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"Hot Case-workers and Squint-eyed Whores" - Sexual Harassment of Norwegian Social- and Health Care Students in Practical Training

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ABSTRACT

Sexual harassment is a societal challenge. Youth, women, students, and health care professionals are some of the groups most at risk for experiencing sexual harassment. In this study, we examine how higher education institutions and practice institutions handle sexual harassment and how students in practical training experience and cope with sexual harassment. A survey and in-depth interviews were conducted among nursing students and social work students at one Norwegian university. Our results indicate that students experience sexual harassment during practice that is an obligatory part of training, that guidance and follow-up are often lacking, and that they experience negative consequences from these incidents. We also identified a range of strategies used to cope with SH, strategies that are not necessarily compatible with a sound development as a health care professional.

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Introduction

According to the World Economic Forum 2020,[1] Norway ranks second in the world in gender equality after Island. Nevertheless, sexual harassment is a problem in Norwegian society and a potential hindrance to further development of gender equality. According to Norwegian Law, sexual harassment is "any form of unwanted sexual attention that has the purpose or effect of being offensive, frightening, hostile, degrading, humiliating or troublesome" (Equality and Anti-Discrimination Act, 2020, §13). Although sexual harassment is clearly described from a regulative perspective, it may not be as clear in practice. How sexual harassment is experienced and interpreted, its boundaries or what it implies, may be less certain. For the purpose of this article, which also focuses on non-intentional acts, we define sexual harassment relatively broadly as "unwanted sexual contact" (Mellgren, Andersson, & Ivert, 2018, p. 267).

To increase our knowledge about this topic, we focus on students entering the scene of work life through obligatory practical training. Students are at risk for experiencing sexual harassment (Bondestam & Lundqvist, 2018), and nurses, care workers and social workers are among those professionals most exposed to sexual harassment (Revold & Bye, 2016). Students in obligatory practice might be a particularly vulnerable group due to the asymmetrical power relationships present, with students depending on the approval from the institutions to receive their degree. By placing our study within a sector, we also follow up on the systemic level and how sexual harassment is handled by

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involved organizations. Higher education institutions are not only responsible for providing good quality education to the students, they are also responsible for providing a safe and sound learning environment during periods of training at locations outside university. The protection of students in practical training from sexual harassment is addressed in three different laws in Norway (Equality and Discrimination Act 2020 §13, §24, §26; The Working Environment Act, 2005, §1-6, §3-1& §4-1; University and University Colleges Act §4-3).

This backdrop provides a context to study sexual harassment both from an institutional and individual level. The aim of this article is to examine how sexual harassment is handled by higher education and practice institutions, and how students in practical training experience and cope with sexual harassment. We discuss how unclearness in norms both at the university level and at practice institutions place the responsibility on the harassed student and how the students develop different strategies to cope with sexual harassment. In the continuation we elaborate on findings from the research context regarding how sexual harassment has been delt with. Thereafter we present our theoretical framework. The methods applied are described before we are presenting the analysis of findings from our study. On the background of these findings, we offer recommendations for the fields and in the concluding remarks we also offer avenues for further research.

Dealing with sexual harassment, the research context

A Norwegian workplace survey from 2016 found that 2% of men and 7% of women reported that they had experienced sexual harassment during the past month (Revold & Bye, 2016). Bråten and Øistad (2017) found that 17% of female and 12% of male employees in health and social services had experienced sexual harassment during the last three years, and a large student survey in Norway found that 8% of male and 31% of female students reported experience of sexual harassment (Knapstad, Heradstveit, & Sivertsen, 2018).

International studies have reported that strategies used for dealing with sexual harassment are often passive coping strategies, such as ignoring the behaviour or getting away from the perpetrator (Bronner, Peretz, & Ehrenfeld, 2003). Some studies have reported that typical effects of victimization are anger and worries about being victimized again (Mellgren et al., 2018). A recent study among Australian nursing students in clinical placement reported consequences such as decreased job motivation, increased alcohol use and loss of social network, but also physical pain and even some extreme cases of suicidal feelings and desire to inflict self-harm (Birks, Budden, Biedermann, Park, & Chapman, 2018). Wood and Moylan (2017) found that about half of the students who had experienced sexual harassment told no one. The students thought the incident was not serious enough, or they believed nothing would be done about it. Students also seemed reluctant to speak up because doing so could jeopardize their successful completion of the placement or lead to academic failure because university staff might not believe them. They also feared a ruined reputation, being embarrassed, etc. (Birks et al., 2018; Foster & Fullagar, 2018). Nielsen et al. (2017) concluded in their study that care workers rarely label patients' behaviour as sexual harassment if the patient is cognitively impaired and that workplaces lack guidelines to manage sexual harassment.

