REVIEW OF LITERATURE
“Everything of importance has been said before by somebody.”

-Alfred North Whitehead
2.1. Introduction

Research on sexual harassment is still in its infancy. Over the past 20 years, research has moved from prevalence studies to more sophisticated empirical and theoretical analyses of the causes and consequences of sexual harassment. This review provides an overview of the prevalence and measurement of harassment along with some suggestions for developing standard measures of sexual harassment. Researchers are encouraged to include organizational forms of harassment in their measures, along with commonly understood individual forms. The most prominent and promising explanations of harassment are discussed including societal, organizational, and individual level approaches. Of particular promise are approaches incorporating the gendered nature of organizational structures and processes. Research on the responses to and consequences of sexual harassment are also presented. The review ends with a discussion of overlooked areas and directions for future research, including the need for more advanced survey data collection techniques and qualitative research.

2.1.1. Importance of Review of Literature

- Knowledge of related study enables the investigator to define the frontier of the field.
It provides knowledge about what has been done in the particular area.

By reviewing the literature the researcher can avoid unfruitful and useless problem areas.

The researcher can avoid unintentional duplication of well established findings.

Knowing what data are already available often serves to narrow the problem itself, as well as the technique that might be used.

It enlightens the researcher of the recommendations of previous work and proceeds in the right direction.

It gives insight into the various tools and procedures.

The various statistical methods used will also be of use to the researcher.

2.1.2. General Well being, Anxiety and Sexual harassment

Sexual harassment of female workers, which has been in existence for a long time, has recently gained prominence, especially in the developed countries. The Equal Employment Opportunity Commission (EEOC) has defined sexual harassment as a sexual conduct on the part of a supervisor or coworker that requires submission as a condition for
obtaining or retaining a job; affects personal decisions of a harassed woman; and interferes with the person’s work performance or creates an intimidating, hostile, or offensive work environment [EEOC, 2007].

Sexual harassment of working women has been widely practiced and systematically ignored. Men’s control over women’s jobs has often made coerced sexual relations the price of women’s material survival. Considered trivial or personal, or natural and inevitable, sexual harassment has become a social institution [Catharine A. Mackinnon, 1979].

2.1.3. Impact of sexual harassment

2.1.3.1. Psychological impact

a. Depression, anxiety, shock, denial.

b. Anger, fear, frustration, irritability.

c. Insecurity, embarrassment, feelings of betrayal.

d. Shame, self consciousness, low self esteem.

e. Guilt, self blame, isolation.

2.1.3.2. Physical impact

a. Head aches, phobias, panic reactions.

b. Lethargy, weight fluctuations, sexual problems.
2.1.3.3. Career related impact

a. Decreased job satisfaction, absenteeism.

b. Loss of job, promotion or change in career goals.

c. Withdrawal from work

d. Drop in work performance due to stress. [University health and counseling center, 2007]

Hence, this study was undertaken with the aim of helping victims of sexual harassment by providing the psychological intervention called Positive Therapy.

The following article available on the web an the Effects of Sexual Harassment (May 2007) by the Stop Violence Against Women A project by The Advocates for Human Rights clearly shows that there is a connection between sexual harassment and anxiety:

The Commission of the European Union states, "sexual harassment pollutes the working environment and can have a devastating effect upon the health, confidence, morale and performance of those affected by it. The anxiety and stress produced by sexual harassment commonly leads to those subjected to it taking time off work due to sickness, being less efficient at work, or leaving their job to seek work elsewhere. Employees often suffer the adverse consequences of the harassment itself and short-
and long-term damage to their employment prospects if they are forced to change jobs. Sexual harassment may also have a damaging impact on employees not themselves the object of unwanted behaviour but who is witness to it or have knowledge of the unwanted behavior."

"There are also adverse consequences arising from sexual harassment for employers. It has a direct impact on the profitability of the enterprise where staffs take sick leave or resign their posts because of sexual harassment, and on the economic efficiency of the enterprise where employees' productivity is reduced by having to work in a climate in which individuals' integrity is not respected."

"In general terms, sexual harassment is an obstacle to the proper integration of women into the labour market." (European Union Commission Recommendation Health Effects)

In a summary of two studies of sexual harassment completed in 1998 covering 16 European countries, the EU Commission reported that almost all people suffering sexual harassment reported negative consequences both in their private lives and relating to their job. As regards the former, psychosomatic symptoms, loss of self-esteem, and interference with private life are the most commonly reported
consequences. As regards the latter, it appears that harassed employees experience a negative impact on their career more often than the harassers. Adapted from Sexual harassment in the workplace in the European Union, European Commission, Directorate-General for Employment, Industrial Relations and Social Affairs American scholars have come to similar conclusions. They maintain that "sexual harassment often has a serious and negative impact on women's physical and emotional health and the more severe the harassment, the more severe the reaction. The reactions frequently reported by women include anxiety, depression, sleep disturbance, weight loss or gain, loss of appetite, and headaches. Researchers have also found that there is a link between sexual harassment and Post-Traumatic Stress Disorder.

