceptance); (3) factors that reduce external inhibitions (e.g., privacy, after hours socializing); and (4) factors that reduce victim resistance (e.g., poor self-defense strategies). This research focused primarily on the second precondition (i.e., changing sexual harassment myths, poor victim empathy, problematic outcome expectancies, and problematic normative perceptions regarding sexual harassment) and on replacing these cognitions with cognitions that promote nonharassing behaviors in the workplace. This prevention program also addresses the

first precondition (i.e., decreasing motivation for harassing interactions) by imparting a more accurate understanding of the diverse set of negative features of sexual harassment. These two aspects of the model were addressed in the research because they are characteristics of the harassing individual that may be alterable as opposed to properties of the environment or victim. In addition, these aspects of the model involve changing cognitions for which there has been evidence in the sexual offending literature (Grossman, Martis, & Fichtner, 1999). O'Hare & O'Donohue (1998) found that this four factor model accounted for more of the variance in factors relating to an increased risk of sexual harassment than did the organizational model (Tangri, Burt & Johnson, 1982); the socio-cultural model (Tangri, et al, 1982), and the sex role spillover model (Gutek & Morasch, 1982).

Thus, this research is predicated upon a cognitive model that conceptualizes problematic antecedent cognitions as potentially important internal disinhibitors of sexual harassment and more accurate cognitions as internal inhibitors of sexual harassment. Further, these cognitions that misconstrue the negative consequences of sexual harassment, inflate positive outcomes, and minimize negative outcomes, serve as specific motivating factors for sexual harassment (i.e., precondition 1 of Finkelhor's model). Therefore, this research targets four areas of dysfunctional cognitions that have been gleaned from the literature as critical content areas: sexual harassment myths, victim empathy, outcome expectancies, and problematic normative standards.

Victim Empathy. Victim empathy can be defined as a cognitive-emotional recognition of a sexual assault victim's trauma (Hildebran & Pithers, 1989). Theoretically, empathy is a response antithetical to aggression and appears to play a significant role in several theories of aggression (Miller & Eisenberg, 1988). Increasing victim empathy and empathy for women may be a potentially fruitful intervention for decreasing employees' propensity to sexually harass. Sexual harassment is being conceptualized as a form of sexual abuse for this research. As such, it may be amenable to improvement through a victim empathy component similar to those used effectively in sex offender treatment (Hudson, Marshall, Ward, & Johnston, 1995). Empathy involves both an understanding of the victim's experience of the actual sexual harassment as well as the aftermath of sexual harassment (e.g., anxiety, depression, absenteeism, social sanctions and embarrassment, what has been called by some as the "second assault" (Williams & Holmes, 1981)).

Sexual Harassment Myths. Sexual harassment myths may be defined as irrational beliefs that are sometimes accepted in Western culture that act as releasers or neutralizers allowing potential sexual harassers to turn off social prohibitions against injuring or using others. The feminist theory of sexual harassment holds that society perpetuates many sexual harassment supportive myths and attitudes. These myths include the idea that in some instances sexual harassment might be justified or that

women might actually enjoy sexual harassment, or hapless males can be provoked to the point of no return to commit sexual harassment. Reilly and colleagues (1982) noted that men are more likely than women to label a behavior as being sexual in nature while Stockdale and Vaux (1993) believe this misperception to contribute to sexual harassing behavior. Men that hold strong sexual harassment belief systems see women as flirtatious (Stockdale & Vaux, 1993). Women's verbal rejections appear in conflict with their apparent sexual overtures and these men assume that "no" means "yes," or at least "maybe" (Bartling & Eisenman, 1993). It is hypothesized that the misreading of women's signals, followed by the harasser's pursuit creates a tautologous loop. The man sees male/female relationships as adversarial and woman as game to be pursued manipulated and captured (Burt, 1980).