An increasing body of research points to substantial challenges in implementing interventions at various levels. Goldschmidt-Gjerløw and Trysnes (2020) conducted a study on how teachers and students experience and handle verbal sexual harassment in the classroom. Their findings showed that the nature of the harassment had to become very personal before any action was taken. Meyer (2008) investigated barriers for intervention to prevent harassment in schools. These barriers include lack of institutional support from administrators, lack of formal education on the issue, inconsistent response from colleagues, fear of parents' reactions and negative community response. Given the multi-level complexity, this study recommended a whole-school process that engages students, families, teachers, administrators and the community to transform the formal and informal structures of schools.

More studies are needed to obtain in-depth knowledge on sexual harassment. We do not fully know the extent of the sexual harassment problem. Several studies confirm that it is common not to report incidents of sexual harassment (Bondestam & Lundqvist, 2018; Bråten & Øistad, 2017; Foster & Fullagar, 2018; Wood & Moylan, 2017). There is also a need to pay attention to how institutions regulate sexual harassment to shield the students, and how new routines for reporting on sexual harassment are implemented. In this article we address these gaps by a mixed methods study from Norway, based on a survey and interviews with students in practical training.

A multi-faceted theoretical framework

As highlight above, there is a need for research on sexual harassment and its perceived damages. We chose theories emanating from political science, sociology and psychology to shed light on the problem from different angles. The combination of theories is helpful in investigating sexual harassment in practical training on three levels: institutional structures and interventions, the interactions between students, professionals, clients and patients, and the individual student's coping and development.

Institutional theory

The perspective of institutional theory is useful for studying how sexual harassment is handled in and between institutions. Organizations such as hospitals, universities or social institutions can be considered institutions infused with values and belief systems that guide the actions within the organizations. Values and belief systems can be defined as institutional logics (Battilana and Lee 2014; Thornton & Ocasio, 2008). Organizations are established for a purpose, and the actions of the members are regulated in different ways to achieve goals and to enable or constrain actions, so institutional arrangements shape what is acceptable within an organization (Scott, 2008).

Institutional arrangements are built on three pillars, reflecting different institutional logics. Examining the logics of the pillars can shed light on how institutions deal with harassment issues. According to the regulative pillar, which relates to the legal framework, sexual harassment is regulated by three different laws in Norway, as reported above. The institutions can deal with this in an instrumental way (or logic) to avoid punishment, because they can lose legitimacy if they do not address sexual harassment properly. This can be a strong incentive to act in accordance with the regulations and show that the organization is addressing the issue. From the point of view of the normative pillar, which reflects norms and values, actions are regulated according to the logic of appropriateness: what should be done, what is appropriate in dealing with others, or what are the appropriate boundary settings for students. The cultural cognitive pillar highlights how our internal interpretations reflect the external cultural framework. The culture imposes patterns of thinking, feeling, and acting and provides strong, but taken for granted, norms for behaviour within an organization. The logic of orthodoxy dominates this pillar: "This is how we always have acted."

A further theoretical elaboration is focusing on feminist institutionalism. Feminist institutionalism enable us "to focus on the gendered norms, values and rules that shape and constrain behaviours and power structures (. . .)" (Collier & Raney, 2018b, p. 434). Mackay (2014) emphasizes on institutional theory as gendered and introduces the concept of nested newness. Nested newness is a metaphor focusing on how institutional changes and innovation processes are refused and connected to hierarches and masculine power relations embedded in institutional gendered structures where the female is perceived subordinated. In the resistance of newness two main strategies are used: "'remembering the old' and 'forgetting the new'" (2014, pp. 550–51). Mackay further points out that implementing something new in institutions tend to be harder and more vulnerable when newness is combined with gender (2014, p. 566).