Prominent U.S. psychologist Louise Fitzgerald, PhD, has studied sexual harassment extensively in private U.S. companies using the Sexual Experiences Questionnaire (SEQ) she developed. The SEQ "measures harassment in what Fitzgerald has defined as the behavioral categories of gender harassment, unwanted sexual attention and sexual coercion" expressed through "crude words, acts and gestures conveying hostile, misogynist attitudes."

Unwanted sexual attention is analogous to the legal concept of
"hostile work environment harassment" and sexual coercion is analogous to the legal concept of "quid pro quo sexual harassment". "The SEQ gauges the psychological anguish harassment victims’ experience, whether, for example, the harassment made them feel incompetent. It also measures outcomes such as anxiety, depression, job satisfaction and work withdrawal." Using the SEQ, Fitzgerald has demonstrated that sexual harassment leads to depression, anxiety and stress-related physical problems, especially when the harassment is severe and frequent. No job benefit need be lost for harassment to have a psychological effect on its target. “[Sexual Harassment] experiences are associated with negative outcomes such as decreased job satisfaction, lower organizational commitment, withdrawing from work, ill physical and mental health, and even symptoms of post-traumatic stress disorder . . . . Sexual harassment (SH) has been identified as one of the most damaging barriers to career success and satisfaction for women.”

The European Foundation for the Improvement of Living and Working Conditions has noted that: “Those affected by violence or harassment in the workplace tend to report higher levels of work-related ill-health.” European Foundation for the Improvement of Living and Working Conditions, Fourth European Working Conditions Survey (2007).
For example, the Foundation discovered that the proportion of workers reporting symptoms such as sleeping problems, anxiety and irritability is nearly four times greater among those who have experienced workplace harassment than among those who have not. Fourth European Working Conditions Survey at 40.

2.1.4. Financial Impact

The financial effects of sexual harassment are potentially severe, especially when the employer does not have adequate policies and complaint procedures in place. Financial harms to victims of sexual harassment include loss of wages because of taking sick leave or leave without pay from work or as a result of the termination or transfer of employment. For example, the U.S. Government estimated that federal employees lost $4.4 million in wages from 1992-1994 because of sexual harassment. (U.S. Merit Systems Protection Board, Sexual Harassment in the Federal Workforce, 1995). Victims may face more intangible financial or career losses such as a loss of job references or recommendations, or being ostracized from professional or academic circles. (Sexual Harassment Support, Effects of Sexual Harassment, 2006).

According to the National Council for Research on Women, women
in the United States are 9 times more likely than men to quit their jobs, 5 times more likely to transfer, and 3 times more likely to lose jobs because of harassment. (The Webb Report June 1994).

Violence, including instances of sexual harassment, also "affects third parties, with witnesses and observers frequently leaving the organization in response to their experiences." (European Foundation for the Improvement of Living and Working Conditions, 2003)

2.1.5. Global Costs of Sexual Harassment

The costs of sexual harassment suffered by employers and consequently the global economy are high. These costs result from absenteeism, reduced job satisfaction and productivity, premature ill health and retirement, higher rates of staff turnover and insurance costs, legal defense and liability for sexual harassment claims. European Foundation for the Improvement of Living and Working Conditions, Preventing Violence and Harassment in the Workplace

It is generally believed that formal sexual harassment policies against sexual harassment in the workplace is one way to prevent lawsuits and drops in productivity and efficiency. See the Employer Responsibilities Section for more information about such policies.
In Europe, it has been noted that workers who are exposed to “psychosocial risks” like sexual harassment are significantly more likely to report they have been absent from work due to work-related ill health. (European Foundation for the Improvement of Living and Working Conditions,). These workers also “tend to have longer durations of work absence and are over-represented in that category of workers who took 60 days off in the previous 12 months due to work-related ill health.” Fourth European Working Conditions Survey at 40.

In the United States, it is estimated that "ignoring problems of sexual harassment can cost the average company up to $6.7 million a year in low productivity, low morale, and employee turnover and absenteeism, not including litigation or other legal costs." ("Sexual Harassment in the Fortune 500," Working Woman, Dec. 19, 1988). The Equal Employment Opportunity Commission (EEOC) indicates that $48.8 million in monetary benefits were provided to filers of sexual harassment claims in 2006; this amount does not include monetary benefits obtained through litigation. (Sexual Harassment Charges EEOC & FEPAs Combined) In addition, the federal government reported a loss of $327 million from 1992-1994 due to sexual harassment. (U.S. Merit Systems Protection Board, Sexual Harassment in the Federal Workforce, 1995).
The above quoted research, in general, throw light upon the emotion and negative feelings of anxiety and poor general well being prevailing that greatly affect their development in of working women. This review helps us identify the areas that need immediate attention, in order to help them. Since there are not many studies in India done to experiment if the use of Positive therapy can reduce anxiety and increase well being among working women this study is a maiden attempt to use positive therapy among working women.

2.2. Sexual harassment

Flirting, bantering, and other sexual interactions are commonplace in work organizations. Not all of these interactions constitute harassment or assault; consensual sexual relationships, defined as those reflecting positive and autonomous expressions of workers' sexual desire, are also prevalent in the workplace and are the focus of this paper. We begin by reviewing research on the distinction between sexual harassment and sexual consent. Next we examine popular and business literatures on office romance. Finally we discuss sociological research on consensual sexual relationships, including research on mate selection, organizational policy, and workplace culture. We argue that sexual behaviors must be
understood in context, as interplay between organizational control and individual agency (Williams, 1999).

