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Gender, sexual harassment, workplace violence, and risk assessment: Convergence around psychiatric staff's perceptions of personal safety

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Abstract

This paper reviews literature in sexual harassment, workplace violence, and risk assessment as it relates to staff in psychiatric and forensic work environments. These three areas of research overlap in their applicability to psychiatric staff in that each addresses the understanding and management of types of violence to which many staff, particularly women, are likely to be exposed while working. Employee well-being, encompassing mental and physical health, job satisfaction, and morale, has been shown to be closely tied to organizational productivity and cost. In addition, gender has been shown to be an important factor in perceptions and decision-making, and prior work has suggested that female staff often have qualitatively different experiences in traditional male workplaces such as inpatient and forensic settings. Despite these findings, research to date on psychiatric staff has typically focused only on number of assaults by patients. It has not addressed how staff's gender may impact their perceptions of personal safety and judgments of risk from patients, nor have any empirical studies been performed in naturalistic settings to investigate this issue. Given the high correlation between organizational productivity and employee well-being, it is mutually beneficial to both employers and staff to examine current understanding of how certain staff variables such as gender may influence their feelings of safety and judgments of risk from patients. © 2002 Elsevier Science Ltd. All rights reserved.

Keywords: Workplace violence; Risk assessment; Gender; Sexual harassment; Safety

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1. Introduction

Workplace violence, sexual harassment, and risk assessment are currently three large and active areas of research in the law and psychology fields. Each of these areas addresses the understanding and management of violence in a particular context. Workplace violence typically encompasses attacks or attempted attacks that are precipitated by an employment organization's actions (as opposed to simply being directed at the organization) and that involve current or past employees (Neuman & Baron, 1998). Sexual harassment, defined in 1980 by the U.S. Equal Employment Opportunity Commission (EEOC) as either *quid pro quo* harassment (eliciting sexual cooperation using threats of job consequences) or as a *hostile environment* (sexually related physical or verbal actions that are offensive and unsolicited), is typically conceptualized as a type of sexual violence consisting of unwanted sexualized actions of employees toward their peers or subordinates. Risk assessment refers to attempts by clinicians to predict future violence, recidivism, treatment amenability, and appropriate disposition in the context of civil commitment or criminal offenders. These three areas of research overlap in their applicability to staff in forensic settings, yet little empirical work has recognized this connection. Consequently, employers and employees alike are potentially missing out on valuable information generated by researchers and policy-makers as to enhanced perceptions of safety, job satisfaction, and worker health.

A large number of staff work in forensic mental health settings and they face an inherent risk of personal safety from patients and offenders on a daily basis. Arguably, their positions place them at risk for violence from patients and require them to engage in ongoing risk assessments on a daily basis. Female staff in particular are at added risk for sexual harassment from both patients and peers. Because of the risk of either intentional assault/threat on staff or unintentional injury due to a patient or offender's violent outburst, forensic settings should be considered in studies of workplace violence. Because of the disproportionately high concentration of antisocial, sex offending, and psychopathic individuals in such environments, unwelcome sexualized attention is a frequent possibility and may elicit the same negative psychological and physical reactions in staff that the sexual harassment literature has identified in other work settings. Finally, because the risk for patient or offender violence is present daily, staff must engage in constant appraisals of their own safety — a type of risk assessment that differs from traditional definitions — but a risk assessment nonetheless. However, staff perceptions of risk to themselves from patients and offenders has yet to be considered in the workplace violence, sexual harassment, or risk assessment literature. In particular, the question of whether staff gender influences their perceptions of personal risk is worth considering, given the obvious physical size differential often present between men and women and the increased likelihood of women encountering sexualized communications and/or negative reactions in male-dominated settings.

This article reviews some key areas of research regarding staff safety, workplace violence, sexual harassment, and risk assessment as they apply to psychiatric and forensic settings, as well as the work done to date on how clinician gender impacts their decision-making. The aim of the paper is to call attention to the similarities between psychiatric and forensic staff's experiences and the issues addressed in studies of workplace violence, risk assessment, and sexual harassment in hopes of encouraging future research to elucidate workers' perceptions

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