Professionalizing of emotions and self-efficacy

The American sociologist Arlie Hochschild emphasizes how the professionalization of emotions are gendered in the modern economy (Hochschild, 1990, 2012). According to Hochschild emotions are rooted in culture and women are "thaught to *manage* expression and feeling not only better but more often than men do" (Hochschild, 2012, p. 164). In care and service professions, which are highly feminized, students are socialized into performing emotional labour and taught which emotions are appropriate and compatible with the role of, for example, a nurse. Feeling rules are established as social norms. They tell us what to feel, and in institutional practice, they also function as rule reminders. The rule reminders point out the appropriate feelings within the situations and define different acting manuals for women and men. Emotional labour can also be sexualized in service work with the underlying attitude that employees must manage the customer or clients' emotions and suppress their own feelings (Hochschild, 2012, p. 94). The suppression of feelings in feminized work could also function as a masculine power structure blurring the boundaries when experiencing sexual harassment from clients (Good & Cooper, 2016). Hochschild's studies of the professionalization of emotions implies that "creating" positive emotions towards work is an effective control strategy producing inequality regimes (Acker, 2006, p. 124) and this is building up on the normative and cultural cognitive pillars which regulate behaviour of the individuals within the organizations.

Professionalization of emotions and feeling rules conceivably affect the individual's self-efficacy concerning coping abilities and development as a professional health-care or social worker. Self-efficacy, people's beliefs about their own capabilities, is in turn important in regulating one's own behaviour (Bandura, 1986, 1994). A strong sense of efficacy enhances accomplishments, and performing well increases self-efficacy, whether it concerns care-taking tasks or practicing feeling rules. Women typically have lower self-efficacy than men (Rimm & Jerusalem, 1999). Different feeling rules for men and women may further contribute in sustaining the gender differences in level of self-efficacy, as well as the power imbalance experienced on an inter-personal level. Self-efficacy is found to be important for academic performance (Choi, 2005), as well as daily functioning and wellbeing. Self-efficacy, and the closely related construct perceived control, hinders anxiety and depression (Gallagher, Bentley, & Barlow, 2014) and helps recovery after experiencing sexual assault (Frazier, 2003). The vulnerable student role has been found to contribute to making students question their ability to develop into professionals (Birks et al., 2018) and the formation of self-efficacy is thus believed to be an important element in practical training.

The different theoretical angles are relevant in terms of answering different parts of the research question. The institutional perspective helps to shed light on how sexual harassment is handled by higher education and practice institution. Professionalization of emotions and self-efficacy are micro-level theories which we found useful in interpreting how the students developed strategies to cope with sexual harassment. Feminist institutionalism were fruitful both to display gendered power structures within institutions, and also to elaborate on how individuals seek to manoeuvre within these structures.

Methods

In this study, we apply a mixed methods approach "(. . .) for the broad purposes of breadth and depth of understanding and corroboration" (Blaikie, 2010) comprising data from formal documents, web pages, interviews, and a survey. The formal documents consist of a legal framework, but also a study of internal action plans within the case university. This information is accessible on the home pages of the university.

To gain overview of the prevalence on sexual harassment in practical training, we designed a survey distributed to nursing students and social work students at one Norwegian university. The aim of the survey was both to determine the number of students who have been sexually harassed in compulsory practice as part of their education and how sexual harassment was dealt

with. The survey was distributed to students who had been in practice during their education. While nurses have practical training throughout the three years of education, social work students only have practical training during their third year. Therefore, 299 nursing students (three cohorts) and 70 social work students (one cohort) were invited. The response rate was 25% (94 respondents: 74 nurses and 20 social studies). One can question the ability to generalize from such numbers, but the study still provides an overview of the sample. A means to enhance the quality of the study, is to combine the survey with a qualitative approach. Such a design also provides complementary data to enhance the study from different angles (Greene, et al.1989). Prior to the survey the respondents received in-lecture information about sexual harassment and relevant legislations. Rather than to explicitly define sexual harassment for the respondents, they were asked to identify potential sexual harassment incidents in cases presented in the onset of the survey. These measures were taken to ensure a common understanding of sexual harassment without considerably affecting the data.

As sexual harassment is intangible and unclear, we supplemented with in-depth interviews in order to give a deeper understanding of the phenomenon (Kvale & Brinkmann, 2009). We recruited the participants through the survey by asking those who had experienced sexual harassment to contact us and participate in an interview. From this recruiting strategy, we received six qualitative in-depth interviews with female students aged 20–30. The interviews lasted from 40 to 90 minutes. They were conducted and recorded in the summer of 2019 and thereafter transcribed verbatim in Norwegian. The data were analysed by the authors following Braun and Clarke's (2006) view of methods for analysis. Patterns were identified and grouped thematically in an abductive approach where we were guided by the theoretical framework and what themes that emerged from the data. The selection of quotes presented in the paper were later translated to English by one of the authors, and the quotes were controlled by the other authors to ensure that the content of the text was preserved. The interviews sought to elaborate and analyse students' reports on their experiences with the working culture, with sexual harassment and power dynamics, and procedures. The interviews were conducted by researchers experienced in interviewing on such delicate and potential traumatic experiences and the students were offered to establish contact with health personnel in case the interviews brought up traumatic feelings. The study is following ethical guidelines for research and has been approved by the Norwegian Centre for Research Data (NSD). The participants were ensured anonymity and are presented with pseudonyms, but we have referred to their educational background to provide some context for the quotes.