This is a significant study since it helps us differentiate between what is actual harassment and sexual consent. This study also gives us a platform for further research giving us areas to be focused like organizational control, individual agency, work place culture, etc.

Sexual harassment is one of the most frequently committed violent crimes in America, and it is one of the most harmful crimes to a society. The National Institute of Justice estimates that one million women in the United States are the victims of sexual harassment each year. This is substantially higher than some published estimates because of underreporting. The National Crime Victimization Survey indicates that approximately 30% of harassments are reported to the police, 50% of victims tell no one, and only 5% visit a crisis center. Contrary to the popular, yet inaccurate, notion of sexual harassment involving an assailant unknown to the victim, most victims know their attacker. Many victims are adolescent females and children. In a survey of 11 states and the District of Columbia, 50% of the females who had been harassed were under the age of 18, and 16% were under the age of 12. Similarly, the National Victim Center and the Department of Justice report that adolescents have the
highest reported rates of sexual assault, more than 50-60% of all cases. Despite the fact that sexual harassment constitutes a threat to the health and future of young women in the United States, it has failed to capture national attention as a major public health issue (ACOG, 1998).

As stated in the above study, it is very clear that the main problem with sexual harassment is its very low rate of reporting. This makes the problem very complicated and difficult to be completely removed. So awareness must be created regarding the various means and benefits of reporting the assault.

Lifetime history of sexual abuse is estimated to range between 15% and 25% in the general female population. People who are sexually abused are at greater risk for a whole host of physical health disorders that may occur many years after the abusive incident(s). Despite the high prevalence of this trauma and its association with poor health status, abuse history often remains hidden within the context of medical care. The aims of this review are to determine which specific health disorders have been associated with sexual abuse in both women and men, to outline the types of sexual abuse associated with the worst health outcome, to discuss some possible explanations and mediators of the abuse/health relationship, to discuss when and how to talk about abuse within a clinical setting, and
to present evidence for which psychological treatments have been shown to improve the mental health of patients with past sexual abuse (American Psychosomatic Society, 2005).

The above study states the physical effects of sexual harassment and the psychological methods that aim at overcoming the physical effects. This study indicates the need of help that a sexually harassed deserves and not the avoidance this community usually provides them.

Although a significant number of researchers have investigated the diversity and commonality of targets' response strategies to sexual harassment (SH), research systematically exploring those responses has been limited. In this study, a typology of target responses to SH has been presented; identified, through a careful analysis of the existing literature, the potential contextual and individual determinants of responses to SH; a theoretical framework (supported by the whistle-blowing and stress/coping literatures) of the relationships among those determinants and how they collectively influence responses to SH has also been presented; and a comprehensive set of propositions based on this conceptual framework has been identified. Implications for future research and the impact on organizational policies and procedures have also been discussed (Espelage D.L.; Holt M.K., 2007).
This study particularly aims at classifying the types of responses of the victims of sexual harassment. This study is helpful in designing the therapeutic methods that would prove effective for the individuals depending upon the extent of the impact on the victim.

This study by APA, explicates the complexity of sexual harassment coping behavior among 4 diverse samples of working women: (a) working-class Hispanic Americans, (b) working-class Anglo Americans, (c) professional Turks, and (d) professional Anglo Americans. K-means cluster analysis revealed 3 common harassment coping profiles: (a) detached, (b) avoidant negotiating, and (c) support seeking. The authors then tested an integrated framework of coping profile determinants, involving social power, stressor severity, social support, and culture. Analysis of variance, chi-square, and discriminate function results identified significant determinants at each of the 4 levels of this ecological model. These findings underscore the importance of focusing on whole patterns of experience--and considering influences at the level of the individual employee and multiple levels of the surrounding context--when studying how women cope with workplace sexual harassment (PsycINFO Database Record (c) 2008 APA).
This is a very significant study since it effectively focuses on the various coping methods adopted by the victims of sexual harassment. The coping methods referred in the above study can also be associated with our study since we find our victims to be avoidant and support seeking as well.

Combating fires is often perceived as a fireman's job. Dragging heavy hoses off trucks and up the stairways of burning buildings, hoisting and climbing ladders, packing and using tools for forcible entries, and carrying victims requires physical strength, ability, and stamina. Living in fire stations and sharing sleeping quarters, restroom facilities, housekeeping chores, and equipment maintenance tasks are integral facets of firefighting life. Firefighters work in a Para military organization where "aggressive performance on the fire ground" is "the main criteria for acceptance into the fire fighting culture". Women are slowly infiltrating the ranks of the fire service, one of the last bastions of the male-dominated occupations.

The Arlington, Virginia fire department hired the first woman firefighter in 1974. By the early 1980s there were nearly 500 women in paid firefighter positions. A survey of these early female firefighters found them identifying "the attitudes of male fire fighters: skepticism, prejudice,
hostility, harassment" as the major obstacles in their careers. Career female firefighters have increased their numbers to approximately 3,000; however, little has changed in the treatment of women in the fire service. Over half of the women firefighter respondents in a 1991 nationwide survey reported experiencing sexual harassment (Blumenthol J.A., 2004).

