

COMMENTARY

A missing perspective: Considering survivors in sexual misconduct training

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In their focal article, Medeiros and Griffith (2019) advance a number of important recommendations for designing workplace training programs that reduce sexual misconduct. We agree there is a critical need for sexual misconduct training that produces the desired long-lasting behavioral changes that have yet remained elusive. However, in addition to their recommendations, we believe it is also imperative for organizations to carefully consider the perspective of employees who have experienced sexual harassment and/or assault when designing and implementing such training programs. Indeed, given that one-third of women and one out of six men have experienced sexual assault in the United States, and some estimates of sexual harassment are even higher (National Academies of Science, Engineering, and Medicine, 2018; Smith et al., 2017), it is all but inevitable that organizations will deliver training to employees with prior experiences of assault and/or harassment. By considering the perspective of these survivors, organizations can carefully design training that does not unnecessarily exacerbate their prior trauma. To elucidate the importance of this perspective, we first detail the potential harmful effects of sexual misconduct training for survivors and then provide recommendations for designing survivor supportive training.

Training consequences for survivors

Survivors are at risk for a wide range of physical and mental health consequences, and the association between sexual assault and post-traumatic stress disorder (PTSD) is particularly robust (Chen et al., 2010). PTSD is characterized by intrusive memories of a traumatic event that are often accompanied by feelings of distress, concentration difficulties, sleep disturbances, and other forms of discomfort (Michael, Ehlers, Halligan, & Clark, 2005). These intrusive memories can be triggered by a wide range of stimuli, including audio, visual, and other cues related to the original trauma (Hackmann, Ehlers, Specken, & Clark, 2004). Importantly, these disruptive thoughts and symptoms are not limited to those clinically diagnosed with PTSD (Campbell, Dworkin, & Cabral, 2009). They have also been observed in instances where survivors are required to recount personal experiences of trauma (Goodman et al., 1992) or are exposed to accounts of others' sexual abuse (LaMotte, 2017). This is particularly relevant to sexual misconduct training, wherein descriptions, vignettes, or role plays depicting sexual misconduct, even if intended for learning purposes, are possible triggers of intrusive memories of prior sexual trauma (Michael et al., 2005).

The potential for sexual misconduct training to engender negative cognitions and emotions for survivors is also illustrated in a number of parallel situations, such as mental health counseling,

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¹We use the term "survivors" to broadly refer to employees with experiences of sexual assault, sexual harassment, or other forms of sexual misconduct that elicited significant feelings of distress or trauma.

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crisis intervention, and sexual assault examinations. When mental health professionals treat patients whose trauma matches their own, the therapist may experience intrusive recollections known as countertransference (Friedman, 1996). This distressing phenomenon is also experienced by crisis and suicide hotline workers, who may likewise encounter callers who detail traumas that are similar to their own experiences (Friedman, 1996). Finally, sexual assault nurse examiners (SANE) who have experienced their own sexual trauma have also been found to experience negative emotions and cognitions when examining assault victims (Raunick, Lindell, Morris, & Backman, 2015).

A second crucial consideration is the proclivity of individuals to disclose information about sexual misconduct experiences both during and after training (O'Leary-Kelly, Bowes-Sperry, Bates, & Lean, 2009). Although disclosure has the potential to benefit survivors and organizations, and is in some cases a goal of training, inappropriate responses to disclosure can elicit or amplify a host of negative outcomes. For example, responding to survivors by providing emotional support can enable coping, whereas responses that blame the survivor or attempt to control their decisions can decrease self-esteem and increase post-traumatic stress, anxiety, and depression, respectively (Orchowski, Untied, & Gidycz, , Untied, & Gidycz, 2013). Organizations can draw on the above empirical evidence and examples to understand the potential harm posed by exposing individuals to material that relates to past personal traumas and the importance of considering survivors' perspectives when designing sexual misconduct training.

Recommendations for survivor supportive training

The potential detrimental effects of sexual misconduct training for survivors indicate a need for organizations to administer sexual misconduct training in a way that mitigates risks for this population. Below, we propose a series of recommendations to help organizations accomplish this goal.

Customize content

In contrast to Medeiros and Griffith's (2019) focus on the limitations of online training delivery, we posit that the benefits of electronic delivery outweigh the consequences. This is especially true for survivors, for whom electronic training can be easily customized to reduce the likelihood of retraumatization. High-fidelity training and simulations are described by Medeiros and Griffith as tools to increase the effectiveness of training, yet these training modalities are also the most likely to elicit distress in survivors. With simple branching logic in an electronic training environment, participants could opt for a lower fidelity (e.g., not scenario based) training specifically designed for trainees who are concerned about exposure to traumatizing material (e.g., the high-fidelity rape scenario described in Heppner, Humphrey, Hillenbrand-Gunn, & DeBord, 1995). We advise that such alternative training options should be developed with input from survivors.

