

SEXUAL HARASSMENT, DEPRESSION AND ALIENATION

The Impact of Sexual Harassment, Depression and Alienation among high school students.

Master thesis in Work and Organization psychology

NTNU

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Foreword

This study is part of a larger empirical research project under the administration of associate professor covering 17 high-schools in Sør-Trøndelag, Norway. The research question and analysis have been developed and performed by myself with guidance by my supervisor Mons Bendixen. The thesis is divided into one theoretical part which includes most of the theoretical framework, and one empirical part which contains the performed study. The process of writing this thesis has been a journey I will never forget. The combination of frustration and exhilaration as well as the learning process have been very stressful and demanding but also very rewarding. I would like to show a special gratitude to my supervisor for the patience and guidance throughout this process. I would also like to thank my fiancé Anastasia Puzyreva and good friend Martin Volnes for support and proof-reading of the thesis.

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Abstract

Students in high school are in a critical stage of developing their social identity and negative constructs such as depression and alienation are a frequent problem occurring in such social arenas. Research on the matters show that adolescents are especially vulnerable to alienation and depression, however, what enforces these feelings are not properly understood. In this paper an investigation of factors contributing to alienation and depression by going through research on sexual harassment and bullying as possible enforcers is pursued. Findings suggest that research connecting alienation and depression is limited and that sexual harassment and bullying are important factors contributing to feelings of both alienation and depression. Further studies on this matters may contribute to the knowledge of the relationship between these constructs.

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The Impact of Sexual Harassment, Depression and Alienation among high school students.

The social processes occurring in high school classes can be of severe complexity. Parents, social workers, teachers and alike attempt to assess and find solutions to problems that are inevitably bound to find place in these social situations. Unfortunately, as is the case with most human interactions, they are unpredictable. As soon as an apparent promising solution occurs, the problem has a tendency to evolve and adapt. Or as Lemony Snicket so hopelessly announces in the book *The Bad Beginning* “All his life, Klaus had believed that if you read enough books, you could solve any problem, but now he wasn't so sure.” (Lemony Snicket, 1999).

When students enter high school, they are in a crucial part of their development. By the age of 16, students enter first grade of Norwegian high school. This age is characterized by many changes in body and mind as a result of puberty unfolding an individual's development. As the body reaches an explosive speed in physical features characterized by peaks in strength and development of reproductive tools, the brain is influenced by a complex cognitive and emotional maturity. With enhanced development comes enhanced vulnerability however. During puberty, adolescents are experimenting with finding and establishing their social identity, which makes them highly susceptible to emotional events. Events such as traumas or other negative social behaviors occurring during this period may have long lasting behavioral, emotional and cognitive impact on the individual later in life (Patton and Viner, 2007).

There are diverse causes for depression in high school, and many of these are affected by social interactions (Gladstone and Kaslow, 1995). Other causes also interfere however, such as substance abuse, eating habits and poor sleep routines are related to initiate depression (Saksvig, Pallesen, Wilhelmsen-Langeland, Molde and Bjorvatn, 2012; Jieun, Sungjoo and Ryowon, 2009; Tomori and Makovic, 2000; DeSimone and Murray, 1994). Many prevention programs have been created attempting to reduce the amount of depression among adolescence. However, as demonstrated in a meta-analysis by Jane-Llopis and colleagues (2003), an estimated 11% of reduction in depression may be obtained through these prevention programs.

High school is a period of high involvement in school and extracurricular activities. These activities are important in personal development for both social and practical skills. In some cases, students experiencing alienation are missing these opportunities. People who feel alienated retract themselves from social events and isolate themselves from other activities

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(Seeman, 1959). This experience is closely related to loneliness and the lack of belonging to a group or person. However, what factors contribute to the feeling of alienation among high school students? Research on the topic seems to be limited, though; human contact seems to be a fundamental need for people that has developed through evolution (Baumeister & Leary, 1995). Loneliness seems to have a U-shaped non-linear curve across age groups, suggesting that young adults under the age of 25 and adults aged 65 and older at each top of the curve would be reporting higher scores. While adults aged around 40 are reporting lowest scores of loneliness (Victor & Yang, 2012). These results indicate that less alienation is experienced during the period of an individual's family life (children and spouse). As social isolation can in many cases be a contributing factor to depression (Sanders, Field, Diego and Kaplan, 2000), it is important to investigate further the impact alienation may have on an individual.

As stated, research on alienation in high school students is almost non-existent while research on depression in high school students is limited. However, further investigation on these matters seems beneficial. Many factors may contribute to the development of depression and alienation type behavior in high school. As social status and the physical changes to body and mind are important topics during high school years, bullying and harassment are relevant subjects as they target specific individuals and may have a large impact on the forming of a growing social identity. Many studies have determined the effect of bullying and prevalence of bullying in high school (Modecki et al, 2014). However, few have attempted to link bullying as a mediating factor to alienation. As students may withdraw from situations that are perceived as threatening, students could also be withdrawing from situations in which there are high chances of victims being bullied. This may result in withdrawal from classes and other social arenas, limiting their social circle. Another topic that may be relevant in similar situations is sexual harassment. Surprisingly, even though students are investigating their sexual identity through experimentation in high school, very little research have made attempts in mapping the prevalence and consequences of sexual harassment among high school students.

As symptoms of depression include social isolation and withdrawal behavior (Nolen-Hoeksema, 2009), a link between alienation and depression may be plausible. Furthermore, as both bullying and sexual harassment are targeting negative behavior, knowledge of the extent alienation and depression are a result of such behavior may be important for the well-being of high school students. Due to the limited research on this field this study will attempt to investigate whether there is a link between depression and alienation. We will also investigate

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the role of sexual harassment and bullying on these matters to see if there may be a relation. The research questions for this theoretical paper are as follows: *Is alienation related to depression in high school students? How does bullying and sexual harassment relate to alienation and depression in high school students?*

Theoretical and empirical background

Depression

Among mood disorders, depression is regarded as one out of two major mood disorders, bipolar disorder being the second. Unlike Bipolar disorder, which is characterized by interchangeably highs and lows in mood, unipolar depression is characterized solely by a feeling of sadness and deep unrelenting pain. A common symptom among depressed individuals is anhedonia, which is characterized as a complete loss of interest for anything in life (Nolen-Hoeksema, 2009). Activities that earlier were perceived as joyful for the individual will not bring any mood enhancement despite the effort from the individual to do so. Depression may take many forms, and several disorders involving this disorder are mentioned in the DSM IV. However, unipolar depression is divided into two main categories: major depression and dysthymic disorder (4th ed., text rev.; DSM-IV-TR; American Psychiatric Association, 2000). While major depression is recognized by periods of strong depression striking the individual, dysthymic disorder is a chronic form of depression. In some cases these two disorders occur simultaneously and are referred to as double depression.

The DSM IV mentions several criteria for a diagnosis of major depression to be given: the person in question must have experienced either depressive mood or loss of interest in usual activities, plus at least four other symptoms of depression chronically for at least two weeks. In addition, these symptoms have to be severe enough to interfere with a person's everyday life (4th ed., text rev.; DSM-IV-TR; American Psychiatric Association, 2000). A person diagnosed with major depressive disorder shows several psychological, behavioral and cognitive symptoms, which affects the individual's daily routines. Typical physical characteristics of a person with depression include changes in appetite, sleep and activity levels. Very often these changes are experienced at an extreme end of a scale, such as when a depressed person may feel a total loss of appetite or start binge eating, may feel like sleeping all day or find it difficult to sleep and experience insomnia like features (Nolen-Hoeksema, 2009). A typical behavioral symptom of depressed people is psychomotor retardation. This means that the body slows down its movement and activity level, which often influences the person's reaction, walk, gesture and speech. Cognitive features affected by depression are

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often mood, concentration and decision-making. The thought pattern may often be filled with themes of guilt, worthlessness, hopelessness and even suicide (Nolen-Hoeksema, 2009).

Prevalence

Depression is the most prevalent psychological disorder and it inflicts 4% of men and 8% of women worldwide (Leithinen & Joukamaa, 1994). An American study reports that 16% of all Americans experience an episode of major depression during their lifetime (Kessler et al., 2003). Depression is a possible and common outcome in high school students and according to a study by Myers and Troutman (1993), 10-40% of high school students experience mild to moderate depression, while 5-8% experience serious depression. In Scandinavia Olsson and van Knorring (1998) found that depression inflicts around 12% of Swedish high school students. An interesting finding shows that among adults major depression inflicts young adults more than older adults (Blazer et al., 1994; Kessler et al., 2003), in this case young adults being the age 15-24 and older adults being 45-54 years old. The rates of people diagnosed with major depression also seem to differ among the sexes, in which women are up to twice more prone/deferred to both mild and serious symptoms of the disorder than men are (Nolen-Hoeksema, 2002).

The biological perspective.

MDD (major depression disorder) seems to be influenced by genetics, as family history studies and twin studies point to a correlation and increase in chance of developing the disorder (Southwick, Vythilingham, & Charney, 2005; Wallace, Schneider, & McGuffin, 2002). However, if first-degree relatives experience the disorder it is still unlikely that the person in question also will develop MDD, but the chance of development can double or even triple if close family relatives are experiencing the disorder (Klein et al., 2001). By comparing monozygotic and dizygotic twin siblings, it is possible to investigate heritance as monozygotic twins share more genes than dizygotic do (Kendler et al., 2001). Monozygotic twins are more likely to develop MDD if one of the twins develop the disorder, rather than if one of the dizygotic twins does. This supports the idea that MDD is an inheritable disorder; however, environmental factors play a strong role in the development. A form of twin study attempting to regulate for environmental factors by studying separated monozygotic twins in adopted families show some surprisingly equivocal results, ranging from none to weak and to strong evidence of MDD heritability (Sullivan, 2000).

To have a proper understanding of the MDD, it is important to understand the neuropsychological basis for the disorder. The monoamine deficiency hypothesis expresses in

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its simplicity that a dysregulation in norepinephrine and serotonin in the limbic system can cause mania and/or depression in patients. A reduction of these neurotransmitters in the synapses between neurons may result in typical symptoms of depression. However, the picture is somewhat unclear how precisely the neurons are affected. During a state of depression dysregularities in neurotransmitter processes is observed, however, they disappear when the state of depression passes (Belmaker & Agam, 2008). These observations suggest that neurotransmitters are affected, but are not necessarily causing the depression. Medical treatments of MDD attempt to stabilize the neurotransmitters to a balanced level, however research clearly support a combination of treatments with both psychological therapy and medical treatment interchangeably for the most persistent and successful result.

Social catalysts and alienation.

A major reported catalyst for MDD is stress. Previous studies have frequently reported a linkage between stress and MDD (Nolen-Hoeksema, 2009). In a well-known study performed by Hammen (2005), it is revealed that MDD may occur as a reaction to major life stressors, such as loss of a loved one, serious medical illness or loss of a job. However, these major stressors are not the only way that MDD may be influenced by stress. Minor continuous stressors may also initiate the disorder over time, such as peer pressure (Allen, Porter & McFarland, 2006). Acceptance from peers in a group is a major factor for a person's perception of how desirable a person feels (Petrie & Chamberlain, 1983).