Outcome Expectancies. Perceived rewards, costs, and low probability of punishment are seen as contributory factors of sexual offending (Bandura, 1973; Ellis, 1989; Jenkins-Hall, 1989; O'Donohue, McKay, & Schewe, 1996; Scully & Marolla, 1985). This is also consistent with Bandura's (1973) social learning theory of aggression in which he states that perceived consequences act to change the probability of aggression by altering the expected outcome of aggression. Decision theory asserts that people weigh the costs and benefits of certain actions, along with the probabilities of potential outcomes, when deciding which course of action to take. O'Donohue et al. (1996) in a study of 194 male undergraduates found that both subjects with higher self-reported future likelihood of rape and subjects who reported a greater past history of coercive sexual behavior had lower negative outcome expectancies regarding rape. Outcome expectancy theories suggest that information which changes men's perceptions of sexual harassment such that they begin to view it as 1) less immediately rewarding than they might expect it to be; 2) less rewarding than consensual sex and appropriate work relationships, both short-term and long-term, 3) potentially more costly than consensual sex and appropriate work relationships (i.e., guilt, ruined reputation, loss of job, etc.), and 4) more likely to lead to negative consequences (i.e. high probability of getting caught, ruined reputation) might be beneficial in preventing attempted sexual harassment. Keown, Slovic, and Lichtenstein (1983) found that risk perceptions could be directly influenced by information.

Changing Normative Perceptions. Perry and Kelder (1992) have developed a social influence model of primary prevention. As part of this model, the authors suggest that an important way to lower sexual harassment potential is to clearly convey to employees that sexual harassment is not a normative behavior. This notion is that individuals do not want to be seen as negatively deviant. A corollary of this is that individuals who see harassment as "just being a guy," "typical" and "socially accepted" are more likely to harass than others who clearly see it as deviant and understand that the majority clearly see it as undesirable and deviant. Perry and Kelder suggest that helping an individual

understand that the act is done only by a deviant minority and that others view people who engage in this act as undesirable in a number of important ways decreases the likelihood that the act will be committed.

In the present research, an intervention aimed at modifying sexual harassment-related cognitions in a sample of university employees is developed and evaluated. Using the results of expert consultation and data generated by Study 1, a video treatment was developed containing four elements. The treatment, as well as a placebo control, were evaluated with respect to content validity and consumer acceptability. In Study 2, the effectiveness of the intervention vs. a placebo control in producing change on a variety of sexual harassment-related factors was assessed. Finally, the relationship between participant variables and treatment outcomes were examined in order to gain information about treatment prescriptiveness.

## Study 1

### Method

#### Treatment Development

The proposed treatment was developed in a series of stages beginning with consultation of the sexual harassment literature, continuing with expert consultation and content validation, and ending with video production. Each stage of development included a multiple review process in which the research team completed the tasks with expert input by telephone, e-mail, mail, and consultation visits. Materials were repeatedly reviewed by all members of the team and by the experts until a consensus was reached regarding the acceptability, parsimoniousness, and appropriateness of the materials for their potential to alter sexual harassment-related cognitions.

#### Video Materials

The proposed treatments were constructed based on consultation with experts experienced in the field of sexual harassment prevention and sexual harassment treatment (Louise Fitzgerald & William Marshall). These experts evaluated the treatments content validity (Anastasi, 1988). The treatments were be guided by the following principles: Content validity. This was determined by expert evaluation. Ecological validity. Treatments were designed to depict realistic and typical settings and problems (e.g., alone in offices, company parties). Educational. An emphasis was placed in conveying accurate and useful information (e.g., the stress caused by someone who does not take "no" for an answer, the long-term value of appropriate behavior). Replacement not elimination. The goal of these interventions was not simply be to dispel sexual harassment-related cognitions, but to replace these with prosocial beliefs and attitudes. Minority inclusion and sensitivity. Attempts were made to construct the videotapes so that they are relevant to European, Hispanic, and African-American

participants. All content is sensitive to racial stereotypes.

Placebo. It is important that a good placebo condition be credible as an active treatment but contain none of the specific, active elements of the treatment conditions. The placebo condition contains descriptive information about sexual harassment such as incident figures, definitions, and information about historical trends in the guise of increasing participants' awareness of sexual harassment. However, it does not contain information designed to increase empathy (e.g., by ignoring victim's reactions), changing sexual harassment myths (e.g., by avoiding discussion of any material designed to changed sexist, irrational attitudes regarding sexual harassment), changing outcome expectancies (e.g., by avoiding discussion of negative personal outcomes for the harasser), or changing normative expectations.