Further underscoring the benefits of online training, this approach can be used to better target employees in need of additional or specific training. Training that begins with an individual-level needs assessment can identify such needs and automatically adjust a user's electronic training progression accordingly without the user's awareness, potentially negating the selection-related concerns (e.g., resentment) expressed by Medeiros and Griffith (2019). Moreover, customized electronic training permits a user to complete the training privately and at his/her own pace. Thus, in addition to the online environment potentially reducing self-presentation biases and increasing honest engagement with the material, completing electronic sexual misconduct training in private provides added flexibility for survivors to have emotional responses without fear of judgment and allows trainees to take breaks after emotionally provocative content. Finally, organizations may also consider allowing employees to opt out of training components that may pose the greatest risk for triggering survivors. However, in making that decision, organizations must

carefully consider the associated costs and benefits, and whether opting out of the specific content in question is permitted within the boundaries of legal and organizational requirements.

Expand trainer training

Drawing on Anderson and Whiston's (2005) meta-analysis, which demonstrated that training is more effective when conducted by professional trainers, Medeiros and Griffith (2019) note the importance of well-trained trainers. We agree but extend this recommendation in two key ways. First, we argue that trainers should also be specifically trained to effectively respond to survivors who disclose experiences of sexual assault or harassment. As noted above, the nature of sexual misconduct training may elicit disclosure, and responses to these instances can have notable effects on survivors' mental health outcomes (Orchowski et al., 2013). As such, we propose that trainer training should expose trainers to models of supportive ways to respond to employee disclosure, models of deficient and inappropriate responses, opportunities to practice responding, and knowledge of the costs of ineffectual responding.

Second, similar to the impact trainer responses can have within the training environment, the ways in which organizational officials respond to employee reports of misconduct in the post-training environment can likewise mitigate or exacerbate distress among survivors. In addition, the nature of these responses can also shape perceptions of the utility of the organization's reporting procedures, which can subsequently affect perceptions of sexual harassment climate (Fitzgerald, Drasgow, Hulin, Gelfand, & Magley, 1997), decisions to report future instances of sexual misconduct (Vijayasiri, 2008), and bystander intervention behaviors (Holland, Rabelo, & Cortina, 2016). Thus, we recommend organizations also expand this form of disclosure-focused training to organization officials to whom employees are mandated or most likely to report.

Focus on resources

Despite efforts to create survivor supportive training content, the nature of sexual misconduct training may nonetheless increase distress for employees who have experienced sexual harassment and/or assault. One way organizations can aid survivors who may be triggered during training is through providing specific, accessible, and clearly defined resources at the onset rather than conclusion of training. Possible resources include information regarding reporting mechanisms and policies, identifying trained organizational officials to whom employees can disclose, and highlighting employee assistance programs, among others. Identifying resources accomplishes multiple goals. First, and most importantly, providing resources up front may serve a protective function for survivors who may soon be exposed to material that has the potential to be retraumatizing. Second, clearly organizing and documenting resources in a way that encourages their future use may help buffer against post-training declines in positive attitudinal and behavioral changes for all trainees (e.g., Brecklin & Forde, 2001). That is, providing employees with a repository of resources that can be accessed outside of the training environment may facilitate training transfer. As a final note, we recommend organizations provide trainees with both internal and external resources. Given work showing that employees choose not to report instances of sexual misconduct at work due to fear of retaliation (SHRM, 2018), external resources may bridge the gap and support employees who are not yet ready to disclose to an organization member. To aid organizations in designing this content, Table 1 provides a list of external resources that could be included in sexual misconduct training.

 Table 1. External Resources That Support Sexual Assault and Harassment Survivors

Organization	Services available	How to access
National Sexual Assault Hotline	 Confidential hotlines and online chatrooms that connect survivors with trained service providers Responders can connect survivors to local care facilities for long-term support 	800.656.HOPE (4673) https://www.rainn.org/about-national- sexual-assault-telephone-hotline https://hotline.rainn.org/online/
The National Sexual Violence Resource Center	 Information about ways for survivors to access help A library of legal resources A large repository of information regarding the prevalence and implications of sexual violence 	https://www.nsvrc.org/
Directory of Crime Victim Services	A directory of victim services that allows users to search by state, type of victimization, and service required	https://ovc.ncjrs.gov/ findvictimservices/
1in6	Specializes in support services for men who have experienced sexual abuse or assault A confidential online chatroom to support survivors Information on common misunderstandings of male survivors	https://lin6.org
Safe Helpline	A confidential crisis hotline available to employees working for the Department of Defense	877.995.5247 https://safehelpline.org/
Association for Lesbian, Gay, Bisexual, & Transgender Issues in Counseling	A directory of LGBT-supportive mental health counselors in the United States	http://www.algbtic.org/therapist- resource-listing.html

Conclusion

As underscored by the points detailed in this commentary, continuing to overlook the perspective of employees who have experienced sexual harassment and/or assault—a population to whom organizations will inevitably provide training—leaves organizations vulnerable to implementing sexual misconduct training that does more harm than good for some of its employees. It is our hope that the recommendations detailed above provide specific and actionable steps organizations can take to design survivor supportive training while also spurring future research to evaluate survivor outcomes within the sexual misconduct training domain.