There is a risk of skewness in the data collected where only students interested in sexual harassment is answering the survey. While the majority of the respondents had not experienced sexual harassment, the number of respondents who had been exposed to sexual harassment is in line with findings from other studies (Knapstad et al., 2018). As for the qualitative data, this skewness was intended as we were interested in getting in contact with students who had experienced sexual harassment and reflected on the issue. To include participants who have had experiences with the topic in question, increases the reliability and validity of the findings (Kvale & Brinkmann, 2009).

We would argue that mixed method is a valuable strategy when the objective is to explore sexual harassment on multiple levels. The interviews provided abundant details about the students' experiences, and was indeed the most important source of information However, the survey served its purpose in outlining the larger picture.

Analysis of findings from survey and interviews

In the first part of our main question, we asked how higher education institutions and practice institutions handled sexual harassment regarding the students, and we begin by highlighting findings according to institutional theory.

"Speaking up" and newness in regulative pillar

As we were working on this project, new regulations were introduced in the higher education sector to increase awareness of sexual harassment and make it easier to report. It was recommended that the organizations add a visible link to their homepages ("Si ifra!"—"Speak up!") that people could use to report sexual harassment or other types of offensive or discriminating experiences. This type of reporting system is now widely used in Norwegian public and private organizations and can be interpreted as an institutional "newness" emerging after the #MeToo Movement (Collier & Raney, 2018a, 2018b; Mackay, 2014). The introduction of such a tool can be viewed as helpful for organizations in handling sexual harassment and in making guidelines and procedures more publicly accessible. One of the social worker students, Leyla, spoke about this link, but she did not realize that it could be used to report unpleasant attention when she was away from campus at the practice place. Such systems can be understood according to the regulative pillar (Scott, 2008) as a regulative tool to handle sexual harassment. Leyla's report reflected how it takes time to institutionalize new routines (Pollitt & Bouckaert, 2011) but also that "there is no automatic or guaranteed translation from principles to practice" (Mackay, 2014, p. 554). Simply establishing a new system is not enough. If the norms governing sexual harassment are unspoken or unclear it may still be difficult for students, already in a vulnerable position, to know where to report and to whom.

The survey also supported these findings. Few students reported that sexual harassment had been a classroom topic, despite the fact that the educational institution sends students to groups of clients and patients known for exposing students and caretakers to sexual harassment.

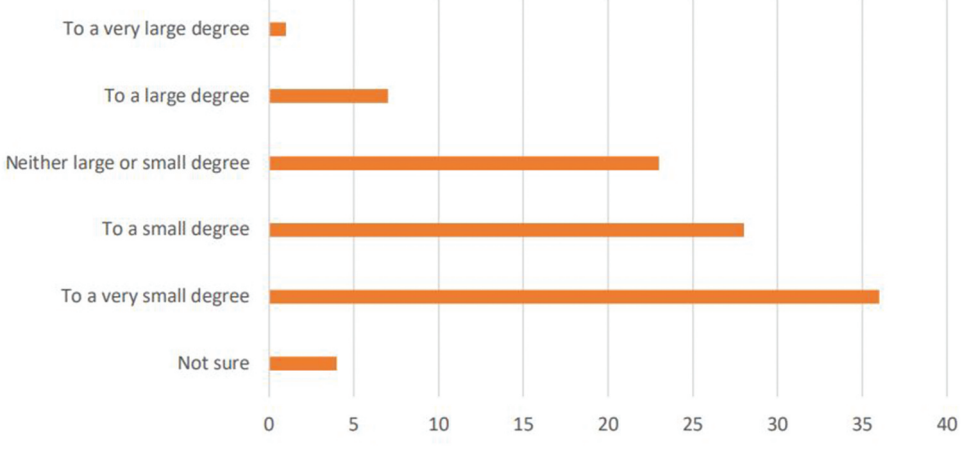

Figure 1. To what degree is sexual harassment a topic at your university? (N = 94).

Figure 1 shows that only 8% of the students had experienced sexual harassment as a topic addressed by the educators, while 64% of the students reported that it had barely been mentioned.

