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COMMENTARY

Sexual harassment and sexual assault training: Consider the industry

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In the focal article, Medeiros and Griffith (2019) provide a training framework to guide industrial and organizational (I-O) psychologists in designing, implementing, and evaluating sexual harassment and sexual assault training that will promote transfer long term. In this commentary, we add one more layer to their model: industry climate. As the focal article stated, "The environment outside of the direct training context plays a significant role in facilitating training transfer" (Medeiros & Griffith, 2019, p. 12). We argue that the type of industry plays a big role in developing climates that influence the prevalence of sexual harassment and assault, and the conditions in which sexual harassment and assault are likely to occur. We provide examples from a variety of industries (e.g., hospitality, healthcare and medical, retail, and entertainment and sports media) to demonstrate how the development, implementation, and evaluation of sexual harassment and assault training should consider industry characteristics and features to facilitate training transfer.

Why does an industry matter? Organizations are grouped based upon the product(s) and/or service(s) they produce and deliver. Regardless of organizational differences, employees working in the same industry experience similarities due to the fact that they are often delivering very similar products and/or services. That is, organizations in the same industry share distinct cultural norms and values (Christensen & Gordon, 1999). For example, in the hospitality industry, norms include low wages, irregular work hours and shifts, reliance on frontline employees, and high turnover, and employees rarely have offices and most interactions are constant (Dawson, Abbott, & Shoemaker, 2011). Hotel front desk agents are expected to work night shifts, weekends, and holidays regardless if they work for luxury hotel brand, such as the Four Seasons, or a limited-service, budget brand like Comfort Inn. As another industry example, the medical and healthcare industry requires many employees to work nightshifts, be available during nontraditional work hours, and be in close physical contact with patients (Spector, Coulter, Stockwell, & Matz, 2007). Thus, employees within the same industry often share similar work experiences, regardless of the organization.

Sexual harassment and assault: Industry examples

Due to the nature of the work, industry practices emerge, creating similar climates for employees working within the same industry because these climates are shaped by the characteristics in which they operate (Gordon, 1991). These industry characteristics can also influence the prevalence of sexual harassment. For example, sexual harassment and assault is pervasive in the hospitality industry (Abbott, Elkins, Phillips, & Madera, 2014; Johnson & Madera, 2018; Madera, 2018) because it promotes and propagates the importance of service to the point where customers are empowered during customer–employee interactions, and can easily take advantage of the high service culture of the industry (Johnson & Madera, 2018). A study focusing on restaurant

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employees found that the majority of sexual harassment was perpetrated by customers (Restaurant Opportunities Centers United, 2014). In addition, women are more likely to work for men. For example, although the hospitality and service industry employ and rely on female employees for lower-level jobs, in 2016, women only held 5% of the executive positions in hotel companies in the United states. Last, the hospitality industry is a "looks" industry, in which employee physical attractiveness is emphasized, particularly for positions with frequent customer contact (Kusluvan, Kusluvan, Ilhan, & Buyruk, 2010; Madera, 2016). For example, Johnson, Kirk, and Keplinger (2016) found that sexual harassment was perceived as justified for women who were perceived to use their looks to get ahead at work.

Other industry examples include the medical and healthcare industry. For instance, nearly one-third of female clinician-researchers in academic medical institutions reported having experienced sexual harassment in the workplace (Jagsi et al., 2016). Another study found that one-third of nurses have experienced physical assault, were bullied, or injured; as many as two-thirds were nonphysically assaulted; and a quarter were sexually harassed. The harasser is typically a patient, a patient's family member or friend, or fellow staff members, which include physicians (Spector et al., 2007). Like the hospitality industry, women make up the majority of the workforce in the medical and healthcare industry, but men hold the majority of leadership positions, creating a gender imbalance of power and authority. Unlike the hospitality industry, the medical and healthcare industry also requires certain providers, such as nurses and social workers, to complete in-home visits, in which providers are isolated in private residential homes, making them vulnerable to harassment and assault by patients (Barling, Rogers, & Kelloway, 2001). This industry has very distinctive qualities because employees are instinctively trained to care for the well-being of others. In this struggle between compassion and professional duty, a climate develops that that can be misinterpreted by patients (Dougherty, 2006). Opportunities for misconduct often occur due to physical proximity that takes place during a patient's care.

