

STUCK IN STOCKHOLM: EXAMINING SEXUAL HARASSMENT AND COVID-19  
RELATED FACTORS AS PREDICTORS OF STOCKHOLM SYNDROME IN THE  
WORKPLACE

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## TABLE OF CONTENTS

ABSTRACT .....	ix
CHAPTER I. INTRODUCTION .....	1
A. Sexual Harassment and Its Relation to COVID-19 .....	3
B. Connections with Stockholm syndrome .....	5
C. Component One: Threat to Survival .....	6
D. Component Two: Kindness from the Abuser .....	8
E. Component Three: Isolation .....	9
F. Component Four: Winning Over the Abuser .....	10
G. The Present Study .....	11
CHAPTER II. METHOD.....	12
A. Participants .....	12
B. Measures .....	12
a. Stockholm syndrome .....	12
b. Sex-based Harassment .....	13
c. Essential Worker Status .....	13
d. Source of Harassment .....	13
e. Control Variables .....	13
C. Design .....	14
D. Procedure .....	14
CHAPTER III. RESULTS .....	16
A. Data Screening .....	16
a. Analysis preparations and assumptions .....	17

	i.	Reliability of measures .....	17
	ii.	Univariate outliers.....	17
	iii.	Linearity.....	17
	iv.	Homoscedasticity of residuals .....	17
	v.	Multicollinearity .....	18
	vi.	Multivariate outliers.....	18
	B.	Approach to missing data.....	18
	C.	Power analysis .....	18
	D.	Exploratory factor analysis .....	19
	E.	Descriptive Statistics.....	20
	F.	Test of Hypotheses.....	21
	a.	Additional analyses.....	23
CHAPTER IV.		DISCUSSION.....	24
	A.	Research Implications.....	25
	B.	Practical Implications.....	26
	C.	Limitations and Future Directions .....	28
	D.	Conclusion .....	29
REFERENCES		.....	31
APPENDICES		.....	40
	A.	Original Stockholm syndrome Measure .....	41
	B.	Prescreen Survey .....	45
	C.	Consent Forms .....	48
	D.	Adapted Stockholm syndrome Measure .....	53

E. Sexual Experiences Questionnaire.....	57
F. Demographics .....	60
G. Debriefing Statement .....	67
H. Adapted Stockholm syndrome Scale Items and Factor Loadings .....	69
I. Sexual Experiences Questionnaire Items and Factor Loadings .....	74
J. Results of Model Without Controls .....	77

## LIST OF TABLES

1. Means, Standard Deviations, Reliabilities, and Correlations of all Study Variables .....	20
2. Hierarchical Regression Analysis with Sexual Harassment, Source of Harassment, and Their Interaction Terms as Predictors of Stockholm syndrome .....	22
3. Sample Descriptives Using <i>T</i> -Test for Equality of Means .....	23

## LIST OF FIGURES

1. Proposed moderated model.....	3
2. Graham et al.'s (1995) Four Components of Stockholm syndrome .....	5



## ABSTRACT

# STUCK IN STOCKHOLM: EXAMINING SEXUAL HARASSMENT AND COVID-19 RELATED FACTORS AS PREDICTORS OF STOCKHOLM SYNDROME IN THE WORKPLACE

Kenzie Joy Hurley

As some scholars have noted, COVID-19 has exacerbated existing inequities and economic insecurities that increase the risk of harassment. Sexual harassment (SH) involves conduct of a sexual nature that creates an intimidating or hostile work environment or interferes with an individual's job performance. This speculated increase in SH due to COVID-19 could relate to an increase in Stockholm syndrome (SS) among essential workers, as many essential workers may stay at their workplace due to benefits (e.g., finances, healthcare) despite having experienced abuse. As such, the current study applies Stockholm syndrome as a framework to examine the potential relationship between SH and SS, and the effects that various factors (e.g., essential worker status, source of harassment) have on this relationship. One-hundred and twelve participants completed online surveys using Amazon's Mechanical Turk (MTurk). Analyses revealed a positive relationship between SH and SS. Furthermore, essential workers reported higher levels of both SH and SS than their non-essential counterparts. This thesis bridges the gap between SH and domestic violence literature, such that it is the first to apply the SS framework to workplace instances of SH. Future research calls for examining the influence of race and power in influencing this relationship, as well as examining the long-term effects of feelings of SS in the workplace.

# CHAPTER I

## INTRODUCTION

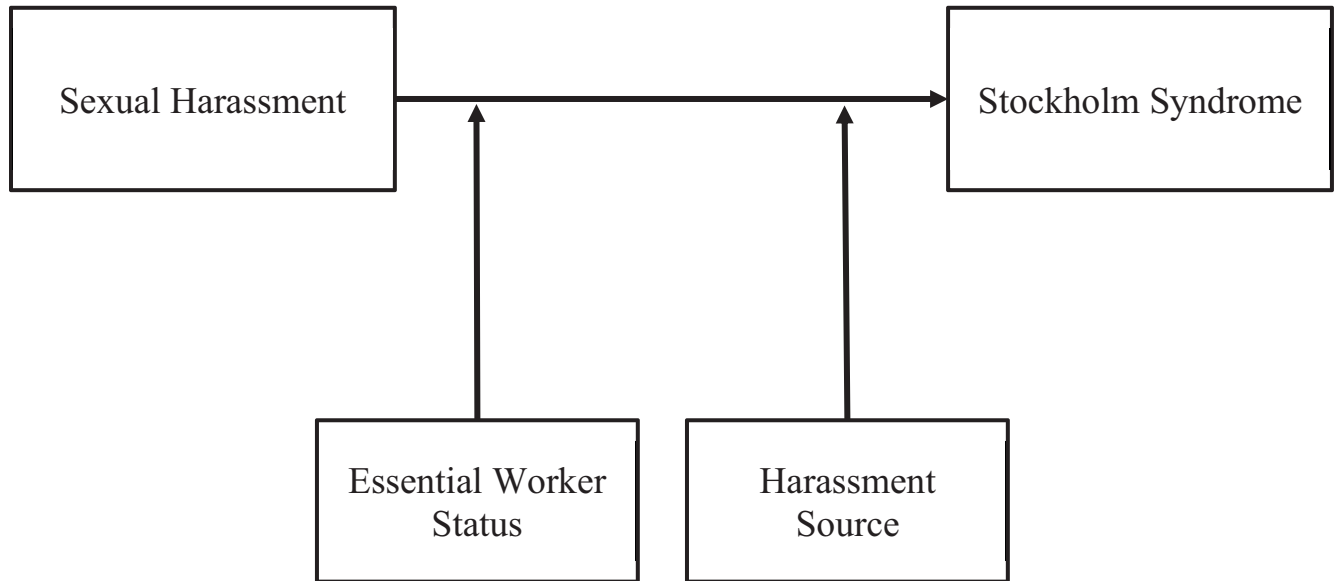
On March 13th, 2020, the United States began its descent into its greatest economic decline since the Great Depression of 1929 as a result of COVID-19 (Iacurci, 2020). Within a month, more than 23 million Americans reported being unemployed due to pandemic-related shutdowns in economic activity (Bureau of Labor Statistics, 2020). Indeed, many businesses began to close down as an attempt to mitigate financial losses, and the government began to regulate which businesses and industries were able to remain open during the pandemic. Individuals that could remain employed due to the nature of their job (e.g., healthcare, service) were termed *essential workers*. Although the exact definitions and classifications of essential workers vary by state, essential workers are considered those who conduct a range of operations and services that are typically crucial to continue critical infrastructure operations (Department of Homeland Security, 2020). Critical infrastructure, under this definition, is an umbrella term that covers sectors from healthcare to agriculture. Within the United States, approximately 45.2 percent of Americans are considered essential workers, with percentages ranging from 39.3 percent to 74.9 percent by state (United Way, 2020).

Despite these workers being essential to the survival of the United States during the COVID-19 pandemic, essential workers are paid drastically less than employees in other industries. In fact, essential employees earn an average of 18.2 percent less than their non-essential counterparts (McQuarrie, 2020), leading one in four essential workers to struggle to pay for basic household expenses during the COVID-19 crisis (Kearney & Muñana, 2020). This drastic difference in incomes has been explained by economists as the diamond-water paradox (Smith, 1937). As essential workers (water) are essential to survival, non-essential workers

(diamonds) are a commodity and harder to come by, thus commanding a higher pay in salary despite their irrelevance to survival. In addition to the pay gap experienced by essential workers, 45 percent of employees in low-wage jobs (i.e., essential jobs such as service work) solely rely on their employers for health insurance (Kearney & Muñana, 2020).

Beyond financial and insurance issues experienced by essential workers, many have begun to speculate that sexual harassment (SH) toward these workers has increased in frequency and severity (Kearney & Muñana, 2020; Robertson & Gebeloff, 2020). As explained by Robertson and Gebeloff (2020), COVID-19 exposes and exacerbates existing inequities and economic insecurities that increase the risk of harassment. Classical theories of SH explain the phenomenon as an extension of the perpetrator's power over another individual, and the aforementioned highlighted inequities allow for more opportunities for *powerful* individuals to harass *powerless* individuals (Pina & Gannon, 2012). This is especially problematic, as women make up the majority of essential worker positions (New York Times, 2020) and are more likely to be sexually harassed in general (Fitzgerald et al., 1995; Pina & Gannon, 2012). Indeed, nearly nine out of ten nurses, nursing assistants, respiratory therapists, and food workers are women (New York Times, 2020). Due to the effects of COVID-19 on essential workers' income and job market aspects, many of these women may feel more entrapped at their organization than usual, which may lead to feelings of Stockholm syndrome (i.e., feelings of empathy toward the perpetrator; Graham et al., 1995) in the workplace. Accordingly, the purpose of the current study is to examine the potential effects of sexual harassment on levels of Stockholm syndrome in the workplace through an examination of COVID-19 related factors (e.g., essential worker status, harassment source) as moderators of this relationship. The following sections draw upon the

conceptual model presented in Figure 1. The model assumes that SH will predict Stockholm syndrome, with moderating effects of essential worker status and harassment source.