Confusing norms and clash of logics

As the speak-up link and action plans had been established only recently within the university, they took a while to trickle down and become a "natural" part of the daily life of all teachers and students within the university. New regulations have to be executed and repeated many times, and actions have to be performed within an organization to become a part of the norms and value system within the units (Scott, 2008). Still, more than half of the students report that the focus on sexual harassment is not prominent. This can be interpreted to imply that such focus has not become a part of the institution's norms. When an issue is not addressed according to a foundation of norms and values, it can result in confusion (Scott,

2008). This is consistent with findings from the qualitative data. Students were confused about what constituted appropriate behaviour when they were facing this issue at the practice place—both regarding how to handle situations that were unclear and uncomfortable, but also regarding whom to speak to about such situations. Students emphasized that if their relationship to their mentor was good, it was natural to speak to the mentor. In a more tense relationship, however, it would be difficult to put such a vague theme on the table.

In the interpretation of appropriateness (March & Olsen, 1989) and in the meeting of institutional practice and sexual harassment, clashing logics (Battilana and Lee 2014) are exposed that make sexual harassment even more difficult to handle. Higher education institutions are responsible by law for safeguarding the different forms of education. When students enter practice, they encounter professional norms and another set of institutional logics. In these logics, the focus is on the treatment of patients or clients and not on shielding students. A student could therefore encounter patients who are not mentally able to control their actions. A nursing student who had experienced unwanted comments from different groups explained:

> Ahh . . . I know that they are sick . . . they are not doing this on purpose. I know that . . . That's why I do not take it seriously. But I have received comments from young men too, and they are very much aware of what they are doing . . . (Anna)

The correct action according to the law is to shield students from sexual harassment and put an end to the inappropriate behaviour, but the result of doing so could be lack of needed care and treatment for the patient, and for the student a missed opportunity to learn how to handle such situations. The shielding clashes with the professional logics in which the norms entail elements of risk taking; one is exposed to the risk of sexual harassment while providing care for this or that type of client and patient, but someone has to take care of them.

Unclearness in culture—spreading from higher education institutions to practice organizations

The unclarity of the norms was also reflected in the culture of practice. None of the students had explicitly been exposed to the logic of orthodoxy, but the students perceived this attitude. From the survey, we know that just 4% had been told that they had to endure situations related to sexual harassment (Figure 2).

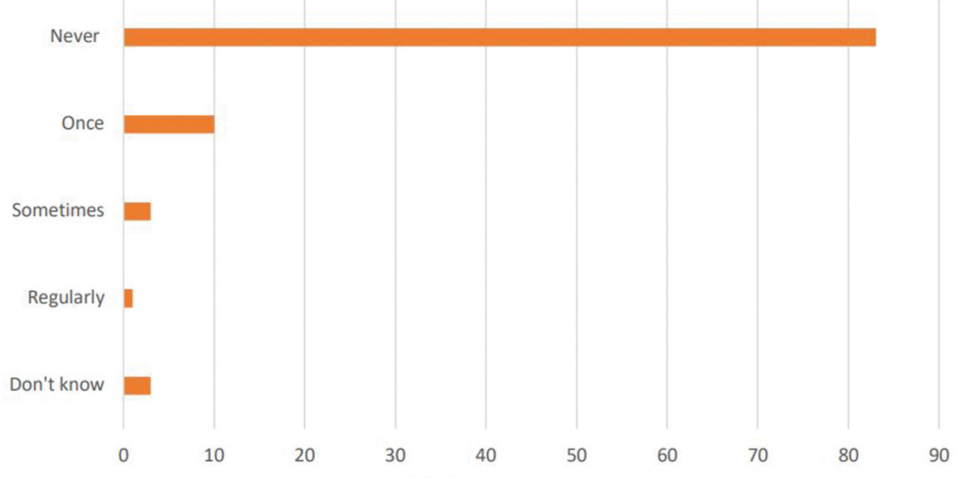

Figure 2. Have you ever got the comment "You should endure this" when you have tried to tell your teacher/mentor about a situation related to sexual harassment? (N = 94).