#### Video Development and Content Validity

The content validity was assessed through consultation with two expert consultants in victim empathy, sexual harassment myths, outcome expectancies, and changing normative perceptions as these relate to the prevention of sexual offending. The protocol for assessing content validity was: 1) Consult with experts to derive operational definitions of constructs (as well as sexual harassment-statistics placebo control); 2) Gather their suggestions for specific content and have these experts review existing scripts and videos from a pilot study conducted by O'Donohue in 1995. Experts were asked for suggestions regarding the elimination of superfluous material (discriminate validity); 3) Consult with media experts from Northwest Media to develop a working script; 4) Consult with experts to review scripts for content validity, 5) Continue step 4 until no other suggestions/criticisms are made; 6) After data analysis (discussed in the next section) in Study 1 and Study 2, present consultants with data; and 8) Revise video in light of their suggestions from review of data from studies (after Study 1, and again after Study 2, if necessary).

#### Focus Group Evaluation and Revision

Upon completion of the full video, it was evaluated by four focus groups of five members each. Focus groups were conducted in order to obtain views of the video content and production characteristics. Both males and females that were members of the workforce were included. The video was shown in five-minute increments. Following each segment, participants were videotaped as they provided feedback to scripted questions. Participants were asked about issues of credibility, how informative the materials are, and the likelihood that the video segments would affect theirs or someone else's behavior. Following the full focus group, researchers met independently with members of the different minority groups that were represented in order to get more confidential feedback about the sensitivity and applicability of the videos for their particular group. Lastly, all focus group participants were provided the opportunity to

give confidential, written feedback for any comments they preferred not to make in front of others. Focus groups were approximately two hours in length.

Following the completion of all focus groups, the videotaped and written comments were compiled and these were sent to the expert consultants for review. Any points that were viewed as valid by both of the consultants were then sent to the video producers with the request that the videotapes be altered to reflect necessary changes that would otherwise impinge on the quality of the treatments. The video production team implemented changes that were feasible within budgetary constraints. Changes that were implausible due to the breadth and costs of the work involved were documented and will be incorporated into future versions of the videotapes.

#### Video Production Characteristics.

Four 10-12 minute video segments were produced for this project. All four segments share similar production values and adhere to similar formats. This uniformity of presentation is intended to eliminate bias as a result of style and presentation.

Format consists of a combination of expert interview, docu-drama and confessional interviews. Narration was handled by two peer narrators (male and female) set up the issues in each topic area and tie the issues together into a cohesive whole. The issues are further developed using a blend of documentary footage, dramatized vignettes, and personal accounts. The video also provides opportunities to present realistic situations in which a variety of positive social skills can be modeled. The videos use characters and settings that reflect social, cultural, and economic diversity. This includes individuals within different ethnic groups, individuals with disabilities; and individuals in urban and rural settings.

Professional actors able to bring a sense of realism and depth to the roles were used. The videos are naturalistic in style and attempt to portray the stylistic values of the audience. The materials were shot on location (for dramatized sequences) or in a studio (confessional interviews).

#### Participants

One hundred twenty adult volunteers drawn from the staff and faculty at the University of Nevada, Reno served as participants. Volunteers were recruited through direct mailings and campus postings. To be included in the study participants needed to have worked within the last two years. Participants were compensated with \$20 for approximately two hours of participation. The title of the experiment was Viewing a Sexual Harassment-Related Film. In an effort to decrease demand characteristics, participants were not explicitly told that this was a treatment designed to decrease potential to sexual harassment. Rather they were simply told that we are interested their evaluations of a film regarding sexual harassment. Please see Table 1 for demographic data on the Study 1 participants.

### Participant Measures

Demographic Questionnaire. This questionnaire measured traditional demographic variables such as age, marital status, ethnic membership, primary sexual orientation using the Kinsey scale, religion and frequency of religious attendance, and family income.

Motivation Ratings (MR). George and Marlatt (1984) found that participants' self-reports of their degree of motivation to change were a useful predictor of short and long-term therapy outcome. Participants were asked to rate on a 10-point Likert scale their motivation to decrease their potential for sexual abuse.