In addition, as shown by Bjorkqvist (2001), being accepted by one's peers in a group is utterly important to maintain positive and satisfied in social environments. In his research, he investigates the phenomenon of social defeat. Social defeat occurs when a person is continuously presented with groups of which he or she is inferior to or not accepted by a more dominating character or peers. Over time, the lack of social acceptance may have strong impact on cortisol levels resulting in increased experience of stress and depression (Bjorkqvist, 2001). Even though most studies on social defeat are performed on animals, it has been argued that many of the same processes in this regard also apply to humans (Chaouloff, 2013). Social defeat may cause a feeling of hopelessness. In addition, as mentioned in the works of Petrie and Chamberlain (1983), hopelessness is a major variable in depression and may lead into suicidal thoughts.

Hopelessness is also central to the understanding of alienation. Alienation may occur in different forms, one popular angle to alienation in the literature is *work alienation*, which represents a disengagement from the world of work (Hirschfield & Field, 2000). In the same

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manner, social alienation refers to disengagement and isolation from social groups or individuals (Ankony & Kelley, 1997). Alienation is as Seeman specified in his works during the late fifties (1959): *“five alternative formulations of alienation as the person's feeling of: powerlessness over the environment; meaninglessness of life's alternatives; normlessness or rulelessness of individual conduct; isolation from cultural and social institutions: and self-estrangement from one's own role”* (McLeod, Ward & Tancill, 1966; page 584). In short, alienation can be defined as a rejection of social institutions and processes. Seeman's definition does not explain however, the reason for the variations of alienation. The need for belongingness has been a central topic in alienation and social exclusion related research in recent years. In the article published by Baumeister and Learey (1995), a review of theory and research on the need for belonging is presented. The theory suggests that each person maintains a need for a consistent, frequent and non-aversive interaction within an ongoing relational bond. Founded in evolution, the human species seem to be wired with an unconscious need for bonding and affiliation. The reason for this may be the value groups serve on survival and reproduction. As suggested by Rofè (1984), in endangered situations in which a person is threatened such as, times of illness, times of war or during night, an escalated feeling of loneliness occurs, which in turn strengthens the notion that groups may have a protective effect on individuals in that group. Furthermore, social relations are important for successive reproduction and resource gathering. As the environment unfolds its challenges, maintaining a stable income of resources also affects reproduction during not only pregnancy and infancy, but also supporting children to reach their reproductive years and produce offspring of their own (Baumeister & Leary, 1995). Failing in making intimate connections with others, therefore, from an evolutionary perspective, may have had fatal consequences for the individual during the period in which human species evolved (i.e., “deep time”).

Belongingness indeed seems to be an innate fundamental social need for humans. As presented in a statistical review in Canada, as much as 90% of Canadian households representing 26 million individuals included at least two members (Statistic Canada, 2006). Recently, several studies have been performed on social isolation related topics such as loneliness. Loneliness is believed to derive from experienced deficiencies in a person's social groups (Parkhurst & Hopmeyer, 1999), and is defined as the unpleasant experience that arises from perceiving one's social relations as being inadequate in terms of satisfying important social needs (Stickly, Koyanagi, Kuposov, Schwab-Stone & Ruchkin, 2014). Not

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surprisingly, loneliness may result in several negative outcomes regarding both physical and psychological well-being. A longitudinal study performed on children in kindergarten and through their adolescence, found that experienced social isolation and loneliness during childhood increases anxious and depressive symptoms in adolescence (Fontaine et. al, 2009). Another study found a relation between perceived loneliness and immune dysregulation leading to fatigue, pain and depressive symptoms (Jaremka et. al, 2013). On the opposite side of the social continuum, a strong feeling of belongingness seems to serve benefits for the individual. People who show a high need for connecting with peers perform better on reading other people's facial expressions and vocal tone (Pickett, Knowles & Gardener, 2004). One study also found that belonging to a group increases both motivation and academic results (Walton & Cohen, 2007). Moreover, people scoring high in need for relatedness and belongingness also score higher in selective social memory tasks (Gardner, Pickett, & Brewer, 2000).

Bullying in school

Bullying is a form of behavior involving intentional and harmful acts marked by engagement and an asymmetric physical or psychological power relationship (Williams & Guerra, 2007). Bullying and acts of aggression are often used synonymously, it is important therefore, to distinguish acts of aggression from bullying behavior. What considers behavior as bullying is when aggressive actions such as physical abuse, social exclusion and destruction or stealing of personal property, are reoccurring events typically inflicted on a person considered weaker than others in an ongoing social interaction (Arora, 1995; Connel, Pepler & Craig, 1999). In comparison, aggressive acts do not necessarily target weaker individuals, and do not have to be a repeated behavior. As well as including physical and verbal aggression taking place in face-to-face contact, other arenas for bullying such as the internet have also been emerging through the later years (Williams & Guerra, 2007). Bullying through internet typically involves the use of social media and other sites where social interaction is involved. Bullying through internet is often referred to as cyber bullying by researchers or "trolling" by popular media, and has gained increased attention in later years (Williams & Guerra, 2007). Nansel and associates (2001) defined bullying with three main components : *Bullying is a specific type of aggression in which (1) the behavior is intended to harm or disturb, (2) the behavior occurs repeatedly over time, (3) there is an imbalance of power (physical or psychological), with a more powerful person or group attacking a less powerful one.* (Nansel et al., 2001, p. 2094)

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Researchers previously used to categorize people as either a victim or a bully to clarify the roles in a bullying situation. In later years the focus have also included a third role, the bully-victim, which is bullying others as well as being bullied himself, however, research on the latter group is less studied compared to the classic bully victim roles (Haynie et. al, 2001). The existing research on the bully-victim group however, indicates that bully-victims are in most need for intervention and prevention programs against bullying (Cook, Williams, Guerra, Kim & Sadek, 2010).

The prevalence of people experiencing bullying varies extensively due to the complicated process of determining what factors should be included to define a person as being bullied. Another important factor considering prevalence is the proximity of the timeframe of which the research has been conducted. As many intervention programs focusing on reducing bullying have been developed based on the popularity of bullying research the past decade, adjustments to the proliferation of bullying may have occurred. Therefore, based on these arguments, a recent meta-analyses performed by Modecki et. al (2014) was chosen to examine prevalence. Based on 80 studies regarding prevalence of traditional and cyber bullying, they found that traditional bullying occurs in 35% of the participants and cyber bullying occurs in 15% of the participants. These numbers do not necessarily mean however, that those who experience cyber bullying do not experience traditional bullying and vice versa, but they do paint a picture of the situation on an international level, as the studies were conducted cross-culturally. A limitation to their study is that they do not report the cut-point of being bullied thereby complicates the validity of the studies used in the meta-analyses. Other studies have estimated that bullying involves between 10% and 30% of children and youth, however, as the study performed by Modecki et al (2014), they also acknowledge the importance of a proper definition of bullying, in reference to the rather large gap in percentage (Nansel, Benner, Lane & Smith, 2004).

An important factor regarding bullying research are the methods used. To have a proper understanding considering the dynamics of bullying interactions, one might benefit from using longitudinal methods, as cross-sectional methods may not capture all aspects of the situation at hand. Research seems to agree that bullying develops over time (Baldry & Farrington, 2000; Klomek, Marrocco, Kleinman, Schonfeld, & Gould, 2007; Langdon & Preble, 2008; Nansel et al., 2001; Olweus, 1993; Solberg & Olweus, 2003). Children start bullying other children from an early age, and increase up to its peak in early/middle adolescence and thereafter slightly decline through late adolescence (Nocentini, Menesini &

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Salmivalli, 2013). The reason for the increase in bullying during this period, they argue, is the competition for social dominance. When the students change classes the competition for social dominance utterly increases, as new “competitors” are involved for the social hierarchy in the class (Nocentini, Menesini & Salmivalli, 2013).

The assumption that bullying may have serious long lasting physical and psychological negative impact on an individual is well documented (Ttofi & Farrington, 2008). In regards to depression, bullying seems to have a strong impact on both development and severity. In one study including 2680 secondary school students, bullying and victimization had a significant effect on self-reported symptoms of anxiety and depression (Bond, Carlin, Thomas, Rubin & Patton, 2001). Furthermore, in severe cases of which children were sent to psychiatric institutions due to the effect of being bullied, 70% of them were diagnosed with depression (Salmon, James, Cassidy & Javaloyes, 2000). Being bullied has also been found to increase suicidal thoughts (Kaltiala-Heino, et al, 1999), and according to Van der Wal (2003), is a common outcome for those who are victims of being bullied. In a meta-analysis by Ttofi, Farrington, Lösel & Loeber (2011b), an investigation of longitudinal studies regarding the long term effects of bullying on depression were pursued. The results show, that even after controlling for more than 20 major risk factors, individuals who were exposed for bullying during childhood had a 50% increased chance to become depressed later in life compared to those not being bullied. Furthermore, another interesting finding in this study was that the earlier the child was exposed to bullying the higher probability for depression to occur became. Bullying can also impact a person physically through psychosomatic symptoms such as headaches, sleep deprivation, fatigue, emotional disturbances, and abdominal pain (Fekkes, Pijpers and Verloove-Vanhorick, 2004; Due, et al, 2005). In a review by Vatn and colleagues on bullying in Norwegian schools, they report that 10% of Norwegian children and adolescents are subject to bullying 2-3 times a month. Even though this tendency decreases as the school students mature, they report a significant association between being bullied and psychological and somatic health problems (Vatn et al, 2007).

Bullying however does not only have serious consequences for the victim, but also for those who bully others (Ttofi & Farrington, 2008). Just by being involved in bullying either as a bully, victim or bully-victim, an increase in chance for depression and social ideation occurs (Kaltiala-Heino, Rimpela, Marttunen, Rimpela & Rantanen, 1999; Kim, Koh & Leventhal, 2005; Kampulainen, Rasanen & Henttonen, 1999).

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Negative long-term effects of school bullying are evidently existent (Ttofi & Farrington, 2008). As students enter the work force, the long-term effects of bullying from school may become present for both those who bully and the victims of bullying. As bullying may take many forms, one may consider whether these actions persist in other situations through adulthood. In a Meta analytic review, Ttofi, Farrington, Lösel & Loeber (2011a) investigated whether those who bully at school also are charged with criminal offences later in life. Twenty-eight longitudinal studies were included for investigation. The conclusion yielded that after controlling for other major childhood risk factors, those who bully are much more likely to engage in criminal offence 11 years later than non-involved people are.

Research on bullying saw its infancy during the 1970's and is still a hot topic in today's research (Cook, Williams, Guerra, Kim & Sadek, 2010). This sustained by a meta-analytic review of bullying research from the 1980's to 2009 showing that the number of research papers on bullying has seen a dramatic increase in the later years. As there were 190 peer-reviewed articles published on "bullying" matters from 1980 to 2000, there have been published more than 600 peer-reviewed articles from the year 2000 to 2009 (Cook, Williams, Guerra, Kim & Sadek, 2010). Based on this information, it seems that the interest in bullying research is increasing.

Sexual harassment.