The retail industry also has a high incident of sexual harassment and assault, second only to the hospitality industry (Good & Cooper, 2016). Catering to customers, low wages and high turnover rates are industry characteristics that are often related to sexual harassment and assault in this particular industry (Yagil, 2008). The entertainment and sports media cultures are traditionally masculine, leading to characteristics that can also influence sexual harassment and assault climates. The sports media, specifically, has been the most male-dominated media department, and previous studies have found that nearly 85% of female sports reported surveyed stated sexual harassment is a chronic problem (Hardin & Shain, 2005). The locker-room mentality of sports often carries over to the newsroom, creating an unfriendly and hostile work environment for female employees.

Address industry characteristics in training

What does this mean for sexual harassment and sexual assault training? As we outlined using a variety of industry examples, the work context of an industry can create environments where sexual harassment and assault are more prevalent than other industries. An industry can create a mindset toward sexual harassment and assault, which can influence pretraining motivation, perceived utility, and self-efficacy. The entertainment industry provides an example of how sexual harassment and sexual assault were ignored and covered up by top executives. TV personalities such as Bill Cosby, Charlie Rose, and Matt Lauer and executives such as Les Moonves and Harvey Weinstein had a long history of sexual harassment and/or sexual assault that were ignored until the #MeToo movement shed a light into this problem. An industry can also set priorities. In an effort to change the industry mindset toward sexual harassment and assault, the National Restaurant Association and the American Hotel and Lodging Association are making sexual harassment and assault a priority by offering training and resources for members to prevent

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and respond to sexual harassment and assault. These associations are the two largest industry associations in hospitality, representing over 380,000 restaurants and over 25,000 hotel members across the U.S., respectively.

Thus, we argue that sexual harassment and sexual assault training should also consider the unique characteristics of an industry into their training design, implementation, and evaluation. For example, sexual harassment and sexual assault training for the hospitality industry might need to address the responsibility that managers have in addressing sexual harassment from customers, the role that alcohol plays in customers' aggression, and how employees should manage sexual harassment and assaults by customers. For hotels, training might include how housekeepers and other room service employees should handle harassment or assaults that can occur in hotel rooms. Training might also involve how managers can restructure teams and/or schedules to minimize situations in which employees are isolated in hotel rooms. Training for the medical and healthcare industry should include how providers can respond to harassment and assault from patients. Moreover, training should also address how managers should respond to these types of incidents that involve their employees and patients.

Training scenarios or examples used in training, whether written or in video, should reflect the workplace to increase content relevance. For instance, if a training scenario in which sexual harassment occurs in a typical office space is used, how relevant will the training be for restaurant and hotel employees or nurses who do not work in offices, or for healthcare providers who primarily conduct home visits? In this example, employees from these industries might have a hard time perceiving the training as relevant, which can affect training transfer. As another example of industry characteristics, alcohol is served in most restaurants and hotels. Hospitality employees, particularly in restaurants, report high rates of heavy drinking and problems related to serving alcohol (Broome & Bennett, 2011). Thus, sexual harassment and assault training would also include training employees how to manage coworkers and customers who may be inebriated. Training for the entertainment and sports news media industry should include scenarios and training examples of "locker-room" climates (Hardin & Shain, 2005).

Another example of how an industry matters is related to the evaluation of training. For instance, a training program for the hospitality industry might need to incorporate customer behaviors or at least how managers and employees respond to customer-based harassment and assault. A recent study found that hotel managers were less likely to identify behaviors as sexual harassment when the perpetrator was a customer than a coworker (Madera, Guchait, & Dawson, 2018). Patients are often the source of sexual harassment and assault in the medical and healthcare industry, mostly during routine patient care, often leading to not identifying behaviors as sexual harassment by the healthcare provider (Bronner, Peretz, & Ehrenfeld, 2003). Thus, measures of knowledge and attitudes toward sexual harassment should include incidents stemming from customers (for hospitality and retail industry) or patients (for the healthcare and medical industry) in addition to the typical coworker-to-coworker scenario. Other outcomes measures might include incident reports that occur well after the training to assess whether employees and managers responded as trained.

Conclusion

Extending and complementing Medeiros and Griffith's (2019) training framework, in this commentary we add industry climate as an additional element for I-O psychologists to consider. Although we are highlighting work features that might seem as the typical minutiae of work, it is these "little things" that make an industry. Employees within industries share similar values, beliefs, and norms and have similar work experiences (Christensen & Gordon, 1999). Without

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addressing the unique features of an industry, I-O psychologists might miss some important factors to consider when designing, implementing, and evaluating training for sexual harassment and assault.

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