A comment from Mina, who was studying social work, illustrated this ambiguity:

> I have not directly experienced comments like "that's what you have to endure", but in my experience; this was the attitude. I was warned of this user prior to the incident "he likes young girls and he had shown interest in other students earlier." I didn't feel that I was taken seriously when I told my supervisor and a colleague of what happened. They just made a joke of it. (Mina)

Even if the logic of orthodoxy (Scott, 2008) is not expressed explicitly, it is still maintained, as the quote from Mina illustrates. She was not the first who had experienced inappropriate behaviour from that user. She was rightly warned of the user, but as the professionals made jokes about it, this increased her feeling of not being taken seriously and prevented her from taking further actions. This attitude from the supervisors also allowed for continued sexual harassment of the students. Monica, another student of social work, told a similar story of a user who was known for asking for a "hot case worker". She had heard stories of others he had asked for dates and their phone numbers.

> Interviewer: So, they knew how he could behave?
> Monica: Yes.
> Interviewer: But they did not warn you?
> Monica: No … ahh … I … I … I talked to the last case worker and she said he was nice and easy to talk to. Perhaps she had projected her own problems onto him? … I am quite sure it will happen again.

This incident was confusing for Monica—she had to talk to her mother to let off some steam, as the supervisor was not available. The unclearness in such a situation is related to whether the student should be warned ahead of meeting the client or the supervisor should wait and see if such a situation occurs again. The culture was more concerned about shielding the client from being perceived in a negative manner than about shielding the student from an inappropriate situation. The cultural dimension seems to fit with the logic of orthodoxy (Scott, 2008) and "remembering the old" (Mackay, 2014) as this client's behaviour towards young students was known in the milieu. Such attitudes can maintain space for, for example, patients to harass students ("They don't know what they are doing") and make it difficult for students to come forward with their experiences. Collier and Raney's (2018a, 2018b) study of sexual harassment in politics can be viewed as a parallel to the institutional code of "enduring sexual harassment". They found that politicians are supposed to have "thick skin" and interpret this as a "code for women and racialized minorities to remain silent when they are treated unfairly" (p. 449). Whether the supervisor reflected on this or not, this created an environment where students exposed to sexual harassment instead of reporting it, should be able to endure it.

Sexual harassment—the students' experiences

In this section we address the second part of the research question on how the students experience and cope with sexual harassment, and in what situations they experience it. In the survey, 44% of the students responded that they experienced verbal sexual harassment one or more times, 28% experienced nonverbal sexual harassment, and 19% experienced physical sexual harassment. In the interviews, we asked the students to elaborate on what they experienced as sexual harassment situations. Overall, this seemed to be an unpleasant and uncomfortable issue to talk about. All informants struggled to find the right words. There were long pauses and repetitions of the same word, for instance: "it's like, like, you know" or "it was, in, ehm, in a way … " and so on. This indicates both the sensitivity of the subject and also a kind of "wordlessness" when it comes to articulating especially "intangible" sexual harassment (Good & Cooper, 2016; Hochschild, 2012).

Anna told a story about a patient who needed catheterization and how she experienced him being a bit "nasty". Every time he needed catheterization, he wanted Anna or another young female student to do it. She never said anything to her supervisor, since:

> . . .nothing really happened. Like, he didn't do anything, in a way, it was just, I don't know. Something about him which made me feel very uncomfortable. It wasn't my first catheterization and I have washed people´s bodies many times. It has never been a problem to me, but with him, I experienced it very uncomfortable simply because he felt nasty – yes, it was nothing tangible so I felt I had nothing to bring up. (Anna)

Speaking of the intangible seems both difficult and embarrassing, and it may be especially hard because of the sexualization of emotional work and the expectations for women to "play along" (Hochschild, 2012) with the traditional masculine institutional logic (Collier & Raney, 2018b)

"I can handle this"—the professionalization of emotions and coping strategies

Hochschild (2012) described how emotional work seeking the wellbeing of a client often can create an emotional dissonance in the professional worker and how "maintaining a difference between feeling and feigning over the long run leads to strain" (2012, p. 90). In the survey, the students who experienced being sexually harassed were asked about how they reacted to the situation:

Figure 3. How did you react upon the sexual harassment? (N = 46).

Both the survey and the interviews showed that the students used different kinds of strategies when they experienced different types of sexual harassment. These strategies can be seen as ways to maintain self-respect and dignity. We identified six types of strategies used in different situations:

Endure it

The strategy of enduring sexual harassment is closely linked to the professionalization of feelings. The harasser is seen as sick, and the students use a diagnostic viewpoint to interpret the situation. Anna spoke about how these types of comments were a part of the job and said:

> Some things you just have to endure and bear with [. . .] It is not in all kind of jobs you have to put up with someone calling you a whore, bitch, thief . . . and a lot of other things . . . squint-eyed. (Anna)