References

Anderson, L. A., & Whiston, S. C. (2005). Sexual assault education programs: A meta-analytic examination of their effectiveness. Psychology of Women Quarterly, 29, 374–388.

Brecklin, L. R., & Forde, D. R. (2001). A meta-analysis of rape education programs. Violence and Victims, 16, 303–321.
Campbell, R., Dworkin, E., & Cabral, G. (2009). An ecological model of the impact of sexual assault on women's mental health. Trauma, Violence, & Abuse, 10, 225–246.

Chen, L. P., Murad, M. H., Paras, M. L., Colbenson, K. M., Sattler, A. L., Goranson, E. N., ... Prokop L. J. (2010). Sexual abuse and lifetime diagnosis of psychiatric disorders: Systematic review and meta-analysis. *Mayo Clinic Proceedings*, 85(7), 618–629. doi: 10.4065/mcp.2009.0583

- Fitzgerald, L. F., Drasgow, F., Hulin, C. L., Gelfand, M. J., & Magley, V. J. (1997). Antecedents and consequences of sexual harassment in organizations: A test of an integrated model. *Journal of Applied Psychology*, 82, 578–589.
- Friedman, M. J. (1996). PTSD diagnosis and treatment for mental health clinicians. Community Mental Health Journal, 32, 173–189.
- Goodman, G. S., Taub, E. P., Jones, D. P. H., England, P., Port, L. K., Rudy, L., & Prado, L. (1992). Testifying in criminal court: Emotional effects on child sexual assault victims. *Monographs of the Society for Research in Child Development*, 229, 1–159.
- Hackmann, A., Ehlers, A., Speckens, A., & Clark, D. M. (2004). Characteristics and content of intrusive memories in PTSD and their changes with treatment. *Journal of Traumatic Stress*, 17, 231–240.
- Heppner, M. J., Humphrey, C. F., Hillenbrand-Gunn, T. L., & DeBord, K. A. (1995). The differential effects of rape prevention programming on attitudes, behavior, and knowledge. *Journal of Counseling Psychology*, 42, 508–518.
- Holland, K. J., Rabelo, V. C., & Cortina, L. (2016). See something, do something: Predicting sexual assault bystander intentions in the U.S. military. American Journal of Community Psychology, 58, 3–15.
- LaMotte, S. (2017). For some, #MeToo sexual assault stories trigger trauma not empowerment. CNN. Retrieved from https://www.cnn.com/2017/10/19/health/me-too-sexual-assault-stories-trigger-trauma/index.html
- Medeiros, K., & Griffith, J. (2019). #Ustoo: How I-O psychologists can extend the conversation on sexual harassment and sexual assault through workplace training. *Industrial and Organizational Psychology Perspectives on Science and Practice*, 12(1) 1–19
- Michael, T., Ehlers, A., Halligan, S. L., & Clark, D. M. (2005). Unwanted memories of assault: What intrusion characteristics are associated with PTSD? *Behaviour Research and Therapy*, **43**, 613–628.
- National Academies of Sciences, Engineering, and Medicine. (2018). Sexual harassment of women: Climate, culture, and consequences in academic sciences, engineering, and medicine. Retrieved from http://sites.nationalacademies.org/shstudy/index.htm
- O'Leary-Kelly, A. M., Bowes-Sperry, L., Bates, C. A., & Lean, E. R. (2009). Sexual harassment at work: A decade (plus) of progress. *Journal of Management*, 35, 503–536.
- Orchowski, L. M., Untied, A. S., & Gidycz, C. A. (2013). Social reactions to disclosure of sexual victimization and adjustment among survivors of sexual assault. *Journal of Interpersonal Violence*, 28, 2005–2023.
- Raunick, C. B., Lindell, D. F., Morris, D. L., & Backman, T. (2015). Vicarious trauma among sexual assault nurse examiners. Journal of Forensic Nursing, 11, 123–128.
- Smith, S. G., Chen, J., Basile, K. C., Gilbert, L. K., Merrick, M. T., Patel, N., ... Jain, A. (2017). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010–2012 state report. Retrieved from https://www.cdc.gov/violenceprevention/pdf/NISVS-StateReportBook.pdf
- Society for Human Resource Management (SHRM). (2018, January 31). Harassment-free workplace series: A focus on sexual harassment. Retrieved from https://www.shrm.org/hr-today/trends-and-forecasting/research-and-surveys/Pages/Workplace-Sexual-Harassment.aspx
- Vijayasiri, G. (2008). Reporting sexual harassment: The importance of organizational culture and trust. *Gender Issues*, 25, 43–61.