This study also denotes the nature of men in the working society very clearly. Mainly men are not able to accept the developing women due to their ego and male chauvinism. Thus they somehow try to show their dislike which generally turns out to be harassment of some sort. Even working women in today’s world have to face all these hurdles to be successful carrier women.

A study was conducted by Rufus D and Beulah Shekhar in the hospitals of the Tirunelveli District on their women employees. It was found that more than 70% of the women workers, including doctors, technicians, receptionists and also sanitary workers were being sexually harassed. The sad part is that none of them tried to langue a complaint against the harasser. Hence the researchers call sexual harassment a ‘Noiseless Crime’. It was also found that this harassment greatly affected the physical and mental health of the victims.
The above study is a shocking research with results that prove even educated and skilled women like doctors and technicians tolerate sexual harassment for the fear of social stigma.

2.3. Sexual harassment and the resulting anxiety among victims

As the Commission of the European Union states, "sexual harassment pollutes the working environment and can have a devastating effect upon the health, confidence, morale and performance of those affected by it. The anxiety and stress produced by sexual harassment commonly leads to those subjected to it taking time off work due to sickness, being less efficient at work, or leaving their job to seek work elsewhere. Employees often suffer the adverse consequences of the harassment itself and short- and long-term damage to their employment prospects if they are forced to change jobs. Sexual harassment may also have a damaging impact on employees not themselves the object of unwanted behaviour but who are witnesses to it or have knowledge of the unwanted behaviour" (EUCR, 2007).

The above study clearly depicts the affects of anxiety that result due to sexual harassment. This study explains how the victims are unable to
concentrate in work and eventually end up in poor work performance and productivity.

For many who have been sexually harassed, the aftermath can be more stressful and/or damaging than the original harassment itself. The combination of retaliation, backlash, and victim blaming can turn even a mild transgression into a major political event within an institution. While there are usually policies in place which are supposed to protect the identity of those involved, particularly in academic institutions, most often confidentiality is not respected, or the harasser or colleagues of the harasser work to punish the victim for resisting or speaking out. We have a question about this problem in our survey and in a poll at our support forum. To date, over 50% of the respondents report that it was the response of others in the harassment environment—such as coworkers, supervisors, human resources personnel, school administration, school friends—that caused the most anxiety, stress, or did the most damage (SHS, 2005).

This study clearly depicts not only the effect of the harassment on the victims, but also the response of the environment on the victims that was found to be devastating. It greatly affected their mental setup both
about themselves and about others and resulted in anxiety that greatly affected their future lives.

Associations among bullying, peer victimization, sexual harassment, and dating violence were examined among 684 middle and high school students. Cluster analysis of self-report measures revealed four distinct bully-victim subtypes: uninvolved, victims, bully-victims, and bullies. African-American students comprised the bully cluster more than White students, but did not report higher rates of dating violence or peer sexual harassment. Bully-victims reported significantly more physical dating violence victimization than members of all other groups, and more emotional abuse in dating relationships than uninvolved students and victims. Bully-victims and victims also reported the highest amount of peer sexual harassment. Anxiety/depression levels were highest among victims and bully-victims. Sexual harassment and dating violence experiences moderated the association between bully-victim subtype and anxiety/depression. That is, victims with the highest levels of sexual harassment and victims and bully-victims with the highest levels of dating violence reported the highest levels of anxiety/depression. Findings highlight the high-risk nature of the bully-victim group and the importance
of assessing multiple forms of victimization affecting youth (Buchanan; Nichole, 2008).

The above study by Buchanan and Nichole (2008), clearly depict the association between sexual harassment and anxiety. Greater the harassment, greater was the anxiety experienced by the victims. This study also denotes the importance of psychotherapeutic aid needed by the victims to help them lead a normal life and also to cope up with the effects of the harassment.

In recent years much has been done to publicize the plight of female rape victims. However, the sexual assault of adult males has received little attention in the research literature or by the public. This paper provides a selective review of the research into the prevalence and effects of male sexual assault victims. Research shows that the effects of sexual assault on adult males are often severe and result in anxiety disorders. This paper also outlines findings from experimental studies that have shown that reactions towards male sexual assault victims depend on both the victim's sexual orientation and the perpetrator's gender. Finally, implications for support services are outlined. Victims of both male and female perpetrators are considered, and both gay and heterosexual victims are discussed in relation to the specific needs of these victims. The needs of Trans gendered victims
are also briefly considered, as are the needs of the sexual partners of male sexual assault victims. This paper concludes by offering some suggestions for future research (Michelle Davies, 2002).

The above study by Davies (2002) is a very interesting one since it focuses on sexual harassment of male victims. This is a rather neglected area since we always associate sexual harassment only with women and overlook the fact that there are also some men who are harassed. This study would prove to be an important review of literature for those who would research on this area.