Farley (1978) coined the term sexual harassment in the 1970's and ever since empirical research has been developed to bring the issue into public light. After acknowledging the prevalence of the problem that millions of women were exposed to this kind of behavior on a regular basis, laws and regulations started to form (Zippel, 2006). As the concept of sexual harassment gained increased attention, organizations started to follow with strict guidelines, policies, workshops, training and procedures for sexual harassment complaints (McCann, 2005). SH is counterproductive workplace behavior in line with bullying, race-based harassment and gender-based discrimination (Zippel, 2006). What distinguishes SH from other similar types of counterproductive workplace behaviors is that SH has an explicit sexual dimension. In contrast to other forms of harassment such as harassment based on race, SH can be a form of flattery or positive attention (Samuels, 2003) albeit being perceived as negative from the target's point of view. A widely used definition of SH stems from the Equal Employment Opportunity Commission (EEOC) and states: verbal or physical conduct of a sexual nature that unreasonably interferes with an individual's job performance or creates an intimidating or hostile work environment. As the definition

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determines some clarity to under what circumstance SH can be prosecuted, there is still an issue to what extent the victim or the harasser perceives the actions and circumstances of a situation to be provocative. These limitations become clear when researchers try to identify the prevalence of SH.

Research on SH shares the problem of bullying when it comes to determining prevalence. Definitions of SH can be quite vaguely understood as there are no specific lines that determine whether a certain action is regarded as SH or not. Therefore, determining prevalence can be highly influenced by subjective perceptions of a situation from the participant. This may be one of the explanatory causes for the variance in SH prevalence. In a study by Clear et al (2014), a review of research on prevalence of SH was conducted. They found that, between 23% and 87% of high school students report that they have experienced SH as either a harasser or harassee. Furthermore, Gutek (1985) reports that women experience SH far more frequently than men do, with about 10% of men and almost 50% of women having filed a complaint for SH at work. However, Rotundo, Nguyen and Sackett (2001) based on a meta-analysis including 111 studies, argue that women also perceive more behaviors as sexually harassing than men do. This finding may also influence the estimated variance in prevalence. Furthermore, SH is perceived differently across cultures. In some cultures SH may be perceived as a provocation of an individual's sexual identity, and in another culture as an inevitable fact of life (Valiente, 1998). Regardless of perception, however, SH still has negative consequences for the individual (Berdahl and Aquino, 2009).

SH may have significant impact on mental health. In a study of young workers Houle et al (2011) found that participants affected by SH had an increased risk for depression 10 years after the incident. They argue that since targets of SH also are more prone to become targets for further SH later in their career, they also continue to experience more depressive symptoms. In this respect, adolescents experiencing sexual harassment in high school may also be prone to further sexual harassment in their working career. Furthermore, SH may also lead to feelings of anger and self-blame (Houle et al, 2011). In a study performed by Goldstein, Malanchuk, Davis-Kean and Eccles (2007) cultural differences in depressive symptoms were found. According to their results, African-American adolescents were more anxious and more likely to experience SH compared to European adolescents during middle school. However, they did not show any indication of increased depressive symptoms as a cause of the SH three years later, as opposed to the European adolescents. Furthermore, friend circles may also be a predictor of increased SH. If a person's close friends are engaging in

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other types of problem behavior, they are more likely to engage in SH as well (Goldstein, Malanchuk, Davis-Kean and Eccles, 2007). In a follow up study using similar conditions Eom et al (2014) also found that female adolescents (68%) were more exposed to SH than male adolescents (48%). Furthermore, they also found an overall increase in the BMI of the women reporting being exposed to SH; suggesting that SH could affect adolescents eating more and gaining weight as a consequence.

Students reporting being exposed to SH also reports increased symptoms of depression, sleep deprivation, symptoms of anxiety and decreased self-esteem (Hand & Sanchez, 2000; Lee, Croninger, Linn, & Chen, 1996). Furthermore, SH also has an impact on the experienced alienation among students by affecting their social life. These experiences include increased isolation from friends and family, disengagement from activities previously perceived as interesting, school absenteeism and poor quality of school work (AAUW, 1993, 2001; Corbett, Gentry, & Pearson, 1993; Hand & Sanchez, 2000; Lee et al., 1996; Permanent Commission on the Status of Women [PCSW], 1995; Stein, Marshall, & Tropp, 1993; Stratton & Backes, 1997; Trigg & Wittenstrom, 1996).

Based on research regarding sexual harassment, there seem to be grounds for a further investigation of the impact of sexual harassment on alienation and depression. As there are very few studies linking sexual harassment to these subjects, the need for clarification on these matters is evident.

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The Impact of Sexual Harassment, Depression and Alienation among high school students.

Master thesis in Work and Organization psychology

NTNU

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SEXUAL HARASSMENT, DEPRESSION AND ALIENATION

Abstract

High school students are in a critical stage of their development, and therefore understanding the social dynamics contributing to a healthy upbringing is important. This study focuses on the understudied relationship of depression and alienation in high school students. We also investigated the effects of sexual harassment on these matters. A questionnaire was distributed to 17 high schools in Sør-Trøndelag, Norway where students were invited to participate (N= 1.713). To analyze the data a correlation analysis and hierarchical multiple regression analysis were used. The relationship between alienation and depression was strong. Also moderate effects of sexual harassment with alienation and depression were found. Sexual harassment and sexual coercion also affected alienation and depression. Females were more prone to report depression and alienation, but no differences were reported for sexual harassment. Future studies are advised to include sexual harassment when studying depression and alienation in high schools and researchers are advised to develop preventive measures of sexual harassment to increase high school students' health.

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The Impact of Sexual Harassment on Depression and Alienation among high school students.

The social processes taking place in the context of high school can be of great complexity. Parents, social workers, teachers and alike attempt to assess and find solutions to problems that arise in these social situations. Unfortunately, as is the case with most human interactions, they are partly unpredictable. As soon as an apparent promising solution occurs, the problem has a tendency to evolve and adapt. Or as Lemony Snicket so hopelessly announces in the book *The Bad Beginning* “All his life, Klaus had believed that if you read enough books, you could solve any problem, but now he wasn't so sure.” (Lemony Snicket, 1999).

By the age of 16, students enter first grade of Norwegian high school. This age is characterized by many changes in body, mind and social relations as a result of puberty unfolding an individual's development. As the body reaches an explosive speed in physical features characterized by peaks in strength and development of reproductive tools, the brain is influenced by a complex cognitive and emotional maturity. However, with enhanced development comes enhanced vulnerability. During puberty, adolescents are experimenting with finding and establishing their social identity, which makes them highly susceptible to emotional events. Events such as traumas or other negative social behaviors occurring during this period may have long-lasting behavioral, emotional and cognitive impact on the individual later in life (Patton and Viner, 2007).

Symptoms of depression are common among high school students and according to a study by Myers and Troutman (1993), 10-40% of high school students experience mild to moderate depression, while 5-8% experience serious depression. In Scandinavia Olsson and van Knorring (1998) found that depression inflicts around 12% of Swedish high school students. Studies of depression show that young adults and women are especially more vulnerable to depression (Blazer et al., 1994; Kessler et al., 2003; Nolen-Hoeksema, 2002). Based on these studies, depression is an existent problem for students in high school that need to be assessed and dealt with. The DSM IV mentions a thorough explanation of depression. A person suffering from depression experiences a loss of interest in activities that normally seem satisfying and often has a depressive mood over time. Social isolation and withdrawal is common, and a loss of appetite and dysregulation in sleep patterns are some of the common symptoms observed (4th ed., text rev.; DSM-IV-TR; American Psychiatric Association, 2000). There are diverse causes for depression in high school, and many of these are affected by social interactions (Gladstone and Kaslow, 1995). Other causes also interfere; however,

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such as substance abuse, eating habits and poor sleep routines are related to initiation of depression (Saksvig, Pallesen, Wilhelmsen-Langeland, Molde and Bjorvatn, 2012; Jieun, Sungjoo and Ryowon, 2009; Tomori and Makovic, 2000; DeSimone and Murray, 1994).

High school is a period of high involvement in school and extracurricular activities. These activities are important in personal development for both social and practical skills. In some cases, students experiencing alienation are missing these opportunities. People who feel alienated retract themselves from social events and isolate themselves from other activities (Seeman, 1959). This experience is closely related to loneliness and the lack of belonging to a group or person. However, what factors contribute to the feeling of alienation in high school students? Research on the topic seems to be limited, though; human contact seems to be a fundamental need for people that has developed through evolution (Baumeister & Leary, 1995). Loneliness seems to have a U-shaped non-linear curve across age groups, suggesting that young adults under the age of 25 and adults aged 65 and older are at each top of the curve reporting highest scores. While adults aged around 40 are reporting lowest scores of loneliness (Christina & Keming, 2012). These results indicate that less alienation is experienced during the period of raising a family (children and spouse). Loneliness may result in several negative outcomes regarding both physical and psychological well-being. A longitudinal study performed on children in kindergarten and through their adolescence, found that experienced social isolation and loneliness during childhood increases anxious and depressive symptoms in adolescence (Fontaine et. al, 2009). Another study found a relation between perceived loneliness and immune dysregulation leading to fatigue, pain and depressive symptoms (Jaremka et. al, 2013). On the opposite side of the social continuum, a strong feeling of belongingness seems to serve benefits for the individual. People who show a high need for connecting with peers perform better on reading other people's facial expressions and vocal tone (Pickett, Knowles & Gardener, 2004). One study also found that belonging to a group increases both motivation and academic results (Walton & Cohen, 2007). As symptoms of depression include social isolation and withdrawal behavior (Nolen-Hoeksema, 2009), a link between alienation and depression may be plausible.

Two types of sexual harassment (SH) in high schools are recognized, quid pro quo and hostile environment. Quid pro quo refers to SH between employee and student, in which a promise of reward or threat of punishment in exchange for sexual activity occurs. The second form of SH is referred to as hostile environment and is defined by Conroy (2013) as *“unwelcome sexual advances, requests for sexual favors, and other verbal, nonverbal, or*

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physical conduct of a sexual nature by another student that is sufficiently severe, persistent, or pervasive to limit a student's ability to participate or benefit from an educational program or activity (p. 628). What distinguishes SH from other similar types of counterproductive behaviors is that SH has an explicit sexual dimension. In contrast to other forms of harassment such as harassment based on race, SH can be excused or perceived as a form of flattery or positive attention (Samuels, 2003). A third dimension of SH is sexual coercion which is similar to quid pro quo as the student may get benefits or punishment from a sexual exchange, however, the student is more forced to agree with the perpetrator (Conroy, 2013). Even though coercion sometimes is mentioned in literature as SH, there are arguments for separating physical and non-physical acts when it comes to this subject. SH is a serious issue in high school and may cause psychosocial strain on students who experience it.

Students reporting being exposed to SH report increased symptoms of depression, sleep deprivation, symptoms of anxiety and decreased self-esteem (Hand & Sanchez, 2000; Lee, Croninger, Linn, & Chen, 1996). Furthermore, SH also has an impact on the experienced alienation among students by affecting their social life. These experiences include increased isolation from friends and family, disengagement from activities previously perceived as interesting, school absenteeism and poor quality of school work (AAUW, 1993, 2001; Corbett, Gentry, & Pearson, 1993; Hand & Sanchez, 2000; Lee et al., 1996; Permanent Commission on the Status of Women [PCSW], 1995; Stein, Marshall, & Tropp, 1993; Stratton & Backes, 1997; Trigg & Wittenstrom, 1996). Based on research regarding sexual harassment, there seem to be grounds for a further investigation of the impact sexual harassment may have on alienation and depression. As there are very few studies linking sexual harassment to these subjects, the need for clarification on these matters is evident.