Monica said that she was "instructed to bear with it." The students' reflections on how they dealt with unpleasant behaviour show that they saw some of it as part of their job, and they were managing most of these situations by not showing the clients how they really felt, and they acted as professionals with a "positive attitude". Anna said she would not be able to perform her job if she

did not overlook harassing comments. Understating verbal forms of sexual harassment and seeing it as part of the job was something all the informants did. A nursing student, Zara, recounted an episode in which someone made comments about her breasts:

> [. . .] and I was like. Did I hear it right? Because it didn't seem natural to make such a comment in that context. And my supervisor didn't seem to hear it or didn't react at all. So, I, just overlooked it. Because I had almost finished my practical training, and since I was done, I couldn't bear to go into that again. I was done with it and just dropped it. (Zara)

It is interesting to see how Zara observed her mentor in this situation and how the supervisor's lack of response functioned as an emotional model. Zara's reaction can be interpreted both in the light of professionalization of emotions which are gendered (Hochschild, 2012, p. 54), and reflecting a masculine institutionalized culture (Acker, 2006; Mackay, 2014).

Overlook and distance

The overlooking strategy is closely linked to the strategy of enduring but is more focused on not taking notice or distancing oneself. Elizabeth, a social work student, said:

> Me? Eh, yes, I have tolerated quite a lot of comments. I . . . I . . . pay very little attention to such comments. But as soon as it becomes . . . as soon as it becomes grabbing, that is – that is, when it says stop for me! (Elizabeth)

The internalization of professional emotions (Hochschild, 2012) is further emphasized by Elizabeth, who said:

> Well, I thought a lot about it [sexual harassment] during my practical training, because you get a lot of comments, which for some might feel like sexual harassment, which I have handled perfectly fine. (Elizabeth)

Elizabeth distanced herself from what others might feel to be insulting and harassing comments. She was in a state of mind in which she was able to distance herself from them. Elizabeth's way of coping resembles what is described as passive coping strategies (Bronner et al., 2003).

Avoidance

In the continuation, Elizabeth recounted an episode in which she was not able to keep up her "tough" appearances.

> The most unpleasant is this . . . this man, who I know is a pedophile. He has approached me at work asking me to go out with him for beers on Saturdays. And he pulled himself very close to me, and then my body stiffened and I didn't know what to say. (Elizabeth)

Elizabeth found these situations so uncomfortable that she sought to avoid the man during her practical training. The avoiding strategy was used by all the informants in different situations. Anna explained that in some cases she would refrain from eye contact or from asking how the patient was doing in order to minimize the chances of similar incidents later. Two other students said they tried to "avoid entering that patient's room again". The avoiding strategy is also found in the Goldschmidt-Gjerløw and Trysnes (2020) study of sexual harassment in school, and their findings show that it had to become very serious and personal before the offended took action.

Use of humour

In the survey and the interviews, humour seemed to be a common way to react to sexual harassment, both by interpreting a comment as a joke to avoid embarrassing situations or making a joke themselves to get out of the situation. For instance, Anna explained: " . . . when they say that I should be their wife in the future . . . I think it is funny . . . " Similarly, Mina mentioned how one of her clients would suggest that she become his escort girl: "I don't read too much into it, because I know that he is joking . . . and I'll laugh it off." The use of humour can be a way to manage to maintain professional emotional standards and try to avoid anyone losing face (Hochschild, 2012, p. 94).

Confronting

In our survey, 37% (see Figure 3) of those who had experienced sexual harassment confronted the harasser, stating that their behaviour was unacceptable.

Anna described how on one occasion she was pulled hard towards the patient while she was there to help. Previously, she had let many small incidents pass, ascribing it to the person's dementia. This time, however, it physically hurt, and she felt she had no other choice than to speak strictly to the patient: "You need to let me go."

Monica had her practical training in criminal care. She interpreted verbal sexual harassment comments from clients as flirtatious behaviour. Monica would normally joke about the comments or ignore them, but in one particular case, she felt very uncomfortable and wanted to confront the client. She discussed it with her supervisor, who also offered to be present at the next meeting. However, Monica carried out the meeting herself successfully.

Reporting

In the survey, the most common strategy was to report the situation. However, this is typically limited to cases of physical harassment. In line with previous reports (Bondestam & Lundqvist, 2018; Bråten & Øistad, 2017; Foster & Fullagar, 2018), students rarely reported verbal or non-verbal harassing situations. When the students did report it, it seemed to be the counsellor they reported it to. The students seemed worried they would not appear professional enough or that they would not pass their practical training. Both Anna's and Zara's stories show us that counsellors can avoid or overlook harassing situations.