A study by Tina et. al (2007) reveals that the squeals of sexual trauma, including symptoms or diagnosis of posttraumatic stress disorder (PTSD), may impact women's anxiety and avoidance of preventive healthcare measures such as breast, pelvic, and rectal examinations. As sexual trauma is unfortunately a common occurrence among female patients, particularly veterans, understanding how it influences examination-related distress may improve provision of care to this population. We explored the impact of clinician gender and examination type (breast, pelvic, rectal, and dental) on anticipated examination-related anxiety among women veterans with a history of sexual trauma. A cross-sectional pilot study that examines anticipated examination-related
distress among 31 female veterans with a history of sexual trauma was done. Sexual trauma history was verified by chart review. Self-report instruments assessed patient demographics and patients' anticipated anxiety during breast, pelvic, rectal, and dental examinations (stratified by gender of clinician). The PTSD Checklist–Civilian Version (PCL-C) assessed symptom severity. The results proved that women reported significantly more anticipated anxiety during breast, pelvic, and rectal examinations, when clinician gender was male. Severity of PTSD symptoms was generally unrelated to anticipated examination-related anxiety. Thus, anticipated anxiety was found to be a function of both examination type and clinician gender but not of PTSD symptom severity. These findings emphasize the importance of screening for sexual trauma and the careful consideration of female veterans' unique needs during sensitive medical procedures.

The above study explains the fact that sexual harassment is found in almost every field the women folk are exposed to. It also explains how very badly women are affected as a result of the harassment and also depicts how the victimization affects their future experiences with life.

Forty-one female volunteers, sexually abused, were compared to 56 women who had not been sexually abused. The Beck Depression Inventory (BDI), the State-Trait Anxiety Inventory (STAI), and the Fear Survey
Interview (FSI) were utilized to assess the long-term effects of childhood sexual abuse on 41 female volunteers. The abused women's scores were compared to the scores of 56 women who had not been sexually abused. Information was also obtained subjectively from the abused group in the areas of sexuality and interpersonal relationships. Sexually abused women were found to be more depressed, anxious, and fearful than the controls. Fear and distrust of men, and difficulty with sexual functioning were the most common long-term problems cited by the sexually abused women (Gorcey et. al., 1986).

The above study has been especially quoted to explain the lasting impact of sexual harassment on its victims’ lives. Sexual harassment has been proved to affect the later lives of the victims by affecting their relationships with other men and also in normal sexual functioning.

2.4. Sexual harassment and the resulting stress among victims

This study by Margaret et al. (2008), examined the extent to which harassment experiences correlate with posttraumatic stress disorder (PTSD) symptoms, and whether diagnosable PTSD on the basis of sexual harassment occurs after accounting for prior PTSD, prior sexual abuse, and prior psychological dysfunction. The sample consisted of a two-wave panel
of 445 women who had received a domestic violence protective order from a Kentucky court. Hierarchical linear and logistic analyses confirmed that sexual harassment experiences were significantly correlated with PTSD symptoms after controlling for an extensive set of trauma variables measured in both the baseline and follow up interviews. Our findings lend further evidence that claims of PTSD from sexual harassment may be credible even if claimants have been victims of other forms of trauma.

Just as anxiety, stress is also an essential outcome of sexual harassment in the victims. The harassment leaves the victims in a state wherein they are not certain about revealing the abuse to others but still feel it very heavy on them to bear it alone. This results in stress that affects the normal functioning of the victims considerably. This has been clearly revealed in the above study.

The stressful experiences of women serving in the military have been a focus of increasing concern. A model of the impact of stress related to military duty and stress related to sexual abuse and harassment on the development of posttraumatic stress disorder (PTSD) among female veterans was evaluated. A structural equation modeling was applied to data from 327 women treated in a VA clinical program for women with stress disorders. The model was a chronological one and included
variables related to the women's paramilitary experience, their military service, and their post military experience. Altogether 48 percent of the sample served overseas, and 12 percent were exposed to enemy fire. A total of 63 percent reported experiences of physical sexual harassment during military service, and 43 percent reported rape or attempted rape. Both duty-related and sexual stress was found to contribute separately and significantly to the development of PTSD. Sexual stress was found to be almost four times as influential in the development of PTSD as duty-related stress. Post military social support played a highly significant mediation role between sexual stress during military service and development of PTSD. Thus, women's exposure to sexual stress in the military is much more prevalent than previously believed. It is particularly toxic for the development of PTSD. Correct assessment is essential to effective treatment (A. Fontana; R. Rosenheck, 1998).

The above study by Fontana and Rosenhuck (1998), reveal the shocking fact that sexual harassment is prevalent in almost every field women are in. Military is supposed to be a very noble field wherein the security of the entire nation is concerned. But what if the security of its own members is itself a question mark? This study will thus throw light on the areas to be focused to put an end to sexual harassment.
Richard (1999) conducted a study on the sexual harassment among working women in the educational setting which then spread out to the students level also. Here, whether student-to-student, employee-to-employee, or encountered by undergraduates from persons at an educational institution in a position of authority over them, the literature is clear: Sexual harassment exists at educational institutions. The nature and probability of the harassment varies by gender and scholastic level. Females are more likely to encounter harassment than males, and graduate students are more likely to encounter difficulty than undergraduates. Although it is primarily a problem for women, it is also experienced by men.