### Dependent Measures

Affective Adjective Checklist (ADC). This 24-item adjective checklist was designed to measure feelings of empathy, happiness, distress, sadness, anger, and excitement (Fultz, Schaller & Cialdini, 1988). In Study 1, the empathy scale of this measure was used to evaluate the construct validity of the victim empathy treatment. The remaining scales were used to measure the affective nature of all the treatments.

Sexual Harassment Myth Acceptance (SHMA). This scale measures the degree to which a person believes false information concerning sexual harassment. O'Donohue & Dubois are currently investigating the psychometric properties of this scale. This measure was used to evaluate the construct validity of the sexual harassment myth treatment.

Outcome Expectancies (OE). Bandura (1977) suggested that outcome expectancies could be assessed by participants' rating their perceived likelihood of outcomes on 10-point Likert scales. For this study, outcomes such as guilt, shame, worries about sexually transmitted diseases, pregnancy, likelihood of legal problems, career and reputation being negatively affected were evaluated on 10-point Likert scales that range from "I would not at all expect that this would happen" to "I would completely expect that this would happen". This measure assessed the construct validity of the decision theory treatment.

Norm Measures (NM). An adjective checklist was used to measure normative perceptions of sexual harassers. A questionnaire was also constructed that asks participants to estimate the proportion of male and females that commit each of the three major forms of sexual harassment.

Credibility Questionnaire (CQ). This five-item scale requires participants to rate the treatments on five-point Likert Scales on the following dimensions: perceived credibility, perceived helpfulness (for self and others), and level of interest (positively and negatively worded). These were used to help measure the affective nature of the questionnaire, and were given for all treatments.

Exit Interviews. These were used to gather information about participants' reactions and suggestions regarding the treatment. Questions were open-ended (What did you like/dislike about the video?) and specific (Did you think anything presented was false or

not believable?). Responses were recorded and tabulated for review by expert consultants.

#### Procedure (Participant evaluation)

After all suggestions were incorporated and consultants had positively reviewed the material, the construct validity of the treatments was evaluated. In this study, 120 participants from a working population were randomly assigned to one of the four groups.

Pre-post measures assessing the efficacy of each treatment at changing the construct under study (construct validity) were: 1) Empathy Element: Empathy Scale of the Affective Adjective Checklist; 2) Sexual Harassment Myth Element: Sexual Harassment Myth Acceptance Scale; 3) Decision Theory Element: Outcome Expectancy; and 4) Normative Perception Change: Normative Perception Questionnaire: Placebo Control: Credibility Questionnaire. Due to the feasibility nature of the present study, we were only interested in evaluating the effects of each video segment on its corresponding dependent measures. Thus, only those viewing the Sexual Harassment Myth segment were evaluated on the Sexual Harassment Myth Acceptance scale.

All participants completed the entire Affective Adjective Checklist immediately pre and post-treatment to monitor their affective reactions. Participants also completed a Credibility Questionnaire immediately post-treatment, rating the treatments on five-point Likert scales on the following dimensions: perceived credibility, perceived helpfulness, and interestingness. In addition, participants were asked about their general reactions to the program, the weaknesses and strengths of the treatments, and points needing clarification as well as their suggestions for change. Graduate research assistants who were blind to the experimental hypotheses conducted experimental sessions.

### Results Study 1

ANOVAs were used to analyze pre-post differences on the Empathy Scale, Sexual Harassment Myth Acceptance Scale (SHMA), normative perceptions and outcome expectancies as specified for each group. For the Myth Acceptance condition, an ANOVA revealed a statistically significant decrease in myth acceptance,  $F(1,27) = 11.35$ ,  $p = .002$ ,  $MSE = 14.72$ . Observed power for this analysis was .901, and eta squared was .296. Pre-test SHMA scores ( $M = 77.62$ ,  $SD = 13.46$ ) were significantly lower than post-test SHMA scores ( $M = 81.07$ ,  $SD = 10.87$ ), with higher scores indicating less myth acceptance. Males and females did not differ significantly in sexual harassment myth acceptance. Please refer to Table 2 for the means and standard deviations for conditions on their respective dependent measures.