*Figure 1.* Proposed moderated model of SH relationship with Stockholm syndrome with moderating effects of essential worker status and harassment source.

### **Sexual Harassment and Its Relation to COVID-19**

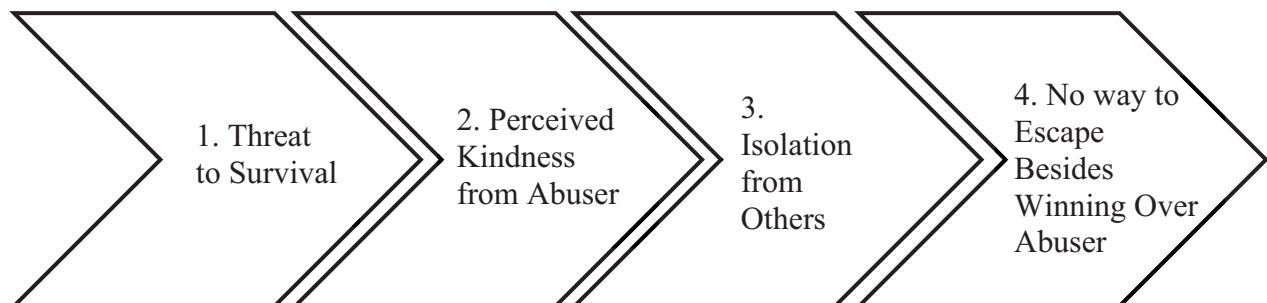
As described by the Equal Employment Opportunity Commission (EEOC; 1980), SH involves conduct of a sexual nature that creates an intimidating or hostile work environment or interferes with an individual's job performance. Outlined by Fitzgerald et al. (1995), there are three main dimensions of SH: gender harassment, unwanted sexual attention, and sexual coercion. Specifically, Fitzgerald et al. (1995) describes gender harassment as the use of repetitive verbal (e.g., slurs, taunts) and nonverbal (e.g., gestures) behaviors that exude hostile, degrading comments about a particular gender. In the same manner, unwanted sexual attention also includes both verbal and nonverbal behaviors but sets itself apart due to its intent of sexual

cooperation from the perspective of the perpetrator (e.g., repeatedly asking someone on a date, even though they have already said “no”). Finally, sexual coercion involves the extortion of sexual cooperation in return for job-related considerations (e.g., exchanging sexual favors for a promotion).

Given that women are more likely to be both targets of SH and essential workers (Ilies et al., 2003; Kearney & Muñana, 2020; New York Times, 2020; Pina & Gannon, 2012), it is important to understand the implications of COVID-19. Pina et al. (2009) found that one out of every two women have experienced some form of SH in their workplace, it is likely that the percentage is greater than previously thought due to the COVID-19 pandemic. As SH is often viewed as an extension of power (Cleveland & Kerst, 1993; Dougherty, 2006; Pina & Gannon, 2012), the highlighted discrepancies in pay that are experienced by essential workers explain the predicted increased frequency of SH toward essential workers (Kearney & Muñana, 2020). For instance, in lower-wage occupations (e.g., service positions) that involve employees' jobs being dependent on sales and customer ratings, customers may engage in more harassing behaviors as they are perceiving themselves to have more power over the employee (Fine et al., 1999; Morganson & Major, 2014). The employee in this scenario, then, has to manage this relation with the customer and “tolerate” this harassment, as a means to keep their job. This power is further amplified as a result of COVID-19, as the job market and alternate employment aspects for this employee are uncertain if the employee were to lose or quit their job as a result of harassment. The following sections describe how feelings of entrapment, in addition to increased frequency of SH, can contribute to feelings of Stockholm syndrome in the workplace.

## Connections with Stockholm Syndrome

The concept of Stockholm syndrome emerged after the 1973 robbery of Kreditbanken in Stockholm, Sweden, in which two robbers held four bank employees hostage for several days. During this time, the victims became attached to their captors and defended them after the ordeal (De Fabrique et al., 2007). Today, De Fabrique and colleagues (2007) explain Stockholm syndrome as a psychological response to a hostage or similar situation in which the more dominant person has the power to put the target's life in danger and uses this power differential to their advantage as a way to get their target to comply with their demands. Extending beyond extreme situations (e.g., the bank robbery that initiated the concept), Graham et al. (1995) broadened and applied Stockholm syndrome to women in abusive romantic relationships. Graham et al. (1995) identified four main components of Stockholm syndrome (see Figure 2): “(1) the victim perceiving a threat to their survival, (2) the victim perceiving some kindness, however small, from their abuser, (3) the victim being isolated from others who might offer an alternative perspective from that of the abuser, and (4) the victim perceiving no way to escape besides winning over the abuser” (p. 4). With these components in mind, the connection between SH and Stockholm syndrome becomes easily recognizable.



*Figure 2.* Graham et al.'s (1995) four components of Stockholm syndrome.

## **Component One: Threat to Survival**

Much like Stockholm syndrome, SH begins by the victim perceiving a threat to their survival. In circumstances of SH, this may entail the target experiencing repeated insults or degrading comments, unwanted sexual advances, or incidents of sexual coercion (Fitzgerald et al., 1995). Although researchers argue that harassment is not life-threatening, the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM-IV) Task Force acknowledges that any event can meet the criteria of being life-threatening if such an event threatens a target's physical integrity (Avina & O'Donohue, 2002). As described by Avina and O'Donohue, SH often poses a three-fold threat to physical integrity, including threats to the target's financial well-being, threats to the target's physical boundaries, and threats to the target's control over situations in which they should typically have control.

Regarding threats to financial well-being, research has shown that SH is associated with financial losses for the target, as these targets often get transferred or fired, receive lower evaluations, or are denied promotions by their supervisors (Avina & O'Donohue, 2002). Relevant to COVID-19, these threats are predicted to have strengthened in nature as discrepancies in the pay differences and socioeconomic status of essential workers are more visible and, consequently, more exploitable, now more than ever (Kearney & Muñana, 2020). In fact, essential workers earn an average of 18.2 percent less than non-essential workers nationwide (McQuarrie, 2020) and the majority of essential workers do not have health insurance (Kearney & Muñana, 2020).

Additionally, targets of SH may experience boundary threats in the workplace. As explained by Avina and O'Donohue (2002), the exposure of an individual to a sexually objectifying environment is a threat to a person's physical integrity. While the workplace

gradually morphs into an environment that is both digital and increasingly out of office, especially due to COVID-19, there are still many forms SH can take in a digital environment (Cobb, 2020). Cobb (2020) explains that employers and employees may not be accustomed to communicating solely online, so lines and boundaries may not be entirely clear. Sexual advances, as well as inappropriate comments and behaviors, are easily concealed in online communication platforms, and other comments can be easily misinterpreted (e.g., delivered in one tone but received in another; Beran & Li, 2005). This form of SH, often termed *cyber sexual harassment* (Beran & Li, 2005; Ritter, 2014), is especially problematic in the age of COVID-19 as traditional workplaces that have now transitioned into an online environment may not have policies that expressly state online harassment is prohibited behavior (Cobb, 2020). The potential combination of both in-person and online SH, along with the lack of up-to-date policies regarding online harassment due to rapid COVID-19 changes, poses a heightened threat to the boundaries of targets of SH.

Finally, targets of SH may experience a threat to their power over events they usually would be able to control. For example, targets may lose control over the harassment event itself (e.g., inappropriate touching, inappropriate messages), find their attempts to stop the harassment do not terminate the behavior (e.g., via lack of policies for SH), and experience retaliation (e.g., being fired, being demoted) in direct response to their responses to harassment (Loy & Stewart, 1984). The loss of control traditionally experienced by workers in essential industries (e.g., service work) may be amplified by the unique situation of COVID-19, as many essential workers may feel as though they need to continue to work, despite the circumstances, in order to survive (Frostin & Woodbury, 2020). The survival of essential workers, in part, is dependent on their



workplaces providing both livable wages and access to healthcare via insurance policies provided by their employers (Kearney & Muñana, 2020).

### **Component Two: Kindness from the Abuser**

Targets of SH, especially those that work in essential jobs, may perceive their wages, access to healthcare, and their job as kindness from their abuser (i.e., their employer; Graham et al., 1995). While in extreme cases of Stockholm syndrome, such as the bank robbery that initiated the term, this kindness may have been the addition of some positive reward (e.g., water) to the victims (De Fabrique et al., 2007), the kindness in cases of SH may involve other positive rewards relevant to COVID-19. For instance, essential workers may perceive this “kindness” to be their employers allowing them to remain employed at their organization during the pandemic. As more than 20.5 million Americans became unemployed due to COVID-19 (Kochhar, 2020) and many businesses closed their doors to employment, simply having a source of income during the COVID-19 pandemic became a privilege in the United States (Kearney & Muñana, 2020). In addition to the source of income, many of these essential businesses are the main source of healthcare for their employees, which can be perceived as another privilege as 7.7 million Americans lost their health insurance as a result of the pandemic (Frostin & Woodbury, 2020).