This study.

As sexual harassment is a form of negative behavior that may cause psycho-social strain on individuals, knowledge of the extent to which high school students are affected by such actions in terms of alienation and depression is important. The purpose of this study is to examine the relationship between sexual harassment, depression and alienation in Norwegian high school students.

We expect to find that alienation and depression are correlated and overlapping constructs. We also expect to find that sexual harassment is associated to depression and alienation after controlling for demographical conditions such as gender, age, school location, school program and parental social status. Another finding we expect to find is that students

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in a relationship are less depressed and alienated than single students. Also we expect that homo- and bisexual students report higher depression and alienation scores than heterosexuals.

Methods

Design and Participants

The project «sexual health and harassment in high school» consisted of an anonymous online survey designed for students and employees from 17 out of 22 Norwegian high schools in Sør-Trøndelag county. 1.713 students responded to the survey. However, there is not known how many students were invited to participate; therefore no percent was calculated for the response rate. A thorough evaluation of the responses concerning the harassment questions was pursued to eliminate any unserious or unlikely answers. Around 2% of the participants were identified as clearly non-trustworthy (21 boys and 10 girls). Monotonous answering (perhaps due to lack of motivation) and severe exaggerations characterized these answers. These students were excluded from the analyses. Furthermore, several students did not report their sex, and could not be included. The total number of participants eligible for analysis were 1.676 (57% girls and 43% boys).

Procedure.

The high school county administration of Sør-Trøndelag admitted information regarding the survey and initiated the first contact with the school administrations. Further communication with the school administrations were pursued by employees at the school in cooperation with leader of the project from the institute of psychology. The school administration was responsible to distribute information about the project to the students and their parents, obtaining consent, and the practical preparations. The school was also responsible for providing any additional supplements required for the period in relation to the project.

The survey covered a total of 364 questions that could be answered within 1.5 hours in the school's computer facilities. All parts were informed that participation was voluntary and their answers will remain anonymous. All participants received information explaining the purpose of the study before they answered the survey. In the events where participants answered the survey in classrooms, teachers were informed of own procedures constructed for such areas. All participants received a password to log into the schools' internet portal "fronter". This password was later used to identify winners of fifteen 1000 NOK value gift cards randomly selected.

Measurements.

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Independent variables.

Demographics

Among the participants 58.8% were girls and 43.2% were boys. The mean age among the participants was 17.8 years. As this study were performed not only on one grade but all three years of high school, this number seems sustainable. Out of the chosen high school course 58.7% were studying on an academic course and 41.3% on the profession course. Out of the schools participating in this study 44% of the students report studying at a school within a city, while 56% report studying at a school outside a city. Furthermore, 61% of all the students participating report having parents who live together, while 37% have separated parents.

During the analyses process a few variables have been adjusted to simplify but also clarify for use in the HMR analyses. One of these were parental social status, which originally consisted of several questions including a more detailed description, and were grouped together into a dichotomous variable separated/not separated. The excluded variables were whether the parent was widowed and if the parent had a new spouse. Another change was relationship status, which was reduced to a dichotomous variable of whether a person was in a relationship or not, and excluded the variable if they have ever been in a relationship prior to the study. The third adjustment was sexual orientation, which was reduced from homosexual, bisexual and heterosexual, into homosexual/bisexual and heterosexual.

Other independent variables

Other independent variables important to this study included sexual orientation and relationship status. These variables were used in separate correlation and HRA analysis in order to determine their separate mutual effects on the independent variables. The reason for separating these dependent variables in contrast to the demographical variables, was that each variable may have a different outcome on the independent variables which will be presented shortly. It is important to recapture that, the variables sexual orientation and relationship status are both connected to sexual harassment, depression and alienation. How the relationship between them is, is an important objective in our study.

In our sample there were 1.1% (N=18) who reported themselves as homosexuals, 4.4% (N=76) as bi-sexual, 5.5% (N=94) not determined and 88.2% (N=1406) as heterosexuals. Furthermore, 31.8% (N=545) were currently in a relationship, while 65% (N=1113) reported being single at the time of answering the questionnaire.

Sexual harassment and coercion.

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The sexual harassment index consisted of *sexually harassed* and *sexually coerced*, and was based on the same index used in the works of Kennair and Bendixen (2012). The total index consisted of 13 items originally and were split into two parts for analysis. The instrument for sexually harassed consisted of nine items and had an acceptable internal consistency ($\alpha=.80$). Sexually coerced covered only 4 items and the internal consistency was lower but acceptable ($\alpha=.66$). All of the 13 items were dichotomized into No/Yes answers for the analysis.

Depression: Major Depression inventory.

To measure the range of depression among the participants, the Major Depression Inventory (MDI) was used (Beck, 1997). The MDI is a questionnaire consisting of 10 symptoms which are included in the world health organization's (WHO) criteria for depression. WHO suggests that the symptoms must have persisted for a minimum of two weeks.

The questions are to a great extent subjective, therefore it is important for the participant to fill out the questions on the sheet by ranging a score for each symptom from 0 to 5. To calculate the score, all scores from the 10 questions ranging from 0 to 5 were added together. The total score was then used as an indicator of the participant's state of depression with 50 as the maximum score. Light depression ranging from an MDI of score 20-24, moderate depression ranging from an MDI score of 25-29 and severe depression ranging from an MDI score of 30 or more (Beck, 1997). An internal consistency analysis was performed to determine the reliability of the MDI scale. The Cronbach's alfa based on 12 items from the MDI had a high reliability ($\alpha=.91$) for the MDI.

Alienation: The Jessor and Jessor Social Alienation Scale

The scale used in this study to determine social alienation among high school students originates from the 1970's (Jessor & Jessor, 1977). While the scale has frequently been used to determine alienation among American high school and college students for many years, it has just recently been tested for reliability and validity on Swedish high school students (Safipour, Tessma, Higginbottom and Emami, 2010). The results of their study show that the alienation scale had an acceptable level of reliability and validity for use on Swedish high school students.

This scale measures generalized alienation based on perceived uncertainty regarding daily roles and activities and a belief that one is isolated from others. The two major variables in this scale are meaninglessness and social isolation. Social isolation is referred to as a

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separation from groups and feeling alone, while meaninglessness is referred to when a person feels that their life, daily routines and activity lack relevance. The scale correlates well with other similar scales on related topics such as the Self-Esteem and Friends support scale (Safipour, Tessma, Higginbottom and Emami, 2010). After performing a reliability analysis, a cronbachs alfa based on the 15 items included in the jessor and jessor social alienation scale was .75 and suggests the “Jessor and jessor social alienation scale” to be consistent.

The scale consists of 15 questions designed to target a person’s perception of alienation. The scores range from 15 (very low feeling of alienation) to 60 (very high feeling of alienation). Each question is a statement in which the participant agrees or disagrees with. There are four response alternatives for each statement: “strongly agree”, “agree”, “disagree” and “strongly disagree”. Each of these response alternatives represents a score of 1-4 which are summed and averaged. The original test is in English and was later translated into Swedish by Safipour and colleagues (Safipour, Tessma, Higginbottom and Emami, 2010).

Analysis

Hierarchical multiple regression analysis

The main analysis method chosen for this study was a hierarchical multiple regression analysis. In comparison to other forms of regression, hierarchical regression carries the advantage of comparing variables on different levels. A determinant for applying hierarchical regression analysis is to have data that is hierarchically structured. The reason for structuring data in this way is that they are building on each other by adding several levels of data for comparison. Data applied in the first level are typically demographical variables. Then by building on the correlations and coefficients of these variables, another level is added for analysis, which in this study could be sexual harassment. Next, a third level may be applied which in our study could be depression. By applying different levels into the analysis it is now possible to determine which variables affect each other. If a high score of depression is correlated with gender, by using hierarchical regression analysis it is possible to add other variables to find the amount of explained variance those variables include in one analysis.

More specifically, the hierarchical multiple regression analysis proceeds by adding the Independent Variables (IV) in a specified order prioritized logically or temporally. If two IVs, for example gender (male or female) and an attitudinal variable, the gender variable must be considered a prior variable as it antedates attitude. Thus to find the amount of variance explained by these variables the first step is to regress Y on X1 $R_{Y_1}^2 = .10$. Then followed by

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Y on X1 and X2, $R^2_{Y12} = .15$. As presented in this example X2 accounts for an additional 5% of the variance in Y over and above that of X1 (John, Spiegel & Cohen, 1975).

Results

The goal of this paper was to investigate the relationship of different predictor variables to depression in Norwegian high school students. For this purpose a hierarchical multiple regression analysis was pursued with four blocks of variables. The first part of our purpose was whether alienation is related to depression. The second was whether sexual harassment is related to either or both depression and alienation. To gain a complete understanding of the current situation in our sample, one correlation analysis and two HMR analyses were pursued. However, these analyses also present unnecessary excessive information independently, therefore the results that will be presented in this section represent the most relevant numbers needed to gain a total picture of the situation in our study, and most relevant for this papers purpose.

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Table 1 Correlation Analysis of MDI and Alienation.

	1	2	3	4	5	6	7	8	9	10	11	<i>M</i>	<i>SD</i>
1. Gender (0, 1)	-											0.43	0.50
2. Age (16 - 42)	-.04	-										17.82	1.33
3. Educational program (1, 2)	.21**	-.00	-									1.41	0.49
4. School location (1, 2)	.02	-.02	.10*	-								1.55	0.50
5. Parental social status (1, 2)	-.00	.01	.08**	.00	-							1.38	0.48
6. Relationship status (1, 2)	.04	-.03	.11**	.05*	.01	-						1.67	0.47
7. Sexual orientation (1, 2)	-.04	-.02	.10**	.02	.07**	.03	-					1.11	0.32
8. Sexually harassed (0 – 1)	.00	-.04	.08**	-.03	-.00	.14**	.13**	-				0.23	0.26
9. Sexually coerced (0, 1)	-.13**	.01	.02	-.00	-.03	.11**	.17**	.55**	-			0.32	0.49
10. Alienation (1-5)	-.15**	.05*	-.01	.01	.10**	-.03	.16**	.24**	.17**	-		2.34	0.49
11. Depression (0 – 50)	-.18**	0.10**	.05*	-.05*	.07**	.06**	.20**	.31**	.23**	.59**	-	16.98	11.35

*Note: *= $p < .01$, **= $p < .005$. The numbers in brackets represent the coding of the variables used.*

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Table 1 presents a correlation analysis between the predictor variables and the outcome variables used in the study. Gender seems to be negatively associated with both alienation and MDI ($r = -.18, -.15$) suggesting that females feel more alienated and more depressed than males do, this effect is moderately small but consistent ($p < .001$). School location and educational program, however, does not seem to have much impact on neither alienation nor depression scores. For students living with separated or divorced parents, only small correlations were found, insinuating that these students experience more alienation and slightly more depression than students with both parents living together. Students in relationships seem to be more protected against alienation ($r = -.03$); however, it does not necessarily make them any less depressed ($r = .06$). These correlations are still quite weak, suggesting the effect to be small. Homo- and bisexuals show stronger effects and are more prone to experience both depression ($r = .20$) and alienation ($r = .16$) in our sample. Students reporting to have experienced sexual harassment also report higher scores in both depression ($r = .31$) and alienation ($r = .24$) suggesting a moderate effect between these variables. The strongest correlation found was alienation with depression; however, with a strong effect ($r = .59$), suggesting that students experiencing alienation also experience symptoms of depression or vice versa. Other correlations that do not include alienation and depression show that sexual harassment and sexual coercion correlate with sexual orientation ($r = .13$), suggesting that sexual minorities experience more sexual harassment than heterosexuals do. A natural high correlation is sexual coercion with sexual harassment, however, this might be due to an overlap of terminology.