For those in the Empathy condition, an ANOVA revealed a statistically significant increase in empathy,  $F(1, 28) = 9.92$ ,  $p = .004$ ,  $MSE = 10.49$ . Observed power for this analysis was .86, with an eta squared of .262. Post-test empathy scores ( $M = 17.60$ ,  $SD$

= 6.45) were significantly higher than pre-test empathy scores ( $M = 14.97$ ,  $SD = 6.08$ ). Females and males did not differ significantly in empathy scores.

An ANOVA revealed a trend, though not statistically significant, in the accuracy of normative perceptions regarding women's behavior in the Normative Perceptions condition,  $F(1, 29) = 3.18$ ,  $p = .085$ ,  $MSE = 460.39$ . Observed power for this analysis was .41, with an eta squared of .10. Post-test normative perceptions were more accurate ( $M = 77.23$ ,  $SD = 47.81$ ), than pre-test perceptions ( $M = 86.95$ ,  $SD = 55.48$ ), with lower scores reflecting greater accuracy in normative perceptions. Males and females did not differ significantly in normative perception scores. Finally, no significant differences were revealed in the outcome expectancies condition. Male and female participants did not differ significantly from one another in their pre or post-test responses in any condition in study one. Males' scores decreased slightly, but not significantly, from pre-test to post-test (indicating more pessimistic outcome expectancies)  $M = 705.10$ ,  $SD = 246.39$ , and  $M = 692.00$ ,  $SD = 267.42$ , respectively. Females' scores increased slightly, but not significantly, from pre-test to post-test (indicating more optimistic outcome expectancies)  $M = 549.93$ ,  $SD = 216.69$ , and  $M = 590.57$ ,  $SD = 235.54$ , respectively.

Internal consistency coefficients were adequate in all conditions for pre-test and post-test, save one. Coefficient alpha for the Sexual Harassment Myth Acceptance scale at post-test was considerably lower than at pre-test. An analysis of the item data for the Sexual Harassment Myth Acceptance scale suggest that a lack of variability resulting from a ceiling effect is the most parsimonious explanation for the low alpha. Please refer to Table 3 for coefficient alphas for the scales used in study one,

An ANOVA revealed pre-existing baseline differences in study one. That is, females tended to score significantly better on the dependent measures used in Study 1. Thus, post-test comparisons by gender, which were significant, were not significant when analyzed using ANCOVA procedures. Therefore the differences observed at post-test did not replicate when analyzed using ANCOVA suggesting that judgment on gender differences should be suspended at this time.

## Study 2

### Method

#### Participants

One hundred adult volunteers drawn from the staff and faculty at the University of Nevada, Reno served as participants. Volunteers were recruited through direct mailings and campus postings. To be included in the study participants needed to have worked within the last two years. Participants were compensated with \$20 for approximately two hours of participation. The title of the experiment was Viewing a Sexual Harassment-Related Film. In an effort to decrease demand characteristics, participants were not

explicitly told that this was a treatment designed to decrease potential to sexual harassment. Rather they were simply told that we are interested their evaluations of a film regarding sexual harassment. Please refer to Table 1 for demographic data on the participants in Study 2.

### Measures

Attraction to Sexual Aggression Scale (ASA). Malamuth (1989) developed this six-item scale (short version) to improve upon the psychometric properties of previously described "likelihood" measures and to expand the construct of the "lure" of sexual aggression. The scale shows high internal consistency (Alpha = .84 to .91; n=117), adequate test-retest reliability ( $r = .76$ ), and principle components analysis yielded a single factor that accounted for over 50 percent of the variance. In addition, the scale was significantly correlated with rape supportive attitudes ( $r = .46$ ), perceptions ( $r = .30$ ), and behavioral inclinations ( $r's = .22-.56$ ). As evidence of the scale's discriminate validity, the ASA did not correlate highly with attraction to other deviant behaviors (Malamuth, 1989).

Sexual Harassment Myth Acceptance (SHMA). This scale is described above for Study 1; it was also used as an outcome measure in Study 2.

Acceptance of Interpersonal Violence AIV. This scale measures attitudes condoning the use of force in relationships (Burt, 1980). Malamuth found this scale to have a stronger relationship with sexual aggression than any of Burt's other scales (Malamuth, 1986). Reliability studies for this scale report alpha coefficients around .60 (Burt, 1980; Malamuth, 1986). No test-retest correlations were available.