In a similar way, the absence of negative stimuli (e.g., harassing behaviors) can be perceived as kindness by targets of SH (Dutton & Painter, 1993). For instance, an employee may believe their supervisor is ‘kind’ to them when they do not experience suggestive comments for an allotted time at work. The attachment that results from this intermittent good-bad treatment can lead to a formed bond with the abuser, as explained by Dutton and Painter’s (1993) Traumatic Bonding Theory. As explained by Traumatic Bonding Theory, secure emotional attachments may result from relationships characterized by two factors: power imbalance (e.g.,

supervisor to peer) and intermittent good-bad treatment. Considering that SH often involves both of these factors, it is likely that targets of SH may form bonds with their abusers under this theory. For example, if an employee experiences an instance of good treatment after experiencing SH from their employer, the relationship may strengthen as the employee may feel as if they can rely on their employer through times of hardship.

### **Component Three: Isolation**

The next component of Stockholm syndrome involves the victim being isolated from others who might offer an alternative perspective from that of the abuser (Graham et al., 1995). In the extreme case of the bank robbery, the victims were physically isolated from the outside world entirely (De Fabrique et al., 2007). In the traditional workplace, employees are often in frequent contact with other individuals (e.g., coworkers), making physical separation almost impossible. However, in the age of COVID-19, the transition to a primarily online workplace, in addition to social distancing and isolation guidelines, leads to individuals becoming physically separated from those who could support them in times of hardship (e.g., allies, peers). For instance, if an essential worker is sexually harassed, whether in-person or online, they may not have access to the support system they would in normal circumstances.

Additionally, separation in the workplace can be explained by Muted Group Theory (Kramarae, 1981). This theory suggests that the dominant group member (in this case, the abuser) controls the substance and form of communication with the nondominant group member (i.e., the target). As a result, when a target attempts to give voice to their experiences (e.g., SH), abusers often reframe the former exchanges and describe the situation very differently than how the target described it. For instance, a target of abuse may come forward about an incident in which a supervisor made suggestive comments toward the subordinate, but the supervisor may

recall and explain the incident as a performance review that made the subordinate unhappy. In this context, Muted Group Theory helps to illuminate the power differences inherent in language between superiors and subordinates. Muted Group Theory then relates to disadvantaged or targeted groups not reporting workplace harassment, as others within the organization will likely believe the abuser's word over the word of the target. As a consequence of this mismatch, subordinates must transform their own experiences into the acceptable language of the organization, which leads to targets of workplace abuse feeling isolated as their narrative is not believed by others (e.g., peers, supervisors) in the organization.

#### **Component Four: Winning Over the Abuser**

Finally, the last component of Stockholm syndrome involves the victim perceiving no way to escape besides winning over their abuser (Graham et al., 1995). While it is true that employees have the option to withdraw from their organization, this does not stop the cycle of abuse that is prevalent in SH (Lutgen-Sandvik, 2003). Indeed, the cycle of abuse can continue after the target leaves the workplace, insinuating that there is no real escape from the maltreatment. For instance, this continuation is likely a result of the effects of abuse spreading to other aspects of the target's lives, including their home life, due to long-term psychological consequences (e.g., anxiety, depression; Chan et al., 2008). It is also possible that, as a result of continuance commitment, employees may feel as if the costs of leaving an organization outweigh the benefits of leaving (Jex & Britt, 2014; McLaughlin et al., 2017). For instance, an employee may have financial burdens that make leaving their place of work an impossible option, especially if the employee does not have an alternate employer lined up. The instability of the job market as a result of COVID-19 may increase the difficulty of leaving the workplace as many employees' job prospects are worse than usual. An individual's need for employment, in

this instance, will often outweigh their desire to seek other options (Hammonds et al., 2020). As a result of this feeling of entrapment, targets may begin to feel as though they need to win over their abuser (e.g., staying in their current place of employment, tolerating the harassment). Consequently, there is an inherent need to examine whether Stockholm syndrome can occur within the workplace due to the need for financial stability, employment, and healthcare, along with the speculated increased prevalence of SH as a result of COVID-19.

### **The Present Study**

In summary, the present study examined SH in relation to Stockholm syndrome, with a focus on the source of harassment and essential worker status as moderators of this relationship. In particular, this study addresses three hypotheses:

*Hypothesis 1:* SH will positively predict Stockholm syndrome.

*Hypothesis 2:* Source of harassment will moderate the relationship between SH and Stockholm syndrome, such that harassment from a supervisor will strengthen this relationship compared to harassment from coworkers or customers.

*Hypothesis 3:* Essential worker status will moderate the relationship between SH and Stockholm syndrome, such that being an essential worker will strengthen this relationship.

## CHAPTER II

### METHOD

#### Participants

One hundred twelve participants ( $M_{age} = 35.91$ , 50.9% female, 49% essential workers,  $M_{hours\ worked\ per\ week} = 48.11$ ) from various industries (18% professional services, 13% manufacturing, 10% healthcare, 11% information, 48% other) completed a survey through Amazon's Mechanical Turk (MTurk). MTurk is an online forum that provides access to individuals interested in completing tasks (e.g., surveys, questionnaires) for an allotted fee. As noted by Buhrmester et al. (2016), MTurk samples are more demographically diverse than college samples and data from MTurk meets acceptable psychometric quality data (e.g., high test-retest reliability). MTurk has also been shown to be a valid and reliable form of collecting data (Mason & Suri, 2012) and participants through MTurk are more likely to finish surveys once they start due to being paid after their assignments are completed (Görizt, 2006).

#### Measures

**Stockholm syndrome.** Forty-six items ( $\alpha = .99$ ) measured participants' levels of Stockholm syndrome toward the person that caused an incident of unwanted sex-related attention in their place of work within the past 12 months (Graham et al., 1995). However, because the original Stockholm syndrome scale was created for women in abusive domestic relationships, the current Stockholm syndrome measure was adapted. Specifically, pronouns (e.g., "his" to "their"), subjects (e.g., "he" to "this person"), and anger to a more general term of action were changed in each item to be more gender and situation neutral. Each item used the same 5-point Likert scale, with 1 being, *I never feel this way*, and 5 being, *I always feel this way*. These items were averaged to create an average Stockholm syndrome score, with higher scores representing

higher levels of Stockholm syndrome. See Appendix A for a full list of unaltered Stockholm syndrome items.

**Sex-based harassment.** Twenty-four items ( $\alpha = .99$ ) measured sex-based harassment (Sexual Experiences Questionnaire [SEQ]; Fitzgerald et al., 1999). Each item asks participants to rate how frequently they have encountered a certain sex-based harassment situation in their current place of work within the past 12 months. An example item from this scale is, “How often has someone whistled, called, or hooted at you in a sexual way?” Each item used the same 5-point Likert scale, with 1 being, *Never*, and 5 being, *Very Often*. These items were averaged to create an average sex-based harassment scale score, with higher scores representing more frequent sex-based harassment victimization.

**Essential worker status.** A dichotomous “Yes” or “No” scale was used to determine essential worker status. Participants were asked to indicate if they were considered an essential worker in their current place of employment. The item for this question is, “Are you considered an essential worker?” This item was then dummy coded (0 = non-essential worker, 1 = essential worker) for use in subsequent analyses.

**Source of harassment.** A categorical scale was used to determine the source of harassment as a follow-up question to the SEQ (1 = customer, 2 = coworker, 3 = supervisor). The item asked the participant to indicate their relationship with the person they thought about most frequently while completing the SEQ. This item was then dummy coded (0 = customer or coworker, 1 = supervisor) for use in subsequent analyses.

**Control variables.** Race and gender were assessed via demographic questions and dummy coded (0 = non-white, 1 = white; 0 = male, 1 = female, respectively). Race and gender were examined as controls as the SH literature has shown that women, especially women of

color, tend to be more susceptible to SH (Pina & Gannon, 2012; Willness et al., 2007). In accordance with Becker's (2005) control variables procedure, analyses were conducted with and without the measured control variables (MCVs) of race and gender. Both MCVs were included in the final model as they were significantly related to the dependent variable.

## **Design**

The current study used a cross-sectional survey design. The validity of cross-sectional studies has been a cause for concern in the social sciences (Spector, 2019). However, applying the guidelines discussed by Spector, a cross-sectional design is appropriate for the current study because it can provide evidence for novel relationships among variables and is testing for interactions with demographic variables. Given that SH and Stockholm syndrome have yet to be examined in relation to each other, the implementation of a cross-sectional study design can extend the literature by indicating whether these variables are actually related and whether moderators buffer this relationship. Indicating potential relationships is valuable to extend the literature and to serve as a basis for subsequent research and theories.

## **Procedure**

A prescreen was implemented to identify a representative sample of participants that was both employed (either part-time or full-time) and experienced some form of SH in their current place of work within the past 12 months. Items from the prescreen included the following: "Are you currently employed part-time or full-time outside of MTurk?" and "Within the past 12 months at your current place of employment, have you experienced an instance of offensive verbal behaviors (e.g., someone making jokes or comments about your gender) and/or offensive physical behaviors (e.g., someone touching you in a way that makes you feel uncomfortable)?" (Appendix B). Participants who were employed (either part-time or full-time) outside of MTurk

and experienced some form of SH qualified for the main content survey containing the variables described in the hypothesized relationships.