The correlation analysis can provide an indicator of how the situation with the participants in our sample is independent; however, by using an HMR analysis a further depth of how the variables affect each other can be pursued.

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Table 2 Hierarchical Multiple Regression Analysis Predicting Depression.

	Model1			Model2			Model3			Model4		
	<i>B</i>	<i>SE B</i>	β	<i>B</i>	<i>SE</i>	β	<i>B</i>	<i>SE B</i>	β	<i>B</i>	<i>SE B</i>	β
Gender	-4.45	.59	-.20***	-4.35	.58	-.19***	-4.09	.56	-.18***	-2.34	.47	-.10***
Age	.19	.21	.02	.24	.20	.03	.24	.19	.03	-.01	.16	-.00
Program	2.31	.60	.10***	1.90	.60	.08**	1.64	.57	.07**	1.29	.47	.05*
Localization	-1.74	.58	-.08**	-1.93	.57	-.08**	1.50	.54	-.06*	-1.7	.45	-.07***
Parental social status	1.64	.60	.07*	1.58	.59	.07*	1.62	.56	.07**	.37	.47	.01
Relationship status				1.47	.61	.07	.43	.58	.01	1.41	.49	.05**
Sexual orientation				2.63	.35	.19***	2.00	.34	.14***	1.1	.29	.08***
Sexually harassed							9.9	1.31	.23***	5.30	1.13	.12***
Sexually coerced							4.85	1.37	.11***	3.55	1.14	.08**
Alienation										12.07	.48	.54***

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Note: The dependent variable for table 1 was depression based on the MDI scores.

= $p < .01$, **= $p < .005$, *= $p < .001$.*

The first part of the research question yielded whether alienation was related to depression. According to the model, there seems to be a significant and strong relationship between these two ($\beta = .54$, $p < .001$). The second part of the research question focuses on whether there is a relationship between sexual harassment and depression. Sexually harassed students seem to be in higher risk for depression in our study ($\beta = .23$, $p < .001$). Also in accordance with the analysis the relationship between sexually coerced and depression also shows a significant relationship ($\beta = .11$, $p < .001$). Other dependent variables were also used to examine the relationship with depression. The variable gender and sexual orientation seems to significantly be related to depression. More specifically, females are in higher risk for developing depression than males ($\beta = .10$, $p < .001$), and bi- and homosexual students are in higher risk of depression than heterosexuals are ($\beta = .08$, $p < .001$). Tests for multicollinearity indicated that a low level of multicollinearity was present for the presented variables ($VIF = 1.12$ for alienation, 1.65 for sexually harassed, 1.63 for forced sexual harassment, 1.03 for gender and 1.03 for sexual orientation). The best predicting model for depression includes alienation, sexually harassed, sexually coerced, sexual orientation and gender ($R^2 = .433$, $p < .001$). The addition of alienation greatly improved prediction (R^2 change = $.25$, $p < .001$).

Since alienation had such a strong and consistent impact on depression, it was important to perform HMR analysis with alienation as a dependent variable. The reason for this is that if the same variables predicting depression also predict alienation, a possible overlap of the two variables might occur. In other words, the variables depression and alienation may be too similar and therefore predict the same outcome based on the same principles.

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Table 3 Hierarchical Multiple Regression Analysis Predicting Alienation

	Model 1			Model 2			Model 3		
	<i>B</i>	<i>SE</i>	β	<i>B</i>	<i>SE</i>	β	<i>B</i>	<i>SE</i>	β
Gender	-.15	.02	-.15***	-.15	.02	-.15***	-.14	.02	-.14***
Age	.02	.01	.06	.02	.01	.06	.02	.01	.06
Program	.04	.03	.04	.04	.03	.04	.03	.03	.03
Localization	.00	.03	.00	.00	.03	.00	.02	.02	.02
Parental social status	.09	.02	.09***	.10	.03	.10***	.10	.03	.10***
Relationship status				-.04	.03	-.04	-.07	.03	-.07**
Sexual orientation				.10	.02	.15***	.07	.02	.12***
Sexually harassed							.38	.06	.20***
Sexually coerced							.10	.06	.05

Note: The dependent variable for Table 2 was Alienation based on the scores from the jessor and jessor alienation scale.

*= $p < .01$, **= $p < .005$, ***= $p < .001$.

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The table above presents an HRM analysis with alienation as a dependent variable. The goal of this analysis was to investigate the effects of alienation with sexual harassment and the other independent variables. As presented in Table 3, alienation is significantly associated with gender ($\beta = .14$, $p < .001$), parental social status ($\beta = .10$, $p < .001$) and sexual orientation ($\beta = .12$, $p < .001$). This suggests that females are more likely to experience alienation than males, students with divorced or separated parents also experience more alienation than students with parents living together, and homo- and bisexuals are more prone to be alienated than heterosexuals are. The only negative significant association was with relationship status ($\beta = -.07$, $p < .005$), suggesting that participating in a romantic relationship can serve as a protecting factor against alienation. The strongest relationship to alienation was sexually harassed ($\beta = .20$, $p < .001$). Analysis of multicollinearity indicated no problems for the presented variables ($VIF = 1.06$ for gender, 1.02 for parental social status, 1.05 for relationship status, 1.03 for sexual orientation and 1.61 for sexually harassed). The best predicting model of alienation includes gender, parental social status, sexual orientation, relationship status and sexually harassed ($R^2 = .11$, $p < .001$). The implementation of sexually harassed increased model prediction moderately (R^2 change = $.05$, $p < .001$).

Tests of interaction were pursued to investigate qualities within the variables. The gender variable were tested with sexual orientation, relationship status and sexually harassed. Sexual orientation was tested with relationship status and sexually harassed, and finally relationship status was tested with sexually harassed. The tests of interaction found no significant relationship between these variables. Because no significant interaction effects were found between any of the mentioned variables, they were not included or presented with the tables.

Discussion

The bi-variate analyses suggest that students who reported high levels of sexual harassment also reported higher levels of alienation and depression. Depression and alienation were strongly associated. Homo- and bisexuals also reported higher levels of sexual harassment, sexual coercion, alienation and depression than heterosexuals did. Students in relationships also reported higher scores in sexual harassment and sexual coercion than single students did. The difference between the correlations of sexually harassed and sexually coerced on gender suggests that females report being more sexually coerced than males; however, no gender difference in sexual harassment were found. Being sexually harassed was

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stronger associated with alienation and depression than was being sexually coerced. The strongest correlation found in the correlation analyses were depression with alienation.

The HRM analyses suggest that the relationship between alienation and depression are still strong when controlling for other variables. Sexually harassed students seem also to have higher scores in depression and alienation than non-sexually harassed students do. Females seem to report more alienation and depression than males in general. If a student is gay or bisexual it seems to have a strong impact on both alienation and depression. Those who have divorced or separated parents, seem to score higher on alienation, however there is a very small effect on depression for this variable. Another interesting finding is the effect of being sexually coerced. Sexually coerced students do report higher scores of MDI, while alienation scores are not significant or strong after controlling for other variables. Note that sexually coerced were correlated with alienation in the correlation analysis, however, after controlling for other variables this effect weakens in the HRM analysis. After adjusting for other variables, the results from the HRM analysis suggest that homo- and bisexuals still have higher scores in alienation and depression than heterosexuals. Students in relationships seem to score slightly higher on depression scores and lower on alienation scores than single students do. Tests of interactions between predictors produced no significant effects.

The first hypothesis of this paper was that depression and alienation are correlated and overlapping constructs. From the correlation analysis a really strong relationship between these two was found supporting our hypothesis. It appears that the more depressed a person is the more alienated he or she feels. In other words, a high score in depression also predicts a high score in alienation. Females report being more depressed and feeling more alienated than men do. This result corresponds well to other research (Kessler, 2003). A possible reason for the strong association might be that they are partly overlapping constructs. However, the risk of whether the two outcome variables overlap cannot be determined from a correlation analysis. Two HRM analyses were pursued to find whether possible correlations may take place adjusted for other variables. If alienation and depression are predicted by different variables, an overlap seem less likely. According to the two HRM analyses the strong relationship between alienation and depression persisted. This suggests that taken into account other variables such as gender, sexual orientation or sexual harassment, this relationship is still strongly correlated. By observing the two HRM analyses separately and comparing effects of each showed that some predictors had similar effects on both outcomes (gender, sexual orientation and sexually harassed). But also some differences could be recognized.

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Depression correlated with localization and sexually coerced, which alienation did not. Alienation correlated with parental social status, while depression did not. People in romantic relationships experience less alienation while the scores of depression (although this effect is weak but significant) increase for the same group, suggesting students in romantic relationships are more prone to depression. The effect of alienation seems significantly stronger than the effect of depression on the predictors' relationship status, sexual orientation and sexually harassed, suggesting that alienation and depression do not predict the same outcome. Based on these arguments, there are grounds to believe that alienation and depression do predict different psychological states. However, they cannot be discarded as completely different constructs as their associations to several of the predictors are quite similar in our study.

Research on alienation related topics seems to support this claim. As found in the works of Fontaine and associates (2009), alienation type behavior can lead to depressive symptoms in adolescence over time, while social isolation and withdrawal behavior are symptoms recognized in people suffering from depression (Nolen-Hoeksema, 2009). This may raise the question, whether depression is a result of alienation, or alienation is a result of developed depressive symptoms. The answer to this question is unclear based on the results from our study. However, similarities and differences can be observed, as well as the relationship between them.

An important finding from this study is the possible effect of sexual harassment and coercion on alienation and depression. Students reporting high scores in sexual harassment also report high scores in both alienation and depression. This effect is strong and consistent through all of our analysis. This finding also supports previous research linking sexual harassment to alienation and depression (Hand & Sanchez, 2000; Lee, Croninger, Linn, & Chen, 1996; AAUW, 1993, 2001; Corbett, Gentry, & Pearson, 1993; Hand & Sanchez, 2000; Lee et al., 1996; Permanent Commission on the Status of Women [PCSW], 1995; Stein, Marshall, & Tropp, 1993; Stratton & Backes, 1997; Trigg & Wittenstrom, 1996; Clear et. al, 2014; Mitchell et. al, 2014). After adjusting to other predictor variables, the correlation was still substantial. A possible effect could be gender difference on this matter, therefore interaction effects were included in the HRM analysis. No gender difference on the sexual harassment predictor was found. This suggests that sexual harassment will have the same effect on a student's experience of alienation and depression regardless of gender. On the contrary, findings from previous research on SH and adolescents suggests that women

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experience more SH than men (Eom et. al, 2014). A possible explanation for the results in our study being different from prior research may be due to the instrument used. Prior studies have in contrast to our study not controlled for the gender of the harasser. By explicitly asking whether the SH is pursued by same-sex and/or opposite sex it is possible to control for this limitation. In our study boys report being harassed by other boys, and thereby equalizing the gender difference to be zero.