The above study by Richard, although not statistically, proves that sexual harassment also prevails in the educational settings. This is an area where a typical hieratical setup prevails, facilitating the use of power to harass the victims, be it men or women. This paper by Philip and Coral (2000), briefly reviews the nature of sexual harassment, the response of industry to the problem and the adverse impact that may result from sexual harassment. Data from a survey of sexual harassment experienced by hospitality students whilst on supervised work experience are reported. The reported personal consequences of sexual harassment are found to be
psychological problems like stress, anxiety and depression and the results are discussed in relation to previous research of the authors. Particular attention is drawn to the high incidence of customer harassment; the need for additional research is identified by the authors to facilitate the preventive measures.

This is yet another study to explain the prevalence of sexual harassment among working women and the resulting problems faced by the victims. The author not only focuses on the problem but also throws light on the need for developing effective preventive measures that adds value to the article.

Society has a great stake in ensuring that the alarming rate of sexual harassment goes down. A Cleveland State Law Review Article entitled "The Present State of Sexual Harassment Law: Perpetuating Post Traumatic Stress Disorder in Sexually Harassed Women" reported that 90% to 95% of sexually harassed women suffer from some debilitating stress reaction, including anxiety, depression, headaches, sleep disorders, weight loss or gain, nausea, lowered self-esteem and sexual dysfunction. They experience job-related costs as well: from job loss, decreased morale, decreased job satisfaction to irreparable damage to interpersonal relationships at work. The study found that fully 50% of women who filed a complaint in
California were fired; another 25% resigned due to the stresses of the complaint process or the harassment itself. The study reported that those who have been harassed lose $4.4 million in wages and 973,000 hours in unpaid leave each year. The costs are borne not only by the victims of harassment; they create financial havoc for employers as well (SHRM, 2000).

The above study is an important work in the area of sexual harassment of working women since it not only explains how the victims are affected, but also throws light on the problems faced by the employers as a result of the prevailing abuse in their workplace. It is, therefore, imperative that employers do everything within their power to discourage, if not eliminate, all incidents of sexual harassment.

Posttraumatic stress disorder (PTSD) factor analytic research to date has not provided a clear consensus on the structure of posttraumatic stress symptoms. Seven hypothesized factor structures were evaluated using confirmatory factor analysis of the Posttraumatic Stress Disorder Checklist, a paper-and-pencil measure of posttraumatic stress symptom severity, in a sample of 1,218 women who experienced a broad range of workplace sexual harassment. The model specifying correlated re-experiencing, effortful avoidance, emotional numbing, and hyper arousal factors
provided the best fit to the data. Different patterns of correlations with external variables were found for the avoidance and emotional numbing factors, providing further validation of the supported model (P.A. Palmiere; L.F. Fitzgerald, 2005).

The above is a valid research in the area since it covers a sample of over 1218 women who have been sexually harassed. The study reveals the severity of the problems resulting due to sexual harassment that creates awareness in the area of overcoming it.

2.5. Sexual harassment and the reducing well being among victims

A total of 150 college going female students studying in different colleges were given a Biographical Inventory prepared for the purpose of finding out the girls who were sexually abused in their childhood. Out of 150 students 57 reported incidents of sexual abuse in their childhood and 93 did not report any incident. Among sexually abused 24 reported one or the other or more than one kinds of severe sexual abuse and 33 reported moderate sexual abuse. Those who reported incidents of stroking or rubbing, hugging and kissing in sexual ways, flashing / exposing genitals by an adult male, performing or making the girl oral sex or having sexual intercourse, were put in the severely sexual abused category. Those who
reported incidence of looking at in a sexual way, making kind or suggestive comments, showing pornographic materials by an adult male, were put in the moderately abused category. As per the willingness and availability of the participants for further research 20 from each of the two sexually abused categories were included in the final study. A third group of 20 girls as a control group was also taken on random basis from amongst 93 participants who did not report any childhood abuse. PGI Well-being Scale by Verma and Verma was administered. T test showed no significant difference between psychological well-being of moderately and severely sexually abused participants. However, both moderately and severely abused participants had significantly lower psychological well-being than normal participants (Hasnain N., Kumar D., 2006).

The above is a direct and a very clear study revealing the impact of sexual harassment on its victims. It is very evident that the victims immensely suffer from lowered levels of general well being that affects their personality and self concept greatly. The study also explains that the degree to which the general well being is affected is greatly dependant on the extent of the harassment.

Women who are sexually abused are at increased risk for having
mental health problems long after the abuse. Other no exploitive experiences can also be psychologically detrimental, may coexist with sexual abuse, and may explain some portion of subsequent mental health problems. This study addresses the association between sexual abuse and a woman's psychological functioning, independent of the other variables which may influence mental health. Of 609 women completing mental health and self-concept measures, 98 reported sexual abuse; 110 of the remaining women were selected as comparisons. Women sexually abused scored lower on measures of mental health status. Both sexual abuse and fewer years of education were related to lower scores on a psychological well-being scale after variance accounted for by family and demographic variables was removed. Sexual abuse was not a predictor of general self-concept scores after the removal of family and demographic variables, but sexual abuse was independently associated with the subscale measuring the physical aspect of self-concept. These findings lend support to theorized causal links between sexual abuse and some aspects of later psychological difficulties (R.M. Brayden et al., 1995).