At the beginning of the prescreen and the main content survey, participants read and agreed to a consent form that explained the current study and stated participant confidentiality (Appendix C). Participants indicated their consent by selecting “next” to begin each survey. Within five days after the successful completion of the prescreen, eligible participants were granted access to the main content survey. Sexual harassment and Stockholm syndrome were gathered in the main content survey, with the addition of demographic information (e.g., essential worker status, source of SH). Participation involved completion of the survey questions, which required approximately 15 minutes to complete. All participants filled out the same prescreen and main content survey, with the main content survey having the SEQ items toward the beginning and Stockholm syndrome items following the SEQ items. Participants received \$0.10 for completion of the prescreen survey and \$1.00 for the completion of the main content survey. For all main content survey questions, including demographic information and the debriefing statement, refer to Appendices D, E, F, and G.



## CHAPTER III

### RESULTS

#### **Data Screening**

Data cleaning consisted of screening for participants who did not meet eligibility requirements via a pre-screen survey, checking for outliers, identification of participants failing data quality checks, and any duplicate responses. Additionally, participants who indicated not having experienced SH via written responses were excluded from data analysis.

To ensure data quality, Captcha verification was included at the beginning of each survey and three attention check items were included throughout the main content survey. The attention check items consisted of questions with clearly correct answers to help identify careless responses from participants (e.g., “Please leave this question blank”; Beach & Mitchell, 1978). Additionally, the inclusion of Captcha verification and attention checks helped to discourage spammers, fake users, and programmed responses, which helped with quality assurance on MTurk (Mason & Suri, 2012). Any participants failing two or three out of three attention check items were excluded from final data analyses.

Participants completed the pre-screen survey and then completed the main content survey less than five days after they are determined to be eligible from the pre-screen results. The initial pre-screen phase consisted of three main cohorts, with the first cohort having 320 participants, the second cohort having 350 participants, and the third cohort having 600 participants. In total, the pre-screen phase consisted of 1,270 participants. Out of these participants, 343 were eligible to take the main content survey based on their employment status (i.e., part-time or full-time) and their SH experience (i.e., the participant indicated that within their current place of work within the past 12 months, they experienced some form of SH). Upon granting access to the main

content survey, 220 of these participants completed the survey, resulting in a response rate of 64%. After data cleaning, 112 participants were eligible for analyses.

**Analysis Preparation and Assumptions.** Hierarchical linear regressions were used to assess hypotheses. To ensure accurate results, mean-centered terms were created for continuous predictors and corresponding interaction terms were created. Additionally, assumptions related to multiple regressions were checked and addressed accordingly. Specific assumptions related to hierarchical linear regressions include reliability of measures, univariate outliers, linearity, homoscedasticity of residuals, multicollinearity, and multivariate outliers.

**Reliability of measures.** With regression, measurement error in the independent variables (i.e., predictors) is assumed to be minimized and within acceptable range. To confirm this assumption, a reliability analysis was performed. All measures met the acceptable reliability standard of at least .70 (Nunnally, 1978).

**Univariate outliers.** A univariate outlier is an extreme value on one variable (i.e., greater than two standard deviations from the mean). After checking for normality via a visual scan of histograms and by test (i.e., Kolmogorov-Smirnov test for normality), it was determined that no outliers were present.

**Linearity.** To check for linearity, scatterplots were created with each independent variable and dependent variable. A Loess line was used to visually determine if the relationship is linear, in addition to correlations to quantify any linearity. The Loess line appeared to be straight for each independent and dependent variable.

**Homoscedasticity of residuals.** Homoscedasticity refers to the variance of the residuals around the regression line being constant (regardless of value X). Residual distances are also assumed to have a normal distribution around the regression line. An assumption violation

occurs when the variance of the residuals is unequally dispersed around the regression line (i.e., heteroscedasticity). Heteroscedasticity can lead to errors in the calculation of the standard error. Homoscedasticity was assessed by creating scatterplots of the X and the standardized residuals. The plot shape appeared linear.

***Multicollinearity.*** Multicollinearity occurs when predictors are correlated with each other and is problematic because predictors should be independent of each other. To account for multicollinearity, the variance inflation factor (VIF) between all study variables was examined, and any values greater than four were deemed to violate the assumption of multicollinearity. Additionally, all control variables and predictors were mean centered to account for multicollinearity. All VIFs were equal to 1, thus, multicollinearity was not present.

***Multivariate outliers.*** Multivariate outliers occur when there are unusual scores on at least two variables. This can occur from careless responding, so it is important that any multivariate outliers are accounted for before analyses. To check for multivariate outliers, the externalized studentized range statistic was used. The studentized range statistic did not indicate that any values exceeded the |2| threshold. Therefore, no values were excluded from analyses.

**Approach to missing data.** Mean imputation was applied for item-level missingness. Once item-level missingness was addressed, the dataset did not have any construct-level missingness. Person-level missingness was completely removed from analyses (Newman, 2014).

**Power analysis.** An a priori analysis was conducted using G\*power with an effect size of .15. The effect size estimate was selected to align with Cohen's (1992) small f-square effect size, due to the lack of effect sizes in previous Stockholm syndrome literature. The power analysis revealed that approximately 107 participants would be necessary for a power of .80. However,

for the purposes of versatility, the goal sample size was 200 to meet exploratory factor analysis requirements (Mundfrom et al., 2005).

**Exploratory factor analysis.** Exploratory factor analyses (EFA) using Principal Axis Factoring and Oblimin with Kaiser Normalization rotation were conducted on all study measures. All Kaiser-Meyer-Olkin (KMO) values for the individual items ( $> .90$ ) were well above .5 and the KMO was .93, indicating the data were sufficient for EFA. Bartlett's test of sphericity showed that there were patterned relationships between the Stockholm syndrome items,  $\chi^2(1176) = 5526.12, p < .05$ . Using an eigenvalue cut-off of 1.0, there were four factors that explained a cumulative variance of 74% for the Stockholm syndrome measure. However, the first factor accounted for 64% of this variance, and the scree plot confirmed the findings of retaining one factor. Thus, all items were compressed onto one factor (Core Stockholm syndrome). Appendix H shows all factor loadings for the Stockholm syndrome measure using a minimum factor loading of .32 (Comrey & Lee, 1992). All factor loadings were 'very good' to 'excellent' according to Comrey and Lee (1992), with the exception of items 31, 32, and 48. Accordingly, items 31, 32, and 48 were removed as they did not load onto their respective factors.

In a similar way, Bartlett's test of sphericity showed that there were patterned relationships between the SEQ items,  $\chi^2(253) = 3144.41, p < .05$ . Using an eigenvalue cut-off of 1.0, there were two factors that explained a cumulative variance of 80% for the SH measure. However, the first factor accounted for 75% of this variance, and the scree plot confirmed the findings of retaining one factor. Thus, all items were compressed onto one factor (SH). Appendix I shows the factor loadings for the SH measure using a minimum factor loading of .32. No items needed to be removed from this measure.

## Descriptive Statistics

Table 1 shows descriptive statistics and correlations for all study variables. SH was significantly related to Stockholm syndrome,  $r(112) = .82, p < .01$ . Similarly, essential worker status was significantly related to Stockholm syndrome,  $r(112) = .48, p < .01$  and SH  $r(112) = .49, p < .01$ . Individuals who experienced greater levels of SH tended to also experience increased levels of SS. While correlations between study variables were present and significant, the variance inflation factors (VIFs) for all study variables were equal to one, indicating that multicollinearity was not an issue.

Table 1

*Means, Standard Deviations, Reliabilities and Correlations of all Study Variables*

Variable	<i>M</i>	<i>SD</i>	1	2	3	4	5	6
1. Race <sup>a</sup>	0.71	0.46	—					
2. Gender <sup>b</sup>	0.53	0.50	.25**	—				
3. EWS	0.49	0.50	.01	-.04	—			
4. SOH	0.42	0.50	-.13	-.06	-.08	—		
5. SH	2.23	1.11	-.13	-.11	.49**	-.01	(.99)	
6. SS	2.41	0.96	-.23**	-.24**	.48**	-.02	.82**	(.99)

\*\*  $p < .01$

*Note.* EWS indicates essential worker status, SOH indicates source of harassment. <sup>a</sup> Race: 0 = non-white, 1 = white, <sup>b</sup> Gender: 0 = male, 1 = female, <sup>c</sup> Essential worker status: 0 = non-essential worker, 1 = essential worker, <sup>d</sup>Source of Harassment: 0 = customer or coworker, 1 = supervisor. Sexual Harassment scores range from 1 (Never), to 5 (Very often). Stockholm

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syndrome scores range from 1 (I never feel this way) to 5 (I always feel this way). Alphas are listed in parentheses along the diagonal.

**Test of hypotheses.** Aligned with the recommendations from Becker (2005), analyses were conducted with and without controls. The outcome of the hypothesized results was the same with and without controls, so only the model with controls is discussed. For the results of the model without controls, refer to Appendix J.

Table 2 contains the unstandardized coefficients ( $B$ ), standardized error of the unstandardized coefficients ( $SE B$ ), standardized coefficients ( $\beta$ ), and semi-partial correlations ( $sr^2$ ) for the model with MCVs. Hypotheses 1, 2, and 3 were tested within the same hierarchical linear regression model with Stockholm syndrome as the criterion variable. Gender, race, essential worker status, source of harassment, and SH served as predictor variables in Step 1. At Step 1, the  $R$  was significantly different from zero,  $F(5, 106) = 54.35, p < .01, R^2 = .72$ . The control variable of gender was statistically significant,  $\beta = -0.13, p < .01, 95\% \text{ CI } [-0.476, -0.046]$ . Men reported higher levels of SS than women. Additionally, the control variable of race was statistically significant,  $\beta = -0.11, p < .05, 95\% \text{ CI } [-0.484, -0.007]$ . Non-white participants experienced higher levels of SS than white participants. The main effect of essential worker status was not statistically significant,  $\beta = 0.12, p < .05, 95\% \text{ CI } [-0.004, -0.474]$ . Hypothesis 1 predicted that individuals who experienced more SH would report greater levels of SS. The main effect for SH was significant,  $\beta = 0.74, p < .01, 95\% \text{ CI } [0.571, 0.789]$ . Participants who reported higher levels of SH also reported higher levels of SS. Thus, Hypothesis 1 was supported.