As shown in Table 1, the variables sexually harassed and sexually coerced correlate quite strongly. A likely explanation for such a high correlation is that they are overlapping terms, predicting the same outcome. However, differences between them were observed in the HRM analysis. The sexually harassed predictor is correlated with both alienation and depression, while sexually coerced only show an effect on depression, not alienation. This finding indicates that acts such as forced kissing, grabbing and other forced sexual content does not necessarily influence a person's feeling of alienation. However, it does seem to impact a person's psychosocial well-being in terms of depression.

Sexual minorities seem to be at higher risk of developing depression, experience alienation and sexual harassment. Other researchers have found similar results that sexual minorities are at higher risk of experiencing sexual harassment (Mitchell et al, 2014). Whether the student's sexual orientation is homosexual or bisexual does not seem to influence this effect. Interaction effects reveal that there are no gender differences for the effect of sexual orientation on alienation, depression and sexual harassment. This result might indicate that sexual orientation is a serious matter in terms of well-being at school. It is worth to mention however, that our analysis does not control for whether the person is gay or lesbian. This is due to the low numbers and that a separate analysis would not produce stable result. However, the mean scores on SH, depression and alienation suggest that homo- and bisexuals are similar. The gender differences are calculated with the homosexuals and bisexuals as a group and not separately. Also it is important to note that far more participants report being bisexual rather than homosexual, making the total sample of homosexuals quite small. As the students are still at a young age, some of them might still be experimenting to find their sexual preference, suggesting that several of the students reporting to be bisexual might be homosexuals or heterosexuals. This creates a possible insecurity in the data for the group bisexuals, however, the data do show an indication of the situation for students with and interest in the same sex gender.

Limitations

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Despite methodological strengths of this study, there are limitations that need to be assessed. Firstly, this study used a self-report questionnaire to obtain data, and even though several measures were used to control inaccurate answers there are still a few factors that may contribute to inaccuracy. The questionnaire consisted of 22 parts with each part including up to 30 questions. Many of these questions were very personal and demanded great memory of past encounters for a participant. It is possible due to such a long questionnaire that the participant could get tired or distracted and thereby give biased answers. Also, by using self-report questionnaires, students are relied upon to understand and report a situation which may be difficult to comprehend. Adolescents may not understand or interpret situations to be of relevance to the question due to a lack of knowledge on the subject such as, for example, sexual harassment.

Another limitation is programming and analysis. The participants were grouped into variables based on their answers; however, some of the groups used may not be optimal. Sexual orientation were grouped into heterosexuals and homo/bisexuals. By grouping answers in this way gays and lesbians are not controlled for separately. Homo- and bisexuals were also used in one group, thereby differences between homosexuals and bisexuals were not obtained. Also, as this is a cross-sectional study, thus temporality cannot be controlled. If, for example, a recent life stressor have occurred in a student's life such as death of a relative, this may impact the reports of depression and alienation. Although this state might be temporary and not affected by events in school, the questionnaire cannot control for such events and thereby it will impact the analysis when correlations with depression, alienation and sexual harassment are pursued.

Strengths and future directions

The point of this study was to contribute knowledge of the current situation in Norwegian high schools regarding alienation and depression. Based on the results found, a future prevention program with the aim of increasing a student's well-being by reducing depression and alienation, is advised to focus on sexual harassment. As shown, sexual harassment seems to affect students and influence their perception of feeling depressed or alienated. As opposed to common belief of females being more sexually harassed than males, this does not seem to be the case in our sample. Therefore, an effort of preventing sexual harassment in Norwegian high schools could benefit from adjusting to both genders. Institutions who wish to reduce alienation, depression and sexual harassment should also take into consideration sexual minorities as they are especially vulnerable. Furthermore, females

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are more at risk of developing depression and alienation in our sample than men are.

Therefore, an extra consideration or support for females might prevent further development in these areas.

Several measures have been used to ensure proper participation and completion, as well as honest answering from the participants. Such measures include incentive for completion in form of winning a gift card. Close cooperation with schools and its teachers assisting the participants to be well informed of the study and its purpose. Also several measures were used to remove monotonous and unserious answering from the data set, so that the data used for the analyses reflect the situation of the students as accurate as possible. Also items in the questionnaire were included asking the participant whether they have answered honestly and as accurate they can on the questions presented to them.

Further investigation of the link between alienation and depression could benefit from looking at specific symptoms of alienation and depression to see how these two constructs relate to each other. Other variables could also be included for further understanding of differences and similarities of alienation and depression. Also using a qualitative approach based on our findings such as interviews, might reveal more in depth information about the participants' answers and situation. Another suggestion for future research is to investigate other parts of Norway or other countries to compare whether the situation is similar or different, and in case find factors that may contribute to these differences. Since our study cannot control for temporality, a longitudinal study with similar aims and procedures could be performed.

Conclusion

The findings in this study is a supplement to the understanding of experienced alienation and depression in high school. A clear and consistent finding from our study is the relationship between alienation and depression. Those feeling depressed also reported higher levels of alienation. Although some overlap between these constructs is observed, there are also observed differences between them such as in relationship status and sexual harassment. This result is strong and consistent throughout all of our analyses.

Another finding is the relationship of sexual harassment with alienation and depression. The more students there are experiencing sexual harassment, the more students are found to be depressed and alienated. Sexual harassment seems to predict alienation slightly stronger than depression however. In the sexual harassment dimension, differences between sexual harassment and sexual coercion are observed. Depression seems to affect both

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sexual harassment and sexual coercion; however, sexual coercion is only affected by depression and not alienation, suggesting that unwanted forced physical acts of sexual intent do not affect a person's perception of alienation, while social indirect remarks of sexual harassment do affect alienation. Sexual minorities seem to be especially exposed for alienation, depression and sexual harassment. While gender differences are observed in depression and alienation with females experiencing more of both depression and alienation, no gender differences were observed in sexual harassment or sexual coercion.

Based on the results of this study, future institutions who wish to prevent depression and alienation are advised to take sexual harassment into consideration as this seems to have a strong influence on the development of depression and alienation. Using a longitudinal approach for future studies could be taken into consideration for a more in-depth analysis and the effects of sexual harassment, depression and alienation on students long-term.

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Appendix A

Helse, trakassering og seksuelt samspill blant elever i videregående opplæring i Sør-Trøndelag

Instruksjon for utfylling:

Det er helt frivillig å delta i prosjektet, og du kan når som helst trekke deg uten å måtte begrunne dette nærmere. Undersøkelsen er ikke gjennomført før du trykker "send".

Noen av spørsmålene kan berøre følsomme tema som det kan være vanskelig å svare på. Vi ber deg likevel svare deg så ærlig som mulig. Hvis det skulle være spørsmål du ikke ønsker å besvare kan du bare hoppe over dem og gå videre til neste spørsmål.

1. FØRST LITT OM DEG SELV, DIN FAMILIE OG SKOLEN

Kjønn (mann/kvinne)

Hvilket år er du født? 19.....

Hvilket utdanningsprogram går du på (sett ett kryss):

A. Studieforberedende

Idrettsfag

Musikk, dans og drama

Studiespesialisering

B. Yrkesfaglige

Bygg- og anleggsteknikk

Design og håndverk

Elektrofag

Helse- og oppvekstfag

Medier og kommunikasjon

Naturbruk

Restaurant- og matfag

Service og samferdsel

Teknikk og industriell produksjon

SEXUAL HARASSMENT, DEPRESSION AND ALIENATION

Hva beskriver best dine foreldres sosiale status? Du kan sette flere kryss. (svaralternativer: gift, samboere, skilt, enke/enkemann, mor har ny samboer, mor gift på nytt, far har ny samboer, far gift på nytt, mor enslig, far enslig)

Dersom din mor og far bor hver for seg, hvem bor du mest sammen med? (svaralternativer: like mye med mor og far, mest hos mor, mest hos far)

Bor du for tiden hjemme hos dine foreldre? (Nei, Ja)

Er moren og faren din i arbeid? (svaralternativer: ja begge, kun mor, kun far, nei ingen av dem)

Er du selv født utenfor Norge? (Nei, Ja)

Er begge dine foreldre født utenfor Norge? (Nei, Ja)

Ser du på deg selv som norsk? (Nei, Ja)

Ser du på deg selv som religiøs/ troende? (Nei, Ja)

Gjennom kontakt med Pedagogisk psykologisk tjeneste (PPT) eller psykolog

1. Har du noen gang fått påvist lese- og skrivevansker (dysleksi eller dyskalkuli)? (Nei, Ja)
2. Har du noen gang fått påvist konsentrasjons- eller oppmerksomhetsvansker (ADHD/ADD)? (Nei, Ja)
3. Har du noen gang fått påvist atferdsproblemer (ODD/CD). (Nei, Ja)

Har du tilrettelagt undervisning på grunn av fysisk handicap ? (Nei, Ja)

Har du hatt så dårlig helse at du tidligere har vært borte fra skolen over lengre perioder? (Nei, Ja)

Hvor godt stemmer utsagnene nedenfor for deg?

(Svaralternativer: Stemmer helt, stemmer bra, stemmer dårlig, stemmer ikke i det hele tatt)

1. Jeg er fornøyd med skoleprestasjonene mine
2. Jeg synes skoleprestasjonene mine gjenspeiler den innsatsen jeg legger i skolearbeidet
3. Jeg ønsker å slutte skolen før jeg får fullført videregående
4. Det er sannsynlig at jeg kommer til å slutte skolen før jeg får fullført videregående
5. Jeg har intensjoner om å slutte skolen før jeg får fullført videregående

Sammenlignet med mine medelever på samme utdanningsprogram er mine skoleprestasjoner ... (Svaralternativer: langt under middels, litt under middels, som gjennomsnittet, litt over middels, langt over middels)

2. OM TILFREDSHET

(svaralternativer: svært utilfreds, utilfreds, verken/eller, tilfreds, svært tilfreds)

Hvor tilfreds er du med livet i sin alminnelighet?

Hvor tilfreds er du med det sosiale miljøet på skolen?

Hvor tilfreds er du med dine skoleprestasjoner?

SEXUAL HARASSMENT, DEPRESSION AND ALIENATION

Hvor tilfreds er du med kroppen din?

3. OM HELSE OG SELVAKTELSE (Alsaker & Olweus, 1986)

Generelt, hvor god synes du helsen din er? (5-punkt skala kun ytterpunkter: utmerket – dårlig)

Hvor enig eller uenig er du i følgende påstander:

(svaralternativer: svært uenig, uenig, verken/eller, enig, svært enig)

1. I det store og hele er jeg fornøyd med meg selv
2. Av og til synes jeg at jeg ikke er noe til tess i det hele tatt
3. I det store og hele er jeg fornøyd med kroppen min
4. Jeg synes jeg har mange gode kvaliteter
5. Jeg synes ikke jeg har mye å være stolt av
6. Jeg skulle ønske jeg kunne forandre mye ved utseendet mitt
7. Jeg kan utføre ting like bra som andre mennesker
8. Av og til føler jeg meg virkelig unyttig
9. Jeg mener jeg er verdt noe, i alle fall like mye som andre
10. I det store og hele er jeg fornøyd med utseendet mitt
11. Stort sett har jeg en tendens til å føle at jeg er mislykket
12. Jeg skulle ønske jeg kunne forandre mye ved kroppen min

5. OM DIN OPPLEVELSE AV TILHØRIGHET Jessor & Jessors Alienation Scale for Adolescents. Validert, Svensk versjon (Safipour, Tessma, Higginbottom, & Emami, 2010)

Hvor godt stemmer følgende utsagn for deg....