Adversarial Sexual Beliefs (ASB). This scale measures the degree to which a person believes that sexual relationships are exploitative or adversarial in nature (Burt, 1980). The alpha coefficient for this scale is .80.

Sexual Harassment Proclivities (SHP, males only). This scale measures the respondents' proclivity to engage in sexually harassing behaviors (Bartling & Eisenman, 1993). This ten-item scale has a reported alpha of .86 for men and .74 for women. An oblique factor analysis suggests that the scale measures a single construct.

Hostility Toward Women (HTW). This scale measures the construct of anger towards women (Check & Malamuth, 1983). Malamuth (1986) reported an alpha coefficient for this scale of .89. No other psychometric data were available for this scale.

Self-Efficacy Ratings (SE). (Bandura, 1973; Hall, 1989). Self-efficacy is a construct developed by Bandura and thought by him to be the best predictor of future behavior. Changes in self-efficacy ratings have been found to be predictive of therapy outcome (e.g., Bandura, Adams, & Beyer, 1977). Self-efficacy refers to one's belief that one has the ability to perform a task successfully in a given situation. Participants rate their certainty of performing behaviors on a seven-point Likert scale (Bandura et al., 1977). The SE measures the extent to which participants believe they could successfully resist temptation to engage in harassing behavior.

## Procedure

Study Two evaluated a treatment video containing these four elements against a placebo video intervention (treatment as usual) on a variety of sexual harassment-related dependent measures. Participants completed the pre-test dependent measures, and were then shown either the experimental video or the active-placebo control video. The participants then completed the post-test measures 5-7 days post-treatment.

## Results Study 2

The data were analyzed using a doubly multivariate analysis with two groups (experimental and placebo control), and repeated measures on eight outcome measures (Attraction to Sexual Aggression, Acceptance of Interpersonal Violence, Sexual Harassment Myth Acceptance, Sexual Harassment Proclivity, Adversarial Sexual Beliefs, Hostility Towards Women, Self-Efficacy Rating, and Sexual Harassment Knowledge). The MANOVA did not reveal any significant interactions between sex, treatment condition, or interactions for parallel treatments over time.

As with Study 1, all of the significant differences observed in the dependent variables as a function of gender existed at pre-test. Thus, post-test comparisons by gender, which were significant, were not significant when analyzed using ANCOVA procedures. Therefore the differences observed at post-test did not replicate when analyzed using ANCOVA suggesting that judgment on gender differences should be suspended at this time.

Further analyses revealed a statistically significant increase in Sexual Harassment Knowledge Questionnaire post-test scores as a function of treatment,  $F(1, 81) = 6.145$ ,  $p = .015$ ,  $MSE = 24.05$ . Eta squared for this comparison was .071, with an observed power of .688. Participants in the experimental condition scored significantly higher at post-test ( $M = 18.19$ ,  $SD = 2.19$ ) than participants in the placebo control condition ( $M = 17.07$ ,  $SD = 1.83$ ). Pre-test scores for the experimental and control groups were  $M = 16.88$ ,  $SD = 2.44$  and  $M = 16.41$ ,  $SD = 2.12$ , respectively. Please refer to Table 4 for the means and standard deviations for experimental and control conditions and pre- and post- test on the dependent measures. Please refer to Table 5 for internal consistency coefficients observed for the dependent measures used in Study 2.

To assess the influence of the variables under purview on the likelihood of engaging in sexually harassing behaviors, all demographic and other dependent measures were used in a stepwise multiple regression. The results of a stepwise multiple regression indicated that participant sex (male) was a significant predictor of post-test sexual harassment proclivity, while experimental condition was not a significant predictor of sexual harassment proclivity. Further regression analyses indicated that pre-test sexual harassment proclivity (low) and the number of religious events attended by the

participant in the previous year (high) were the best predictors of low sexual harassment proclivity at post-test.