At Step 2, interaction terms between SH, essential worker status, and source of harassment were added. The  $R$  for the interaction and main effects was significantly different from zero,  $F(7, 104) = 38.70, p < .01, R^2 = .72$ . Hypothesis 2 predicted that source of harassment

would serve as a moderator to the relationship between SH and SS. Contrary to expectations, source of harassment did not interact with SH ( $\beta = -.04, p = .575 n.s.$ ). Harassment from a supervisor did not significantly affect the relationship between SH and SS compared to harassment from a customer or coworker. Therefore, Hypothesis 2 was not supported. Finally, Hypothesis 3 predicted that essential worker status would serve as a moderator to the relationship between SH and SS. Essential worker status did not interact with SH ( $\beta = .18, p = .341 n.s.$ ). Essential worker status did not significantly affect the relationship between SH and SS. Thus, Hypothesis 3 was not supported.

Table 2

*Hierarchical Regression Analysis with Sexual Harassment, Source of Harassment, and their Interaction Terms as Predictors of Stockholm Syndrome*

Step	Variable	<i>B</i>	<i>SE B</i>	$\beta$	<i>sr<sub>i</sub><sup>2</sup></i>
1					
	Race <sup>a</sup>	-.25	.12	-.11*	-.20
	Gender <sup>b</sup>	-.26	.11	.18	.09
	SOH <sup>c</sup>	-.05	.11	-.03	-.05
	EWS <sup>d</sup>	.24	.12	.12	.19
	SH	.68	.06	.74*	.77
2					
	SH x Source of SH	-.05	.10	-.04	-.06
	SH x Essential Worker Status	.11	.12	.18	.09

*Note.* \* $p < .05$ . SH indicates sexual harassment, EWS indicates essential worker status, SOH indicates source of harassment.  $F(7,104) = 38.69, p < .01, R^2 = .72$ . <sup>a</sup> Race: 0 = non-white, 1 =

white, <sup>b</sup> Gender: 0 = male, 1 = female, <sup>c</sup> Source of SH: 0 = customer or coworker, 1 = supervisor, <sup>d</sup> Essential Worker Status: 0 = non-essential worker, 1 = essential worker. Sexual Harassment scores range from 1 (Never), to 5 (Very often). Stockholm syndrome scores range from 1 (I never feel this way) to 5 (I always feel this way).

**Additional analyses.** While the moderating effect of essential worker status was non-significant, the mean differences in both SH and SS for essential and non-essential workers warranted further investigation. An independent samples *t*-test was conducted to compare mean differences in SH between essential and non-essential workers. Mean comparisons revealed that essential workers ( $M = 2.8, SD = 1.1$ ) reported significantly higher levels of SH than non-essential workers ( $M = 1.7, SD = 0.8$ );  $t(112) = 5.84, p < .001, 95\% CI [-1.440, -0.709], \eta_p^2 = 0.23$ . Additionally, another independent samples *t*-test compared mean differences in SS between essential and non-essential workers. Mean comparisons revealed that essential workers ( $M = 2.9, SD = 1.0$ ) reported significantly higher levels of SS than non-essential workers ( $M = 2.0, SD = 0.8$ );  $t(112) = 5.74, p < .001, 95\% CI [-1.313, -0.639], \eta_p^2 = 0.23$ . For sample descriptives of both *t*-tests, refer to Table 3.

Table 3

*Sample Descriptives Using T-Test for Equality of Means*

Variable	Essential Workers		Non-Essential Workers		
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>t</i> -test
1. SH	2.8	1.1	1.7	0.8	5.84**
2. SS	2.9	1.0	2.0	0.8	5.74**

*Note.* \*\* $p < .001$ . Sexual harassment scores range from 1 (Never), to 5 (Very often).

Stockholm syndrome scores range from 1 (I never feel this way) to 5 (I always feel this way).



## CHAPTER IV

### DISCUSSION

This thesis aimed to advance both SH research and the understanding of the effects of COVID-19 on essential and non-essential workers in the workplace. While SH positively predicted levels of SS, the moderating effects of essential worker status and source of harassment were not significant. However, this study provided evidence that essential workers experienced higher levels of both SH and SS, just as news media articles have speculated (Kearney & Muñana, 2020; New York Times, 2020). These findings are important, such that the discrepancies between essential and non-essential workers extend further than financial disadvantages emphasized by the pandemic. Individuals in essential jobs not only make less than their non-essential counterparts, but they are more susceptible to experiencing SH, as well as higher levels of SS. Additionally, prior to this thesis, most SS research focused on explaining why women may choose to stay in abusive romantic relationships, as opposed to leaving their abusive partners (Avina & O'Donohue, 2002). Thus, this thesis is the first empirical effort to bridge the gap in the literature between SH and SS research by examining how SH can be related to SS in the workplace.

The lack of support for hypotheses may best be explained by the most frequently reported source of harassment as a customer or a coworker. In this thesis, the majority of participants indicated that their harassment came from either a customer or a coworker, leaving a much smaller sample of individuals who experienced SH from their supervisor. Given that there are theoretical frameworks that support power dynamics influencing the relationship between SH and SS, such as Traumatic Bonding Theory (Dutton & Painter, 1993) and Muted Group Theory

(Kramarae, 1981), more empirical research is needed to explore potential influences on the relationship between SH and SS.

In the same way, the low frequency of essential workers in service and retail occupations in this thesis' sample could explain why essential worker status did not influence the relationship between SH and SS. Research (Hammonds et al., 2020) and news media articles (Kearney & Muñana, 2020) have found that essential workers in retail industries report being more underpaid, stressed, and insecure than essential workers in other industries. Additionally, essential workers in retail positions report higher levels of customer abuse due to enforcing COVID-19 policies (e.g., social distancing) and increased levels of customer exposure (Hammonds et al., 2020). So, while it is the case that essential workers in non-retail occupations (e.g., managerial positions) were negatively affected by the pandemic, the effects may not have been as drastic. Therefore, in the analyses conducted for hypothesis testing, a greater sample of retail workers may have been needed in order to detect whether essential worker status has an influence on the relationship between SH and SS. Although no moderating effects of essential worker status were found in this thesis, the effects of the pandemic on essential workers should not be dismissed. Specifically, because there were significant differences in levels of SH and SS between essential and non-essential workers, future research and organizational policies should explore these findings further in order to protect essential workers during the COVID-19 crisis.

### **Research Implications**

Given that SS is a new measure in the SH literature, there are vast future research directions in this domain. For example, future research may examine the influence of SS in a virtual work setting. While this thesis examined SS as a function of face-to-face SH, it is important to examine whether the relationship between SS and SH is influenced by the medium

of harassment (i.e., face-to-face, online). Said differently, in the work-from-home age of COVID-19, online forms of SH may be more prevalent, especially due to organizations lacking zero-tolerance SH policies that include forms of cyber SH (Beran & Li, 2005; Ritter, 2014).

In a similar vein, future research may explore the influence of part-time or full-time jobs on SS. Individuals that work more hours may feel more susceptible to continuance commitment as their essential job may be their only source of income (McLaughlin et al., 2017). Now that the gap between SS and SH literature has been bridged, further research questions can be formulated to inform organizational policies and procedures.

Finally, the influence of essential worker status on the relationship between SS and SH should be re-examined. While the duration COVID-19 is unknown, future research should make efforts to investigate differences in negative workplace experiences among essential and non-essential employees. This research, then, could help organizations be proactive by informing policies and procedures relevant to COVID-19 and subsequent health crises.

### **Practical Implications**

The differences between essential and non-essential workers highlighted by this thesis emphasize the need for training and organizational policies in essential workplaces to help protect essential workers from SH they may face that is amplified by COVID-19. Organizations should strive to be flexible in regard to external environmental factors, with an emphasis on employee safety and well-being. For instance, the implementation of Employee Assistance Programs (EAPs) in essential industries could be beneficial to essential workers that are subjected to increased levels of SH and SS. EAPs provide counseling to employees on an as-needed basis to address personal, family, and work-related problems (Kirk & Brown, 2003). Targets of SH in the workplace should have readily available access to such counseling services,

as this thesis has shown evidence to link SH with SS. EAPs may be well-suited to encourage targets of SH that are experiencing feelings of SS to evaluate their situation differently, and then address the situation accordingly (e.g., reporting the harasser to human resources; Pollack et al., 2010). Beyond the pandemic, the implementation of such EAPs can be beneficial for employees. For example, EAPs have been shown to reduce levels of absenteeism and depression in employees (Richmond et al., 2017) and anxiety (McLeod, 2010). However, workplaces should be cautious when executing EAPs, as moving “upstream” to report an individual that is harassing another can result in an emphasis on social control rather than social service (Kurzman, 2013). That is, the treatment should always be focused on the troubled employee, rather than reconceptualizing the issue to be focused on a troubled manager or troubled workplace. When necessary, EAPs and human resources should work together to resolve such organizational issues (Kurzman, 2013; Richmond et al., 2017).