(Svaralternativer: Stemmer helt, stemmer bra, stemmer dårlig, stemmer ikke i det hele tatt)

1. Iblant oppleves det som om mine venner ikke er spesielt vennlige
2. Det meste at skolearbeidet oppleves meningsfullt og verdifullt for meg
3. Iblant kjenner jeg mer usikker på hvem jeg egentlig er
4. Jeg kjenner at min familie ikke står meg så nær som jeg skulle ønske
5. Når venner har problemer har jeg et ansvar å forsøke å hjelpe dem
6. Jeg lurar ofte på om jeg holder på å utvikles til den personen jeg ønsker å bli
7. Det er nesten alltid vanskelig å vite hvordan man skal oppføre seg siden man ikke vet hva andre forventer seg
8. Jeg kjenner meg ofte utenfor det andre holder på med
9. For tiden kan man ikke stole helt på andre når man har problemer eller trenger hjelp
10. De fleste synes ikke å akseptere meg når jeg bare er meg selv
11. Det er ofte vanskelig for meg å føle engasjement i det jeg gjør
12. Nesten ingen jeg kjenner er interessert i hvordan jeg virkelig har det

13. Stort sett kjenner jeg at jeg har mye felles interesser med andre elever på skolen
14. Jeg kjenner meg ofte ensom når jeg er sammen med andre mennesker
15. Om jeg virkelig kunne velge ville jeg leve på samme måten som nå

Deltar du jevnlig i kulturelle aktiviteter som skolekorps, band, teater, etc.? (Nei, Ja)

Er du involvert i sportslig aktiviteter som motorsport, sjakk, yoga, meditasjon, etc.? (Nei, Ja)

Hvor mange ganger trener du pr. uke utenom gymtimene? (ingen, en dag, 2-3 dager, 4-5 dager, 6-7 dager)

SEXUAL HARASSMENT, DEPRESSION AND ALIENATION

Hvor ofte deltar du i gymtimene på skolen (Svaralternativer: alltid, som oftest, av og til, aldri)

Har du dette skoleåret opplevd at noen av dine medelever har tatt bilder i garderoben eller dusjen etter gymtimene? (Nei, Ja)

7. OM UØNSKET SEKSUELL OPPMERKSOMHET OG TRAKASSERING (Bendixen & Kennair, 2008; Kennair & Bendixen, 2012; Witkowska, 2005)

Nå kommer noen spørsmål om dine erfaringer med uønsket seksuell oppmerksomhet og trakassering fra andre. Regn bare med handlinger du opplevde som krenkende, ubehagelige eller som klart var uønsket fra din side.

For hvert utsagn, vennligst angi hvor mange ganger det har skjedd fra jevnaldrende (egen alder \pm 4 år) og/eller voksenperson

Hvor mange ganger siden skoleåret begynte (siden sommeren) har du selv blitt utsatt for.....

(Svaralternativer: aldri, en gang, 2 ganger eller mer)

1. nedsettende bemerkninger som "hore", "horebuk", "ludder", "rundbrenner", og liknende
 - a. fra jevnaldrende gutt
 - b. fra jevnaldrende jente
 - c. fra en voksen

2. nedsettende bemerkninger som "homo", "gay", "fag", "lesbe", "flatbanker", og liknende
 - a. fra jevnaldrende gutt
 - b. fra jevnaldrende jente
 - c. fra en voksen

3. nedsettende bemerkninger som "fitte", "kuk", "kuse", "rævhøl", "bitch" og liknende
 - a. fra jevnaldrende gutt
 - b. fra jevnaldrende jente
 - c. fra en voksen

4. "griseprat" eller ubehagelige seksuelle kommentarer angående din kropp eller utseende
 - a. fra jevnaldrende gutt
 - b. fra jevnaldrende jente
 - c. fra en voksen
 - d.

5. at noen uoppfordret viste deg seksuelt ubehagelige bilder eller ting?
 - a. fra jevnaldrende gutt
 - b. fra jevnaldrende jente
 - c. fra en voksen

6. at noen spredte seksuelle rykter om deg?
 - a. fra jevnaldrende gutt
 - b. fra jevnaldrende jente
 - c. fra en voksen

7. at noen spredte bilder av deg avkledd på elektroniske/sosiale media

SEXUAL HARASSMENT, DEPRESSION AND ALIENATION

- a. fra jevnaldrende gutt
 - b. fra jevnaldrende jente
 - c. fra en voksen
8. at noen sendte deg noe med seksuelt innhold gjennom elektroniske media (mobil eller Internett)?
- a. fra jevnaldrende gutt
 - b. fra jevnaldrende jente
 - c. fra en voksen
9. å bli holdt fast eller klemt på en seksuell måte mot din vilje
- a. fra jevnaldrende gutt
 - b. fra jevnaldrende jente
 - c. fra en voksen
10. å bli tatt på brystene eller i skrittet mot din vilje
- a. fra jevnaldrende gutt
 - b. fra jevnaldrende jente
 - c. fra en voksen
11. å bli kysset mot din vilje
- a. fra jevnaldrende gutt
 - b. fra jevnaldrende jente
 - c. fra en voksen
12. forespørsler/ krav om seksuelle tjenester/ handlinger
- a. fra jevnaldrende gutt
 - b. fra jevnaldrende jente
 - c. fra en voksen

Seksuell tvang

13. Har du siste skoleår (siden sommeren) blitt tvunget til samleie eller munnsex mot din vilje? (ja, nei)
- a. fra jevnaldrende gutt
 - b. fra jevnaldrende jente
 - c. fra en voksen
14. Har du noen gang i livet blitt tvunget til samleie eller munnsex mot din vilje? (ja, nei)
- a. fra jevnaldrende gutt
 - b. fra jevnaldrende jente
 - c. fra en voksen

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Hvor mange ganger har du siden sommeren utsatt andre for ...

(Svaralternativer: aldri, en gang, 2 ganger eller mer)

15. nedsettende bemerkninger som "hore", "horebukk", "ludder", "rundbrenner", og liknende?
 - a. mot gutt(er)
 - b. mot jente(r)
16. nedsettende bemerkninger som "homo", "gay", "fag", "lesbe", "flatbanker", og liknende?
 - a. mot gutt(er)
 - b. mot jente(r)
17. nedsettende bemerkninger som "fytte", "kuk", "kuse", "rævhøl", og liknende
 - a. mot gutt(er)
 - b. mot jente(r)
18. "griseprat" eller ubehagelige seksuelle kommentarer angående deres kropp eller utseende
 - a. mot gutt(er)
 - b. mot jente(r)
19. vist fram seksuelt ubehagelige bilder eller ting?
 - a. mot gutt(er)
 - b. mot jente(r)
20. spredning av seksuelle rykter?
 - a. mot gutt(er)
 - b. mot jente(r)
21. spredning av bilder med seksuelt innhold på elektroniske/sosiale media
22. sendt gutt/jente noe med seksuelt innhold gjennom elektroniske media (mobil eller internett)?
 - a. til gutt(er)
 - b. til jente(r)
23. holding eller klemming på en seksuell måte mot deres vilje?
 - a. mot gutt(er)
 - b. mot jente(r)
24. berøring av brystene eller tatt de i skrittet mot deres vilje?
 - a. mot gutt(er)
 - b. mot jente(r)
25. kyssing mot deres vilje?
 - a. mot gutt(er)
 - b. mot jente(r)
26. forespørsler/ krav om seksuelle tjenester/ handlinger mot deres vilje?
 - a. mot gutt(er)
 - b. mot jente(r)
27. Har du siden sommeren tvunget noen til samleie eller munnsex mot deres vilje?
 - a. mot gutt(er)
 - b. mot jente(r)

SEXUAL HARASSMENT, DEPRESSION AND ALIENATION

8. OM SEKSUELL ORDBRUK (hore/homo) Egenutviklet i 2007

Hvor enig/uenig er du i følgende utsagn om seksuell språkbruk

1. Det er vanlig i vennegjengen min å kalle ei jente "hore", "løs", "ludder", "billig" og liknende
2. Jeg synes det er greit å kalle jenter " horer" og liknende som nevnt over
3. Det er vanlig i vennegjengen min å kalle ei jente "lesbe", "homo" og liknende
4. Jeg synes det er greit å kalle jenter "lesber" og liknende som nevnt over

5. Det er vanlig i vennegjengen min å kalle gutt "hore"/ "horebukk", "løs", "billig" og liknende
6. Jeg synes det er greit å kalle gutter " horer"/"horebukker" og liknende som nevnt over
7. Det er vanlig i vennegjengen min å kalle en gutt "homo", "fag" og liknende
8. Jeg synes det er greit å kalle gutter "homoer" og liknende som nevnt over

(Svaralternativer: svært uenig, uenig, verken/eller, enig, svært enig)

10 .OM Å UTTRYKKE HVA MAN ØNSKER (Muehlenhard & Hollabaugh, 1988) ##

(Svaralternativer: nei, en gang, to eller flere ganger)

1. Jeg har vært i situasjoner det siste skoleåret hvor jeg hadde veldig lyst på sex og hadde intensjoner om å gjøre det men sa likevel "nei" og at jeg ikke ønsket det.
2. Jeg har vært i situasjoner det siste skoleåret hvor jeg egentlig ikke hadde lyst på sex men ble med på det likevel

12 .OM PARFORHOLD OG SJALUSI. (Carpenter, 2012; Perilloux, Easton, & Buss, 2012)

Har du eller har du hatt kjæreste eller partner? (Nei, ja tidligere men ikke nå, ja nå)

Hvis du har kjæreste nå, hvor lenge har forholdet vart? (_____ måneder)

Tenk deg at du er i et seriøst forhold som har vart en stund men at kjæresten din blir interessert i en annen. Hva ville gjøre deg mest opprørt/sjalu? Velg det alternativet som passer best for deg, enten A eller B.

- A. Tanken på at kjæresten din utvikler et følelsesmessig forhold (men ikke seksuelt) til denne personen
- B. Tanken på at kjæresten din utvikler et seksuelt forhold (men ikke følelsesmessig) til denne personen

Tenk deg at partneren din utvikler *både* et følelsesmessig og et seksuelt forhold til en annen person. Hvilket aspekt ved dette forholdet ville gjøre deg mest opprørt/sjalu? Velg det alternativet som passer best for deg, enten A eller B.