## Discussion

The data from Study 1 indicate that this video is the first of its kind to demonstrate a significant reduction in the acceptance of false beliefs regarding sexual harassment. Furthermore, this prevention program did not differentially affect the sexual harassment myth acceptance for males or females. The video prevention program also demonstrated an increase in empathy towards the victims of sexual harassment. Again, the effects observed were seen for both male and female participants. Encouraging results were also seen in changing normative perceptions regarding women's behavior. While not significant in the present study, the results suggest that this area is worthy of future attention. The changes observed in outcome expectancies are also worthy of further attention, as this is the one domain under purview in the present study in which males and females changed in different directions. It may be that both males and females became more realistic in the outcome expectancies as a result of the prevention program, as females became more optimistic about the outcomes of sexual harassment experiences and males became more pessimistic in their expectations. The results of Study 1 indicate that the prevention and sensitivity program was effective at changing both males' and females' myth acceptance and victim empathy, two of the motivating factors for engaging in sexually harassing behaviors. The encouraging results of Study 1 led to the evaluation of the program in comparison to a treatment-as-usual control.

In Study 2 the prevention and sensitivity program led to significant increases in sexual harassment knowledge in comparison to a placebo control. Further analyses revealed that being male was the best predictor of the likelihood to sexually harass with attendance at religious events the next best predictor, such that infrequent attendance at religious events predicted a high likelihood to sexually harass, whereas frequent attendance at religious events predicted a low likelihood to sexually harass. While influence of participant sex on the likelihood to sexually harass was anticipated, the influence of religious event attendance was not. These data are taken to suggest that religious event attendance may be a proxy variable for a variety of protective factors against engaging in sexually harassing behaviors.

The present study demonstrated the effectiveness of a video based sexual harassment sensitivity and prevention program to 1) change participants' self-report of empathy, 2) decrease participants' acceptance of sexual harassment myths, and 3) increase participants knowledge of sexual harassment in comparison to an active placebo control.

Thus, the sensitivity and prevention program demonstrates success in areas that to date have been unexplored in empirical sexual harassment research. Currently, there are no published studies evaluating the effectiveness of sexual harassment prevention

and sensitivity programs. However, several sexual harassment prevention and sensitivity programs are mandated across the United States, from boardrooms to classrooms. It may be prudent for companies and institutions seeking to adopt a sexual harassment prevention and sensitivity program to evaluate their program in comparison to the present study, as the present study is the only study to empirically evaluate a sexual harassment prevention program.

The shortcomings of the present study also provide directions for future research in this line of inquiry. First, in Study 1, the failure to achieve pre-test equivalence prevented further analyses of group differences beyond those already reported. Methodologically, it would be of interest to see if those viewing the 'empathy' materials also showed gains in other areas of concern, such as 'myth acceptance.' Those data, were they available, would allow us to maximize the efficiency of the prevention program were it able to be shown that the empathy element led to changes across a broad range of response domains. Furthermore, while our sample is an accurate depiction of the community at the University of Nevada, self-selection of those who are employed by, or attend the University, may limit the generalizability of our findings to other settings. Most notably, the participants in Study 2 were modally white, single, and young, which may not be an accurate picture of the contemporary American workforce. Also of note, it may be that social desirability influenced participants' willingness to self-report problematic behavior. Data from additional sources, e.g., supervisor ratings, could address this weakness.

While the successes demonstrated by the sensitivity and prevention program are encouraging, the mixed results from Study 2 are disappointing. It was anticipated that participants viewing the experimental video program would show significant changes from pre-test to post-test on a variety of the dependent measures, such as the Sexual Harassment Proclivity scale. The lack of movement on these measures could be due to insensitive measures, the selection and use of inappropriate measures for the constructs under evaluation, or that the experimental program was not powerful enough to alter participants' self-reporting.

Future research should address the aforementioned shortcomings of the present study. It may be that only one element of the prevention program is necessary to affect a broad range of response changes. Furthermore, enhancing the dependent measures in sexual harassment research appears to be another fruitful avenue of pursuit. To follow-up the present study, research is underway in which we will evaluate the effectiveness of the video program on workplace behavior in a prospective study using analog measures such as self-reports and questionnaires, as well as reports to supervisors of sexual harassment. This approach will allow us to examine the generalizability of the empirical research conducted this far on the clinically significant behaviors of interest.

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