Although further research is needed, providing support through zero-tolerance harassment policies can also improve the working conditions of essential workers. For example, organizations should allow employees to engage in a ‘flight’ response (e.g., leaving the interaction) while engaging with abusive individuals without penalty (Yagil, 2017). This no tolerance response may lead to lower perceptions of organizational tolerance for sexual harassment and trust in leadership, which are factors shown to have a substantive effect on the prevalence of SH (Pina & Gannon, 2012). Zero-tolerance harassment policies would also improve the mutual understanding of the negative outcomes of SH (at both the individual and the organizational level) between management, employees, and customers. The implementation of both EAPs and zero-tolerance harassment policies would be a step in the right direction of

ensuring organizations and employees in both essential and non-essential sectors of the workforce have the means of preventing SH, and, in turn, SS.

### **Limitations and Future Directions**

While this thesis had several strengths, it is not without limitations. The SS measure (Graham et al., 1995) needed to be adapted due to the nature of previous SS research. While the literature recommends testing a new measure on a separate but similar sample to the hypothesis testing sample (Worthington & Whittaker, 2006), the adapted SS measure had to be tested using the same sample as the hypotheses due to data collection limitations. In addition, a larger sample size (i.e., 150-200 participants) is recommended for factor analyses, as small sample sizes can lead to unstable patterns of covariation and inadequate representations of the targeted population. In this thesis, attaining a larger sample size was unfeasible given the nature of the hypotheses and the timeline of COVID-19. Moreover, the constructs of SH and SS overlap substantially. The overlap between the independent and dependent variable may have left little to no variance left for the other study measures to predict (Gunst & Webster, 1975).

Given the aforementioned limitations, future research should aim to validate an adaptation of the SS measure for use in SH research. As this study provided evidence that SH is strongly and positively related to SS, it is crucial to further investigate the relationship between these two constructs. That is, it is important to reduce and strengthen the SS measure, as the length of the scale may have contributed to its overlap with SH. Less convergence between these constructs may reveal a more concise relationship to be examined in future research. A better understanding of the relationship between SH and SS may lead to advancements in understanding the full effects of SH on those affected by the phenomenon, as well as the effects COVID-19 on essential workers in the workplace.

Finally, while this thesis examined race as a control variable in the context of COVID-19, future research should further examine whether race has a direct influence on the relationship between SH and SS in other circumstances. Recent news media articles have shown that women of color have been the demographic that has both lost and not regained their jobs the most as a result of the pandemic (McGrath, 2020). Specifically, in December 2020 alone, the leisure and hospitality industry (e.g., restaurants) lost 498,000 jobs, with 56.6% of these losses being women. In these industries, women of color tend to be the majority, which has led this demographic to suffer the most unemployment during recent COVID-19 times (McGrath, 2020). Thus, future studies should examine and identify the impacts of the pandemic on women of color in order to inform practical interventions to lessen these effects in the workplace.

## **Conclusion**

This thesis contributes to the literature by examining the relationship between SH and SS and the influence of COVID-19 related factors (i.e., essential worker status) and power dynamics (i.e., source of harassment) on this relationship. While essential worker status and power dynamics did not significantly influence the relationship between SH and SS, the relationship between these two constructs does seem to exist. In other words, the main finding of this thesis suggests that SH positively relates to SS. Additionally, this thesis found that essential workers experienced significantly more SH and SS than their non-essential counterparts.

Overall, the results demonstrate the influence of SH on feelings of SS in the workplace, as well as the differences in SH and SS for essential and non-essential workers. Furthermore, the results suggest that future research is needed to re-examine the influence of a power dynamic on this relationship, as well as the influence of other factors (e.g., race). As COVID-19 continues to

ravage the United States, ameliorating the plight of essential workers needs to be of the utmost priority for researchers and organizations alike.

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## Appendices

## Appendix A

Original Stockholm syndrome Measure (Graham et al., 1995)

1. My partner's love and protection are more important than any hurt he might cause me.
2. I need my partner's nurturance and protection to survive.
3. The problem is not that my partner is "just an angry person"; it is that I provoke him.
4. I have to have my partner's love to survive.
5. I am extremely attached to my partner.
6. In my eyes, my partner is like a god.
7. My partner would not get so angry at me if others had not been mean to him.
8. There is something about me that makes my partner unable to control his anger.
9. When I start getting close to people, something bad happens.
10. Other people see only my partner's negative side; they don't see all the small kindnesses he does for me that make me love him.
11. I do not want others to know how angry my partner gets at me.
12. I both love and fear my partner.
13. I dislike others telling me my partner is not good to me.
14. I know my partner is not a violent person; he just loses control.
15. Without my partner, I have nothing to live for.
16. I feel like I am going crazy.
17. My partner is like me, a victim of others' anger.
18. I do not know who I am.
19. I cannot imagine trying to live without my partner.
20. If I give my partner enough love, he will stop getting so angry at me.
21. My partner is as much a victim as I am.
22. I have conflicting feelings about my partner.

23. It is really hard for me to question whether my relationship with my partner is good for me.
24. If my relationship were to break up, I would feel so much pain that I would want to kill myself.
25. I cannot stand it if I even suspect somebody is rejecting me in any way.
26. I hate those parts of me that cause my partner to criticize or get angry at me.
27. Because I cause my partner to get angry at me, I am not a good partner.
28. The more I talk to people, the more confused I get about whether my relationship with
29. my partner is healthy.
30. Without my partner, I would not know who I am.
31. Any kindness by my partner creates hope in me that things will get better.
32. I feel good about who I am.
33. I feel calm and sure of myself.
34. Aspects of my partner's and my relationship that I see as normal, others see as unhealthy.
35. There are things that my partner has done to me that I don't like to think about.
36. I feel down and blue.
37. I feel like I could not live without my partner.
38. If others try to intervene on my behalf when my partner criticizes me or gets angry with me, I take my partner's side against them.
39. I find myself defending and making excuses for my partner when I talk about him with others.
40. When others ask me how I feel about something, I do not know.
41. If others try to intervene on my behalf when my partner criticizes me, I get angry at them.
42. I find it difficult to concentrate on tasks.

43. I switch back and forth between seeing my partner as either all good or all bad.
44. When my partner is less critical of me, I become hopeful.
45. It is hard for me to make decisions.
46. I have different personalities depending on who I am with.
47. I cannot make decisions.
48. I make jokes to others about the times my partner has been really angry at me.
49. I work hard to get people to like me.
50. I get angry at people who point out ways in which my partner is not good to me.
- 5-point Likert Scale for Stockholm syndrome 1 (*I never feel this way*) and 5 (*I always feel this way*)

From Graham, D., Rawlings, E., Ihms, K., Latimer, D., Foliano, J., Thompson, A., ... Hacker, R. (1995). A scale for identifying "Stockholm syndrome" reactions in young dating women: Factor structure, reliability, and validity. *Violence and Victims, 10*(1), 3–22.  
<https://doi.org/10.1891/0886-6708.10.1.3>

Appendix B  
Prescreen Survey

1. Is MTurk your primary source of employment?

- Yes
- No

2. Are you currently employed part-time or full-time outside of MTurk?

- Yes, I am employed full-time
- Yes, I am employed part-time
- No, I am not currently employed
- Prefer not to answer

3. How many hours a week do you currently work?

*Dropdown box 1 - 60+*

4. Are you considered an Essential Worker?

- Yes
- No

5. How many hours a week do you work at MTurk?

*Dropdown box 1 - 60+*

6. Within the past 12 months at your current place of employment, have you experienced an instance of offensive verbal behaviors (e.g., someone making jokes or comments about your gender) and/or offensive physical behaviors (e.g., someone touching you in a way that makes you feel uncomfortable)?

- Yes, I have
- No, I have not
- Prefer not to answer

7. Please leave this question blank. Do not click on any response.

- Agree
- Neutral
- Disagree

8. We are collecting data over multiple surveys, so it is important for us to be able to link your responses between the different surveys. Please enter your mturk worker ID below to proceed:



Appendix C  
Consent Forms

Prescreen Consent Form: This is a brief, eight-item questionnaire that takes only a couple of minutes to complete. Depending upon your response to the survey, you may be eligible to participate in follow-up surveys.

There are no known risks to participating in this study. A potential benefit is that your responses may make you eligible for additional paid survey opportunities. The compensation for this survey is \$0.10. The survey contains eight questions and will take less than 5 minutes to complete.

Please read the following before agreeing to participate:

1. As a Mechanical Turk user, I agree that I only have one worker account and I will not use automated means to complete the survey.
2. I understand that my Amazon Mechanical Turk Worker ID will only be shared with the researchers listed on the approved IRB application and listed in the informed consent.
3. I have read and understand the privacy policies of Amazon Mechanical Turk found at: <https://www.mturk.com/mturk/privacynotice>
4. I understand that my participation in the survey is not a form of employment.
5. I understand that the payment for my participation is contingent upon responding to a vast majority of the questions and passing quality check items as noted above.

Your responses and MTurk ID will be automatically compiled in a spreadsheet and remain confidential. All data will be stored in a password protected electronic format. By clicking on the

button below you acknowledge that you have read this information and agree to participate in this research. You are free to withdraw your participation at any time without penalty.

If you have any questions, feel free to contact the principal investigator, Kenzie Hurley, at [kh141@students.uwf.edu](mailto:kh141@students.uwf.edu), or the faculty advisor, Dr. Valerie Morganson, at [vmorganson@uwf.edu](mailto:vmorganson@uwf.edu).