The above study by Brayden and his colleagues is yet another study explaining the direct impact of sexual harassment on the general well being of the victims.
R.J. Burke (1995) describes a study which examined the incidence, antecedents and consequences of self-reported sexual harassment at work. Data were collected from 829 women and 766 men employed by a single large professional services firm using anonymously completed questionnaires. Women reported significantly more sexual harassment than did men. The experience of sexual harassment was related to lower satisfaction, greater intention to quit and greater cynicism about the firm's commitment to fair treatment of staff, for women but not for men. Work setting characteristics were stronger predictors of self-reported harassment than were personal demographics for women but not for men.

The above study clearly explains the various official factors that facilitate reporting of the sexual harassment. This also throws light on the effects of the crime on the victims that affect their performance greatly. Based on the above study, organizations can design committees for reporting of the harassment that would help eliminate it.

Sexual harassment of women in organizational settings has recently become a topic of interest to researchers and the general public alike. Although numerous studies document its frequency, the development of conceptual models identifying antecedents and consequences of harassment has proceeded at a slower pace. In this article, an empirical
test of a recently proposed conceptual model is described. According to
the model, organizational climate for sexual harassment and job gender
context are critical antecedents of sexual harassment; harassment, in turn,
influences work-related variables (e.g., job satisfaction); psychological
states (e.g., anxiety and depression); and physical health. On the basis of a
sample of women employed at a large, regulated utility company, the
model's predictions were generally supported.

This is an interesting theoretical study by Fitzgerald et. al.(1997). This
study not only focuses on the problem of sexual harassment, but also
reveals the fact that there are no empirical studies still sufficiently present
in this particular area. Thus it helps in preventing the crime in a more
organized and efficient way.

Ellen et al. (2003) state that an extensive body of literature has
documented the widespread and damaging nature of sexual harassment
among Anglo women, but little attention has focused on the experiences of
women of color. The current paper begins to address this gap by
comparing sexual harassment incidence rates and psychological and work–
related outcomes of Hispanic and non–Hispanic White women across
varying levels of cultural affiliation. Chi–square tests of association suggest
that risk of harassment increases with affiliation to the mainstream U.S.
culture, and hierarchical regression analyses suggest that cultural affiliation moderates the relation between sexual harassment and occupational functioning. These provocative findings are discussed in the context of social and economic vulnerability, socio–sexual norms, and cultural background.

The above study by Ellen et. al. state the various factors that may contribute to sexual harassment like colour, race, etc. Emphasis is also placed on the cultural factors that contribute to the characteristics of the organizational set up.

Background sexual harassment within the doctor-patient relationship is typically discussed in terms of male doctors harassing female patients. We investigated the sexual harassment of female doctors by patients. Surveys were mailed to a random sample of 599 of the 1064 licensed female family physicians in Ontario, Canada. Respondents were asked about their experiences of sexual harassment by either male or female patients and about the nature and frequency of harassing behavior. Suggestions for prevention were requested. Results proved that seventy percent (422) of the questionnaires were completed and returned. More than 75 percent of the respondents reported some sexual harassment by a patient at some time during their careers. Physicians had been harassed
most often in their own offices and by their own patients. However, in settings such as emergency rooms and clinics, unknown patients presented a proportionately higher risk. The physicians' perceptions of the seriousness of the problem varied with the frequency and severity of the incidents. The sexual harassment of female doctors appears to occur frequently, and it is therefore an important topic to address in medical school and professional development (S. Philip; M. S. Schneider, 1993).

The above is a very interesting study since it gives a new perspective to view sexual harassment. Generally, it is considered that sexual harassment occurs from the upper hierarchal levels to the lower ones as a demonstration of power and dominance. But this study proves the reverse.

2.6. Sexual harassment and the reducing self efficacy among victims

The response patterns of women who had experienced sexual harassment were analyzed by (Gruber E.; Smith D., 1995). The harassment targets were part of a large, representative sample of Canadian women (n = 1,990) who were interviewed about their experiences with public or workplace harassment. Descriptive analyses revealed that women generally gave fairly nonassertive responses to harassment particularly when the harassment was not severe, Multivariate analyses revealed that
harassment severity, source of harassment, and being in an occupation in which women were a threatening minority were the strongest predictors of response assertiveness. Also, harassment severity and source of harassment were the strongest predictors of women who quit their jobs due to harassment. The nonassertiveness of women's responses is discussed in terms of cultural and organizational roles and women's attempts to manage strained work relationships. Women and men are socialized to expect that women will manage emotional and sexual interactions between the two sexes. These expectations may spill over into the workplace and result in sexual harassment unless there is a concerted effort by the work organization to combat such problems.

The above is a very valid study due to its large sample and its empirical results. Also, the study reveals how the harassment affects assertiveness which is an important aspect of self efficacy.

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 constructs 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 (William O Donohue, Penix T.M., Brunswig K.A., 1999).

