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Risk factors and outcomes of chronic sexual harassment during the transition to college: Examination of a two-part growth mixture model



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ABSTRACT

A two-part latent growth mixture model was implemented in order to examine heterogeneity in the growth of sexual harassment (SH) victimization in college and university students, and the extent to which SH class membership explains substance use and mental health outcomes for certain groups of students. Demographic risk factors, mental health, and substance use were examined as they related to chronically experienced SH victimization. Incoming freshmen students ($N = 2855$; 58% female; 54% White) completed a survey at five time points. In addition to self-reporting gender, race, and sexual orientation, students completed measures of sexual harassment, anxiety, depression, binge drinking, and marijuana use. Overall, self-reported SH declined upon college entry, although levels rebounded by the third year of college. Results also supported a two-class solution (Infrequent and Chronic) for SH victimization. Being female, White, and a sexual minority were linked to being classified into the Chronic (relative to the Infrequent) SH class. In turn, Chronic SH class membership predicted greater anxiety, depression, and substance use, supporting a mediational model.

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While a great deal of media attention recently has been given to the issue of sexual assault on college campuses (Gray, 2014a, 2014b), sexual harassment (SH) is a more far-reaching problem. Approximately 40%–60% of women (Cortina et al., 1998; Fitzgerald et al., 1988; Kalof et al., 2001; Shepela and Levesque, 1998) and 28–51% of men (Kalof et al., 2001; Shepela and Levesque, 1998) report experiencing SH in college. Under Title IX of the Education Amendments of 1972 (92 S. 659, 1972), SH in the school setting is defined as any sexual behavior that interferes with a student's right to an equal education, and can include any type of unwanted sexual behavior based on a student's gender, such as inappropriate touching, sexist jokes, and requests for sexual favors.

Research indicates that SH victimization is associated with negative mental health and substance use in adults (Richman et al., 1999; Rospenda et al., 2009) and adolescents (Bucchianeri et al., 2014; Espelage et al., 2012). Some cross-sectional research has also looked at experiences of SH in college students, finding an association between SH and psychological

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distress (Huerta et al., 2006; Reilly et al., 1986; Till, 1980; van Roosmalen and McDaniel, 1998) and between SH and alcohol use (Monks et al., 2010). College students may be an especially vulnerable population for several reasons: young men and women are interacting with relatively little supervision, college is a transitional time when identities and social networks are disrupted and fluctuating, and alcohol use tends to increase (Arnett, 2000; Clodfelter et al., 2010; Till, 1980). For example, emerging adults at this time are actively exploring identity issues related to romantic relationships, religion, professions, and ideologies. While this process can ultimately lead to satisfying outcomes, frustrations stemming from failures or rejections related to identity exploration are stressors that this population may frequently encounter (Arnett, 2000). Experiencing SH victimization during a period of already heightened duress, i.e., when coping resources are already taxed, may have particularly deleterious consequences for mental and behavioral health (Lazarus and Folkman, 1984). In particular, students may turn to maladaptive or avoidant forms of coping, which include problematic drinking and drug use (Rohde et al., 1990; Smith et al., 2003).

Thus, like sexual assault, SH can undermine the health of college students. Despite its prevalence, the fact that SH tends to be a chronic stressor when it occurs in the workplace (McGinley et al., 2011; Rospenda et al., 2000), and the greater health-harming effects of chronic versus more acute stressors in general (McEwen, 2004; Wheaton, 1997), there has been no longitudinal research on either the experience of SH over time or the impact of SH on mental health and substance use outcomes over time in college samples. Nor has there been research to determine which students may be at greater risk for experiencing chronic SH. Given that underage drinking continues to be a major public health concern, particularly the relative rise in heavy drinking among college women (Newes-Adeyi et al., 2005), the current study adds to the existing literature on college student SH and substance use by investigating the direct and indirect links between demographic factors (e.g., gender, sexual orientation, race/ethnicity), chronic SH, and substance use as well as mental health outcomes. Specifically, we use two-part latent growth mixture modeling to accomplish two aims. First, we examine trajectories of SH experiences among college students over time. Second, we examine the extent to which increased substance use and decreased mental health during the initial years of college, particularly among certain groups of students, may be explained by level of exposure to SH. Our goal is to inform prevention efforts on college campuses in the areas of both SH and substance misuse prevention.

1. Examinations of SH over time

1.1. Chronic experiences of SH

Several scholars have noted that SH tends to be experienced chronically over time in adolescence and adulthood; further, these chronic experiences of SH especially contribute to negative mental health and substance use outcomes (Coggan et al., 2003; Rospenda et al., 2000). For example, longitudinal investigations of youth in middle and early high school have shown that prior reports of SH are significantly related to future assessments of SH victimization (Petersen and Hyde, 2009a,b), self-harm (Marshall et al., 2013), emotional distress (i.e., anxiety, depression), and problem substance use (i.e., alcohol, marijuana, other illicit drug use) (Chiodo et al., 2009). In an examination of a college-aged sample, current SH was strongly predicted by previous SH on campus (Clodfelter et al., 2010). Workplace SH also strongly predicted workplace SH 1–2 years later (Glomb et al., 1999; McLaughlin et al., 2012; Nielsen and Einarsen, 2012). Studies using advanced longitudinal data analytic techniques have also established the existence of chronic SH in adult workers. Using latent growth mixture modeling, McGinley et al. (2011) uncovered two trajectories of SH: infrequent and chronic. Workers experiencing chronic SH consistently experienced elevated levels of SH over 10 years, and these chronic victimization experiences in turn predicted a battery of alcohol use outcomes. The present study extends prior research by investigating the link between chronic SH and problematic substance use and mental health outcomes over time among college students.

1.2. Developmental trends in SH

Scholars have reported that while the number of SH experiences increases between middle school and early high school (McMaster et al., 2002; Petersen and Hyde, 2009a,b), SH victimization appears to decline upon college entry (Petersen and Hyde, 2013b). But how do SH experiences change over time throughout college? To date, only one study has investigated this question. In a study of female undergraduate students, Cortina et al. (1998) found that the likelihood to report any sexual harassment typically increased with each additional year in school (e.g., from 39% in the first year to over 54% by years 4 and 5). However, this was a cross-sectional investigation, and these percentages reflect a “yes or no” response to experiencing SH at any point while attending their university; in other words, only cumulative experiences were assessed at one time point. Thus, no studies have examined latent growth of SH victimization throughout college, nor the possibility that different trajectories of SH victimization may emerge over time in this population.

1.3. Rationale for examining growth in SH

Thus, given the need for longitudinal studies using current advanced data analytic techniques to examine sexual harassment victimization (Neill and Tuckey, 2014; Petersen and Hyde, 2009a,b), and research demonstrating that more chronic experiences of SH are associated with poorer mental health and substance use outcomes (Chiodo et al., 2009;

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