Survey Consent Form:

Congratulations! You were identified as eligible to participate in a follow-up survey that aims to examine reactions to behaviors in the workplace.

There may be some risks to participating in this study. Some questions will ask you to recall instances of previous life experiences and trauma. This may cause stress or discomfort. If you think you would benefit from talking to someone, please see [rainn.org](http://rainn.org) for assistance.

A potential benefit is that your responses may make you eligible for additional paid survey opportunities. The compensation for this survey is \$1.00. We will ask you questions within the study to check that you are paying attention. You must pass two out of three attention check items to receive payment for the study.

The survey will take approximately 30 minutes to complete. Please read the following before agreeing to participate:

1. As a Mechanical Turk user, I agree that I only have one worker account and I will not use automated means to complete the survey.
2. I understand that my Amazon Mechanical Turk Worker ID will only be shared with the researchers listed on the approved IRB application and listed in the informed consent.
3. I have read and understand the privacy policies of Amazon Mechanical Turk found at: <https://www.mturk.com/mturk/privacynotice>
4. I understand that my participation in the survey is not a form of employment.
5. I understand that the payment for my participation is contingent upon responding to a vast majority of the questions and passing quality check items as noted above.

Your responses and MTurk ID will be automatically compiled into a spreadsheet and will remain confidential. All data will be stored in a password protected electronic format. By clicking on the button below, you acknowledge that you have read this information and agree to participate in this research. You are free to withdraw your participation at any time without penalty.

If you have any questions, feel free to contact the principal investigator, Kenzie Hurley, at [kh141@students.uwf.edu](mailto:kh141@students.uwf.edu), or the faculty advisor, Dr. Valerie Morganson, at [vmorganson@uwf.edu](mailto:vmorganson@uwf.edu).

We are collecting data over multiple surveys, so it is important for us to be able to link your responses between the different surveys. Please enter your MTurk worker ID below to proceed:

## Appendix D

### Adapted Stockholm syndrome Measure

## Stockholm syndrome

For the following items, please think of your relationship with the person that caused an incident of *unwanted sex-related attention* that occurred to you in your current place of work within the past 12 months.

1. This person's love and protection are more important than any hurt they might cause me.
2. I need this person's nurturance and protection to survive.
3. The problem is not that this person is "just an angry person"; it is that I provoke them.
4. I have to have this person's support to survive.
5. I am extremely attached to this person.
6. In my eyes, this person is like a god.
7. This person would not harass me if others had not been mean to them.
8. There is something about me that makes this person unable to control their actions.
9. When I start getting close to people, something bad happens.
10. Other people see only this person's negative side; they don't see all the small kindnesses they do for me that makes me like them.
11. I do not want others to know how this person treats me.
12. I both like and fear this person.
13. I dislike others telling me this person is not good to me.
14. I know this person is not a harasser; they just lose control.
15. Without this person, I have nothing to live for.
16. I feel like I am going crazy.
17. This person is like me, a target of others' negative actions.
18. I do not know who I am.

19. I cannot imagine trying to live without this individual.
20. If I give this person enough attention, they will stop harassing me.
21. This person is as much of a target as I am.
22. I have conflicting feelings about this person.
23. It is really hard for me to question whether my relationship with this person is good for me.
24. If this relationship with this person were to end, I would feel so much pain that I would want to kill myself.
25. I cannot stand it if I even suspect somebody is rejecting me in any way.
26. I hate the part(s) of me that this person criticizes or harasses me about.
27. Because I cause this individual to get upset with me, I am not a good person.
28. The more I talk to people, the more confused I get about whether my relationship with this individual is healthy.
29. Without my relationship with this person, I would not know who I am.
30. Any kindness by this person creates hope in me that things will get better.
31. I feel good about who I am.
32. I feel calm and sure of myself.
33. Aspects of this person's and my relationship that I see as normal, others see as unhealthy.
34. There are things that this individual has done to me that I don't like to think about.
35. I feel down and blue.
36. I feel like I could not live without this person due to the benefits they give me.
37. If others try to intervene on my behalf when this person harasses me, I take that person's side against those intervening.



38. I find myself defending and making excuses for this individual when I talk about them with others.
39. When others ask me how I feel about something, I do not know.
40. If others try to intervene on my behalf when this person harasses me, I get angry at them.
41. I find it difficult to concentrate on tasks.
42. I switch back and forth from seeing this person as either all good or all bad.
43. When this person harasses me less, I become hopeful.
44. It is hard for me to make decisions.
45. I have different personalities depending on who I am with.
46. I cannot make decisions.
47. I make jokes to others about the times this person has harassed me.
48. I work hard to get people to like me.
49. I get angry at people who point out ways in which this person is not good to me.

5-point Likert Scale for Stockholm syndrome 1 (*I never feel this way*) and 5 (*I always feel this way*)

From Graham, D., Rawlings, E., Ihms, K., Latimer, D., Foliano, J., Thompson, A., ... Hacker, R. (1995). A scale for identifying "Stockholm syndrome" reactions in young dating women: Factor structure, reliability, and validity. *Violence and Victims, 10*(1), 3–22. <https://doi.org/10.1891/0886-6708.10.1.3>

Appendix E  
Sexual Experiences Questionnaire

In your current place of work within the past 12 months, please indicate how often you have experienced the following items involving the person whom you thought about *most frequently*.

1. Repeatedly told sexual stories or jokes that were offensive to you?
2. Whistled, called, or hooted at you in a sexual way?
3. Made unwelcome attempts to draw you into a discussion of sexual matters (for example, attempted to discuss or comment on your sex life)?
4. Made crude and offensive sexual remarks, either publicly (for example, in your workplace), or to you privately?
5. Treated you “differently” because of your sex (for example, mistreated, slighted, or ignored you)?
6. Made offensive remarks about your appearance, body, or sexual activities?
7. Made gestures or used body language of a sexual nature which embarrassed or offended you?
8. Displayed, used, or distributed sexist or suggestive materials (for example, pictures, stories, or pornography which you found offensive)?
9. Made offensive sexist remarks (for example, suggesting that people of your sex are not suited for the kind of work you do)?
10. Made unwanted attempts to establish a romantic sexual relationship with you despite your efforts to discourage it?
11. Put you down or was condescending to you because of your sex?
12. Stared, leered, or ogled you in a way that made you feel uncomfortable?
13. Exposed themselves to you physically (for example, “moonied” you) in a way that embarrassed you or made you feel uncomfortable?

14. Continued to ask you for dates, drinks, dinner, etc., even though you said “No”?
15. Made you feel like you were being bribed with some sort of reward or special treatment to engage in sexual behavior?
16. Made you feel threatened with some sort of retaliation for not being sexually cooperative (for example, by mentioning an upcoming review)?
17. Touched you in a way that made you feel uncomfortable?
18. Made unwanted attempts to stroke, fondle, or kiss you?
19. Treated you badly for refusing to have sex?
20. Implied faster promotions or better treatment if you were sexually cooperative?
21. Made you afraid you would be treated poorly if you didn’t cooperate sexually?
22. Attempted to have sex with you without your consent or against your will, but was unsuccessful?
23. Had sex with you without your consent or against your will?

5-point Likert Scale for Sexual Experiences Questionnaire 1 (*Never*) and 5 (*Always*)

From Fitzgerald, L. F., Magley, V. J., Drasgow, F., & Waldo, C. R. (1999). Measuring sexual harassment in the military: the sexual experiences questionnaire (SEQ—DoD). *Military Psychology, 11*(3), 243-263.

[https://doi.org/10.1207/s15327876mp1103\\_3](https://doi.org/10.1207/s15327876mp1103_3)

Appendix F  
Demographics

1. How long have you been employed at the workplace you had in mind during this survey?

- Less than three months
- Three to six months
- Seven to ten months
- Eleven months or more

2. Regarding the workplace you had in mind during this survey, what is the nature of your employment?

- I am employed full-time
- I am employed part-time
- Other (please specify):
- Prefer not to answer

3. Which of the following industries most closely matches the one in which you are employed?

- Forestry, fishing, hunting or agriculture support
- Real estate or rental and leasing
- Mining
- Professional, scientific or technical services
- Utilities
- Management of companies or enterprises
- Construction
- Admin, support, waste management or remediation services
- Manufacturing

- Educational services
- Wholesale trade
- Health care or social assistance
- Retail trade
- Arts, entertainment, or recreation
- Transportation or warehousing
- Accommodation or food services
- Information
- Other services (except public administration)
- Finance or insurance
- Unclassified establishments

4. Please indicate your occupation:

- Management, professional, and related
- Service
- Sales and office
- Farming, fishing, and forestry
- Construction, extraction, and maintenance
- Production, transportation, and material moving
- Government
- Retired
- Unemployed

5. Focusing on the workplace you had in mind during this survey, indicate your typical work hours.

- First shift or standard hours (e.g., 9 to 5)
- Second shift
- Third shift
- Other (please specify):

6. Regarding the workplace you had in mind during this survey, were you instructed to stay home from work as a result of COVID-19? (Select all that apply).