The above study focuses on the treatment methods to be followed to prevent sexual harassment. While speaking about a crime, it is very
important to focus on its preventive measures and the above study has made its effort to do the needful in the area.

A study was done by Van Bruggen et. al. (2006) wherein disproportionately high rates of sexual revictimization have been noted among former victims of child sexual abuse (CSA), yet researchers have yet to determine the source of this apparent vulnerability to reexperience sexual violence. This study explores this issue by examining sexual self-esteem, sexual concerns, and sexual behaviors among 402 university women. Compared to women without a history of CSA (n = 348), women with a history of CSA (n = 54) had lower sexual self-esteem, poorer sexual adjustment, and were 2 times more likely to have experienced sexual assault since the age of 14 years. Structural equation modeling indicated that the relationship between child abuse and sexual revictimization was partially mediated by sexual self-esteem, sexual concerns, and high-risk sexual behaviors. This study emphasizes the need for further research on child maltreatment, revictimization, and women’s sexual adjustment.

The above study by Van Bruggen et. al. (2006) clearly states that sexual harassment has a lasting effect on its victims. This study reveals the fact about the victims of harassment who suffer of low self efficacy even later in their lives. This is an important fact to be noted and taken care of.
Attitudinal constructs hypothesized to be related to sexual victimization were assessed as part of a baseline survey on adolescent dating violence by Walsh J.F.; Foshee V. (1998). Subjects were eighth and ninth graders in 14 schools in a rural school district in North Carolina. A follow-up survey was completed 6 months later. Girls who had not reported forced sexual activity at baseline (A7 = 732) were assessed to determine whether forced sexual activity during the intervening 6 months was predicted by levels of self-efficacy, self-determination or victim blaming at baseline. Results indicate that levels of self-efficacy, but not self determination or victim blaming, predict the likelihood of experiencing forced sexual activity in this adolescent female population. Recommendations are made for the inclusion of components promoting self-efficacy development in sexual assault prevention programs for females in this age group.

The above study focuses on the factors to be noted while designing a prevention programme. It places emphasis on self efficacy since it is greatly affected due to sexual harassment and needs to be improved for the effective performance of the individual.

Adolescent females under Child Protective Services care in Quebec, Canada (n = 328) completed a questionnaire designed to
explore associations between prior victimization and four dimensions of sexual and contraceptive self-efficacy by Lory et. al.,(2009). Five MANCOVAs were performed. In each model, a victimization index served as the independent variable, four Contraceptive Self-Efficacy subscales as dependant variables, and age, age at first sexual intercourse, and lifetime number of sexual partners as covariates. Childhood sexual abuse was negatively associated with adolescent’s perceived ability to communicate about her sexuality and contraceptive practices. Sexual coercion in dating relationships was negatively associated with the adolescent’s perceived ability to communicate about her sexuality and contraception, her perceived control over her sexual activity, and her perceived control over her use of contraceptives in passionate situations. Sexual victimization was found to impair important aspects of adolescent females’ sexual and contraceptive self-efficacy.

The above study clearly depicts the effect of sexual assault on its victims and, particularly being worse due to the age aspect of the victims which makes it clear that, as children these victims have found it more difficult to fight the effects of the victimization.

2.7. Sexual harassment and its prevention

Sexual harassment affects people of all ages and races and of both
sexes. Although it has been outlawed under Title VII of the Civil Rights Act of 1964 and prohibited under Title IX of the Education Amendments of 1972, many companies and schools have yet to develop adequate policies and procedures for addressing sexual harassment. Evidence of this is apparent in the increased number of grievances filed with the U.S. Equal Employment Opportunity Commission (EEOC): from 10,532 filings in 1993 to 15,889 in 1997. The Supreme Court rulings in Faragher v. City of Boca Raton and Burlington Industries v. Ellerth are an attempt to halt these incidents by requiring harassed employees to work within their companies to resolve grievances before turning to the EEOC. They place responsibility on the employer to set guidelines for preventing sexual harassment and on the employee to follow them. This ERIC Digest examines the implications of federal laws covering sexual harassment, the characteristics of company policies and grievance procedures to prevent and report sexual harassment, and program strategies for preventing sexual harassment in schools and workplaces (Brown, Lankard B., 1999).

The above report clearly states that sexual harassment has been existing for ages and it has also been tried to be removed as early as 1964. But it is depressing to know that it has not been completely prevented till date.
Today it’s over 20 years of the Supreme Court having given these guidelines but has there been an implementation to these? One of the major drawbacks being, that such laws and guidelines find their places only in law books and few journals. The common masses don’t get to know about such judgments. The NCW study shows that 60% of working woman is still not aware of this. In number of cases it was found that the women who made complaints had to meet with an enquiry about their own conduct and no enquiry was made against the person against whom the complaint was made. Lodging complaints often results in isolation of the women, both by employer and by the colleagues. It results in increase and sometimes more violent harassment. In a sexual harassment case the response of the employer institution is of great resistance. The institution gangs up against the women who complaints and then shield the person against whom the complaint has been reported. There is always a hesitation to initiate action against him. Worst of all, the victim is usually pressured to take the complaint back, through threat. Witnesses also tend to show their back since they are threatened to remain quite.