- A. Det at partneren din har sex med den andre personen
- B. Det at partneren din knytter følelsesmessige bånd til den andre personen

14. OM DEPRESSIVE TANKER. (Olsen, Jensen, Noerholm, Martiny, & Bech, 2003)

SEXUAL HARASSMENT, DEPRESSION AND ALIENATION

Nedenfor er en noen spørsmål om hvordan du har hatt det gjennom de siste 14 dagene

(Svaralternativer: hele tiden, mesteparten av tiden, mer enn halve tiden, mindre enn halve tiden, noe av tiden, aldri)

1. Har du vært nedfor eller trist?
2. Har du mistet interessen for de daglige gjøremål?
3. Har du følt mangel på energi og styrke?
4. Har du følt seg mindre selvsikker?
5. Har du hatt dårlig samvittighet eller skyldfølelse?
6. Har du følt at livet ikke var verdt å leve?
7. Har du hatt konsentrasjonsvansker f.eks. når du leser avisen eller ser på TV?
8. Har du følt deg svært rastløs?
9. Har du følt at ting har gått langsommere enn vanlig?
10. Har du hatt problemer med å sove om natten?
11. Har du hatt nedsatt appetitt?
12. Har du hatt økt appetitt?

16. OM EKSPONERING FOR PORNOGRAFI

Hvilke typer erotikk/ pornografi har du sett det siste året? (du kan sette flere kryss)

Erotiske blader som Cupido og liknende (Nei, Ja)

Filmer (DVD/internett) eller blader/bilder med mykporno (X-rated) (Nei, Ja)

Filmer (DVD/internett) eller blader/bilder med hardporno (XXX-rated) (Nei, Ja)

Har denne pornografien hatt klart aggressive/voldelige scener? (nei, ja noe av den, ja mye av den)

Hvor ofte benytter du erotikk eller porno som nevnt over?

Svaralternativer: (hver dag, hver uke, hver måned, sjelden, aldri)

22. OM SEKSUELT SAMSPILL OG VOLDTEKT (McMahon & Farmer, 2011)

Hvor enig eller uenig er du i følgende utsagn:

(Svaralternativer: svært uenig, uenig, verken/eller, enig, svært enig)

1. Når jenter går på fest og er "horete" kledd ber de om trøbbel
2. Det er ikke voldtekt hvis begge parter er fulle når det skjer
3. Hvis ei jente ikke gjør fysisk motstand – men bare protesterer verbalt – kan det ikke regnes som voldtekt
4. Hvis ei jente tar initiativ til å kysse og klemme bør hun ikke bli forbauset om en gutt antar av hun ønsker å ha sex
5. Når gutter voldtar er det vanligvis på grunn av deres sterke ønske om sex
6. Hvis den antatte voldtektsmannen ikke brukte våpen kan man ikke kalle det en voldtekt

SEXUAL HARASSMENT, DEPRESSION AND ALIENATION

7. Hvis ei jente blir voldtatt mens hun er full er hun i det minste litt ansvarlig for at ting kom ut av kontroll
8. Det bør ikke regnes som voldtekt hvis en gutt er full og ikke visste hva han gjorde
9. Hvis ei jente ikke kjemper imot fysisk kan man ikke si at det var voldtekt
10. Mange ganger når jenter sier de er blitt voldtatt har først villet ha sex og så angret på det etterpå
11. Når jenter blir voldtatt er det ofte fordi måten de sa "nei" på ikke var tydelig nok
12. Gutter har vanligvis ikke noen intensjoner om å voldta, men noen ganger blir de revet med av sine egne seksuelle lyster
13. Voldtektsanklager er ofte brukt for å hevne seg på gutter
14. Hvis ei jente på fest blir med en gutt alene inn på et rom er det hennes egen feil om hun blir voldtatt
15. Hvis ei jente ikke har fysiske merker eller sår etter hendelsen har det trolig ikke skjedd en voldtekt
16. Mange ganger når jenter sier de er blitt voldtatt har de ofte forført en mann og så angret på det etterpå
17. Mange ganger har jenter som påstår de er blitt voldtatt bare emosjonelle problemer
18. Noen ganger påstår jenter som er blitt avslørt for utroskap at det egentlig var voldtekt
19. Hvis ei jente oppfører seg "billig" vil hun før eller siden få trøbbel
20. Hvis ei jente ikke har sagt "nei" kan hun ikke påberope seg å ha blitt voldtatt
21. Voldtekt skjer når en gutts seksualdrift kommer ut av kontroll
22. Hvis en gutt er full kan han komme til å voldta uten at det var hans intensjon

Jeg har svar ærlig på alle spørsmålene i denne undersøkelsen

(Svaralternativer: 1=Stemmer helt, 2=stemmer bra, 3=stemmer dårlig, 4=stemmer ikke i det hele tatt)

Takk for at du tok deg tid til å besvare spørsmålene!

Husk å oppbevare påloggingskoden din til vi har trukket vinnerne av gavekort

HER KAN DU SKRIVE DINE KOMMENTARER TIL UNDERSØKELSEN (ÅPENT FELT)

SEXUAL HARASSMENT, DEPRESSION AND ALIENATION

Appendix B

1



Region:	Saksbehandler:	Telefon:	Vår dato:	Vår referanse:
REK sør-øst	Tor Eivn Svanes	2249521	05.04.2013	2013/008/REK sør-øst C
			Dens dato:	Dens referanse:
			16.02.2013	

Vår referanse vil oppgi med alle henvisninger

Mons Bendixen
Psykologisk institutt, NTNU

2013/008 Helse og trakassering i videregående opplæring

Forskningsansvarlig: NTNU
Prosjektleder: Mons Bendixen

Vå viser til søknad om forskningsgodkjenning av ovennevnte forskningsprosjekt. Søknaden ble behandlet av Regional komité for medisinsk og helsefaglig forskningsetikk (REK sør-øst) i møtet 14.03.2013. Vurderingen er gjort med hjemmel i helseforskningsloven (hl.) § 10, jf. forskningsetikklovens § 4.

Prosjektomtale
Sør-Trøndelag fylkeskommune gjorde i 2007 i samarbeid med Psykologisk institutt, NTNU, en større kartlegging av seksual trakassering blant elever og ansatte i videregående utdanning. I dette forskningsprosjektet skal man undersøke om seksual trakassering er et aktuelt problem i videregående skole, hva som gjør at noen trakasseres og noen blir trakassert. En ønsker videre å vite hva trakassering er et uttrykk for og hvilken betydning det har for ungdommers helse. Spørsmål som inngår i studien omfatter familieforhold, sosiale erfaringer og profesjoner, oppførsninger og holdninger til seksuelle forebilder og til ulike grupper i samfunnet, samt personlige karakteristika. Målet med prosjektet er å redusere trakassering i skolen gjennom utvikling av evidensbaserte og målrettede tiltak. Studien vil gjennomføres med velbeskret spørreskjemaundersøkelser og bruk av video og validerede målestrekkverner tilpasset unge voksne og ungdom. Utvalget består av elever og ansatte i videregående opplæring i Sør-Trøndelag, totalt ca. 10 000 personer. Studien er basert på informert samtykke. Prosjektgruppe vil ikke kjenne deltakernes identitet.

Vurdering
Komiteen legger til grunn at undersøkelser gjort via Questback, så lenge IP-adressen kan spores og det finnes rutiner for sletting og trekking av opplysninger, vil være å betrakte som anvendte. Dette understrekes også av prosjektleder i søknaden. Videre har komiteen vurdert hvorvidt prosjektet faller inn under definisjonen av medisinsk og helsefaglig forskning, slik dette forstås i helseforskningslovens § 4. Det er komiteens vurdering at selv om prosjektet hovedsakelig er en nyttig kartlegging av opplevd trakassering i videregående skole, innebærer også søknaden og protokollen klare hypoteser relatert til helse. Prosjektet er dermed behandlet med hjemmel i helseforskningsloven.

Det er liten tvil om at spørsmålene i denne studien er av ganske ingående karakter. Noen vil helt sikkert reagere på spørk og innhold, mens andre vil ha et avklart forhold til det samme innholdet. Det er på forhånd vanskelig å vurdere i hvilken grad det sensitive innholdet vil påvirke deltakere. Den vækkelig enkelte utfordringen vil studien, slik komiteen ser det, er de elevene og ansatte som selv har opplevd den typen overgrep prosjektet omhandler. Også deres reaksjonsmønstre er vanskelig å vurdere i forkant.

Revisjonsnr.: 17. 04/08 Oslo Telefon: 22495211 E-post og e-post lenk: info@helseforskningsetikk.no Helseforskningsetikk.no Helseforskningsetikk.no Helseforskningsetikk.no Helseforskningsetikk.no
 Opprettet av: 17. 04/08 Oslo E-post og e-post lenk: info@helseforskningsetikk.no Helseforskningsetikk.no Helseforskningsetikk.no Helseforskningsetikk.no Helseforskningsetikk.no

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Det er imidlertid skissert en beredskap som er godt tilpasset studiens omfang. Søker anføres selv at det vil være et beredskap fra skolens rådgivningseneste og helsestøtteredning i perioden studien pågår, og det vil være mulig å kontakte kompetent personell på kveldstid. Selvs studien gjennomføres i skjermede omgivelser. Det er kun en prøvelig FVN-kode som vil kunne identifisere den enkelte, og slik reduserer man også muligheten for tilfeldig identifisering. Frivilligheten i prosjektet understrekes både i informasjonen som gir, og i første skjermbilde ved undersøkelsens start.

Basert på det ovennevnte mener komiteen studien fremstår som forvaltig.

Vedtak
Prosjektet godkjennes, jf. helseforskningslovens §§ 9 og 33.

Tillatelsen er gitt under forutsetning av at prosjektet gjennomføres slik det er beskrevet i søknaden og protokollen, og de bestemmelser som følger av helseforskningsloven med forskrifter.

Tillatelsen gjelder til 31.12.2013. Opplysningene skal deretter slettes eller anonymiseres, senest innen et halvt år fra denne dato.

Komiteens avgjørelse var enstemmig.

Forskningsprosjektets data skal oppbevares forvaltig, se personopplysningsforordningen kapittel 2, og Helseledertorats veileder for Personvern og informasjonssikkerhet i forskningsprosjekt innenfor helse og omsorgssektoren.

Vi ber om at alle henvendelser sendes inn med korrekt skjema via vår saksportal:
<http://helseforskningsetikk.no>. Dersom det ikke finnes passende skjema kan henvendelsen rettes på e-post til: post@helseforskningsetikk.no.

Sluttmelding og saksnær om prosjektendring
 Prosjektleder skal sende sluttmelding til REK sør-øst på eget skjema senest 30.06.2014, jf. hl. § 12. Prosjektleder skal sende søknad om prosjektendring til REK sør-øst dersom det skal gjøres vesentlige endringer i forhold til de opplysninger som er gitt i søknaden, jf. hl. § 11.

Klagesøknad
 Du kan klage på komiteens vedtak, jf. forvaltningslovens § 28 flg. Klagen sendes til REK sør-øst. Klagefristen er tre uker fra du mottar dette brevet. Dersom vedtaket opprettholdes av REK sør-øst, sendes klagen videre til Den nasjonale forskningsetiske komité for medisin og helsefag for endelig vurdering.

Med vennlig hilsen

Arvid Heiberg
 prof. dr.med
 leder REK sør-øst C

Tor Eivn Svanes
 seniorrådgiver

Kopi til: jan.dystad@svt.ntnu.no