- I was not told to stay home
- I was told to stay home by my manager
- I chose to stay home
- I was furloughed
- I was told to stay home by employee health
- I already work from home

7. Approximately how many total workers are employed at the workplace you had in mind during this survey?

- 1-50
- 51-100
- 101-249
- 250-500+

8. Are you considered an Essential Worker?

- Yes



No

9. How many jobs do you currently work?

10. Regarding the job(s) that you work, how many are considered Essential?

11. Do you have a traditional employer?

Yes

No

12. How many hours per week do you work in a traditional job setting?

*Dropdown box 0 - 60+*

13. On average, how many hours do you work per week?

*Dropdown box 0 - 60+*

14. On average, how many hours a week do you work at MTurk?

*Dropdown box 0 - 60+*

15. Are you currently a student?

Yes

No

16. Are you currently in the military?

Yes

No

17. Have you ever served in the military?

Yes

No

18. What is your highest level of education?

Less than high school

- High school graduate
- Some college
- 2 year degree
- 4 year degree
- Professional degree (Master's)
- Doctorate
- Prefer not to answer

19. What is your gender identity?

- Transgender
- Nonbinary/Gender non-conforming
- Female
- Male
- Other (please specify):
- Prefer not to answer

20. What is your sexual orientation?

- Heterosexual
- Gay/Lesbian
- Bisexual
- Pansexual
- Asexual
- Other (please specify):
- Prefer not to answer

21. What is your age?

*Dropdown box 18-60+*

22. What is your ethnicity? (Check all that apply).

- Asian
- Black/African-American
- White/Caucasian
- Hispanic/Latin(o/a)
- Native American
- Pacific Islander
- Other (please specify):
- Prefer not to answer

Appendix G  
Debriefing Statement

Thank you for your participation in this research study!

The purpose of this study is to investigate the possible influence of Stockholm syndrome, or sympathy for a perpetrator, in reporting instances of sexual harassment. We will analyze data from this survey in order to determine the impact that Stockholm syndrome may or may not have on the likelihood of reporting sexual harassment or bullying at work.

Your contribution to this study may potentially help us develop future research regarding abusive situations, and determine whether Stockholm syndrome may influence a victim's likelihood of reporting sexual harassment. If this is found to be a significant link, it would aid in the development of sexual harassment training programs to educate people of the phenomenon of Stockholm syndrome in the workplace. Additionally, this study will help further the understanding of the effects of COVID-19 on sexual harassment or bullying in the workplace.

If you have any questions pertaining to your participation in this research project, you may email the principal investigator, Kenzie Hurley, at [kh141@students.uwf.edu](mailto:kh141@students.uwf.edu), or the faculty advisor, Dr. Valerie Morganson, at [vmorganson@uwf.edu](mailto:vmorganson@uwf.edu). They will be happy to answer your questions.

Recalling instances of sexual harassment, bullying, and trauma may cause stress or discomfort. If you think you would benefit from talking to someone, please contact the National Hotline for Sexual Assault at 1-800-656-4673 and [rainn.org](http://rainn.org).

**Please click the “next” arrow for your MTurk completion code.**

## Appendix H

### Adapted Stockholm Syndrome Scale Items and Factor Loadings

*The Adapted Stockholm Syndrome Scale and the Item Factor Loadings*

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1. This person's love and protection are more important than any hurt they might cause me. **(.860)**
2. I need this person's nurturance and protection to survive. **(.876)**
3. The problem is not that this person is "just an angry person"; it is that I provoke them. **(.848)**
4. I have to have this person's support to survive. **(.790)**
5. I am extremely attached to this person. **(.884)**
6. In my eyes, this person is like a god. **(.863)**
7. This person would not harass me if others had not been mean to them. **(.882)**
8. There is something about me that makes this person unable to control their actions. **(.848)**
9. When I start getting close to people, something bad happens. **(.826)**
10. Other people see only this person's negative side; they don't see all the small kindnesses they do for me that makes me like them. **(.881)**
11. I do not want others to know how this person treats me. **(.615)**
12. I both like and fear this person. **(.800)**
13. I dislike others telling me this person is not good to me. **(.831)**
14. I know this person is not a harasser; they just lose control. **(.878)**

15. Without this person, I have nothing to live for. (.913)
  16. I feel like I am going crazy. (.899)
  17. This person is like me, a target of others' negative actions. (.868)
  18. I do not know who I am. (.854)
  19. I cannot imagine trying to live without this individual. (.891)
  20. If I give this person enough attention, they will stop harassing me. (.802)
  21. This person is as much of a target as I am. (.881)
  22. I have conflicting feelings about this person. (.722)
  23. It is really hard for me to question whether my relationship with this person is good for me. (.881)
  24. If this relationship with this person were to end, I would feel so much pain that I would want to kill myself. (.915)
  25. I cannot stand it if I even suspect somebody is rejecting me in any way. (.803)
  26. I hate the part(s) of me that this person criticizes or harasses me about. (.808)
  27. Because I cause this individual to get upset with me, I am not a good person. (.832)
  28. The more I talk to people, the more confused I get about whether my relationship with this individual is healthy. (.819)
  29. Without my relationship with this person, I would not know who I am. (.892)
-



- 
30. Any kindness by this person creates hope in me that things will get better. (.798)
31. I feel good about who I am.\*\*
32. I feel calm and sure of myself.\*\*
33. Aspects of this person's and my relationship that I see as normal, others see as unhealthy. (.833)
34. There are things that this individual has done to me that I don't like to think about. (.658)
35. I feel down and blue. (.647)
36. I feel like I could not live without this person due to the benefits they give me. (.883)
37. If others try to intervene on my behalf when this person harasses me, I take that person's side against those intervening. (.826)
38. I find myself defending and making excuses for this individual when I talk about them with others. (.899)
39. When others ask me how I feel about something, I do not know. (.817)
40. If others try to intervene on my behalf when this person harasses me, I get angry at them. (.898)
41. I find it difficult to concentrate on tasks. (.693)
42. I switch back and forth from seeing this person as either all good or all bad. (.867)
43. When this person harasses me less, I become hopeful. (.673)
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44. It is hard for me to make decisions. (.751)

45. I have different personalities depending on who I am with. (.736)

46. I cannot make decisions. (.813)

47. I make jokes to others about the times this person has harassed me. (.825)

48. I work hard to get people to like me.\*\* (.469)

49. I get angry at people who point out ways in which this person is not good to me.  
(.908)

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*Note.* Factor loadings for each item are indicated in bolded parentheses. \*\* Indicates items that were deleted based on their factor loadings. Factor loadings below the .32 threshold are not reported.

## Appendix I

### Sexual Experiences Questionnaire Items and Factor Loadings

1. Repeatedly told sexual stories or jokes that were offensive to you? **(.865)**
  2. Whistled, called, or hooted at you in a sexual way? **(.886)**
  3. Made unwelcome attempts to draw you into a discussion of sexual matters (for example, attempted to discuss or comment on your sex life)? **(.829)**
  4. Made crude and offensive sexual remarks, either publicly (for example, in your workplace), or to you privately? **(.862)**
  5. Treated you “differently” because of your sex (for example, mistreated, slighted, or ignored you)? **(.787)**
  6. Made offensive remarks about your appearance, body, or sexual activities? **(.864)**
  7. Made gestures or used body language of a sexual nature which embarrassed or offended you? **(.874)**
  8. Displayed, used, or distributed sexist or suggestive materials (for example, pictures, stories, or pornography which you found offensive)? **(.889)**
  9. Made offensive sexist remarks (for example, suggesting that people of your sex are not suited for the kind of work you do)? **(.756)**
  10. Made unwanted attempts to establish a romantic sexual relationship with you despite your efforts to discourage it? **(.889)**
  11. Put you down or was condescending to you because of your sex? **(.756)**
  12. Stared, leered, or ogled you in a way that made you feel uncomfortable? **(.905)**
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13. Exposed themselves to you physically (for example, “moonied” you) in a way that embarrassed you or made you feel uncomfortable? **(.882)**
  14. Continued to ask you for dates, drinks, dinner, etc., even though you said “No”? **(.867)**
  15. Made you feel like you were being bribed with some sort of reward or special treatment to engage in sexual behavior? **(.912)**
  16. Made you feel threatened with some sort of retaliation for not being sexually cooperative (for example, by mentioning an upcoming review)? **(.872)**
  17. Touched you in a way that made you feel uncomfortable? **(.905)**
  18. Made unwanted attempts to stroke, fondle, or kiss you? **(.901)**
  19. Treated you badly for refusing to have sex? **(.850)**
  20. Implied faster promotions or better treatment if you were sexually cooperative? **(.853)**
  21. Made you afraid you would be treated poorly if you didn’t cooperate sexually? **(.894)**
  22. Attempted to have sex with you without your consent or against your will, but was unsuccessful? **(.911)**
  23. Had sex with you without your consent or against your will? **(.895)**

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*Note.* Factor loadings for each item are indicated in bolded parentheses.

## Appendix J

### Results of Model Without MCVs

*Hierarchical Regression Analysis with Sexual Harassment, Source of Harassment, and their Interaction Terms as Predictors of Stockholm Syndrome*

Step	Variable	<i>B</i>	<i>SE B</i>	$\beta$	$sr_i^2$
1					
	SOH <sup>a</sup>	-.01	.11	-.00	-.00
	EWS <sup>b</sup>	.21	.13	.10	.09
	SH	.71	.06	.77*	.67
2					
	SH x SOH	-.06	.10	-.05	-.03
	SH x EWS	.18	.12	.28	.08

*Note.* \* $p < .05$ . SH indicates sexual harassment, SOH indicates source of harassment, EWS indicates essential worker status.  $F(5,106) = 47.70, p < .01, R^2 = .69$ . <sup>a</sup> Source of SH: 0 = customer or coworker, 1 = supervisor, <sup>b</sup> Essential Worker Status: 0 = non-essential worker, 1 = essential worker. Sexual Harassment scores range from 1 (Never), to 5 (Very often). Stockholm syndrome scores range from 1 (I never feel this way) to 5 (I always feel this way).

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