From the survey, we see that students were reluctant to act on sexual harassment incidents for two reasons in particular: 1) the incident was not regarded as serious enough, or 2) they were uncertain about whether it was considered sexual harassment. This is in line with previous research (Wood & Moylan, 2017) as well as the descriptions from the in-depth interviews; many of the incidents were vague, not physical, and difficult to pinpoint or explain. In addition, and similar to arguments made in previous work (Nielsen et al., 2017), these students emphasized the pointlessness of speaking out if the patient was not able to understand due to dementia, drug use or psychotic disorder. Typically, the student would not hold the patient accountable for their actions in such cases. Finally, the students mentioned that speaking up is uncomfortable in itself, preventing many from doing so (Birks et al., 2018; Foster & Fullagar, 2018).

Consequences of sexual harassment at the individual and institutional level

In our survey, 26% of the respondents reported that they no longer wanted to work at the placement, and 7% reported psychological problems after the incident, while none mentioned physical problems, and none went on sick leave due to the sexual harassment incident. Very few proceeded to change supervisors, change placements, or leave the educational programme. Among the 26% who responded "other consequences", some reported of no consequences, while others reported feeling insecure, dispirited, uncomfortable or disagreeable. These responses seem less severe than what was found in previous studies, for instance among nursing students in Australia (Birks et al., 2018), who also reported of damaging impact on mental health. However, keeping in mind how one's own experience, feedback and observation of social models are powerful influences on self-efficacy (Usher & Pajares, 2008) and a positive learning process, these "lighter" consequences may also have serious downstream effects on professional self-efficacy and performance. Experiencing sexual harassment may contribute to a feeling of helplessness and enhance the damaging effect on self-efficacy development (Gallagher et al., 2014), as well as leading to poor performance. Feedback such as "bear with it" also reinforces helplessness and contributes to maintaining institutionalized power structures (Collier & Raney, 2018b, 2018a).

Whether one acts on the situation, as Monica did, or not, it is important to have the inherent possibility of exerting influence on the situation to maintain a well-adjusted self-efficacy (Bandura, 1986; Usher & Pajares, 2008). In addition to a possible obstacle for development as a professional, not resolving or avoiding the situation may be counterproductive in terms of sufficiently taking care of the patient/client.

One respondent from the survey reflected:

> I managed to get through the situation before it became intolerable. It has made me conscious, though, of how easily these situations may occur, and it had me reflect upon how best to deal with it and how to tell the person that it is unacceptable behaviour. (Survey response)

Another student exclaimed, "I am fed up! I wish I could send people to a seminar on sexual common decency." We might interpret this last statement as a sign of resignation. Similar to the nursing students in the Birks et al. (2018) study, many of the students found themselves in a vulnerable position with limited power.

Monica, among others, took on a positive viewpoint and emphasized what she had learned from the sexual harassment experience. She was confident that she would take a different approach if something similar happened again. Importantly, Monica had a successful mastery experience in that she was taken seriously by her supervisor, enabling her to take control of the situation. Similarly, Zara experienced that actions were taken at work so that she would feel confident in her next meeting with the patient. Leyla, on the other hand, remarked that during one specific incident, she was not taken seriously by her supervisor. Although she described the incident as minor and considered herself a strong person, she felt she was seriously set back by the incident. These stories are examples of how students try to challenge the institutional codes, but with quite different outcomes (Acker, 2006). The students being supported seemed to succeed and this is important for the individual development and for implementing "newness" (Collier & Raney, 2018a, 2018b; Mackay, 2014).

The findings at the individual level, provide examples on how the students used different types of strategies to cope with different situations of harassment. The students seemed to "stretch" themselves emotionally towards a professional standard of overlooking and hiding their true emotions (Hochschild, 2012) to be able to bear with and cope with harassing comments (Good & Cooper, 2016, p. 458). The respondents described uncomfortable feelings when clients made harassing comments. It seems that the unspoken rules the students encountered in their professional training were to overlook and ignore verbal sexual harassment. Introducing "newness" and resolving the situation would bolsters the individuals self-efficacy, positively affecting learning and development as a professional, and may prevent negative consequences of incidents such as sexual harassment (Frazier, 2003; Gallagher et al., 2014). However old institutional codes repressed the new and placed the responsibility on the individual student.

Our findings show a lack of thematization of sexual harassment at the university level and in practical training. This can be linked to insufficient knowledge about the sexual harassment incidences that students experience. Secondly, sexual harassment seems to be an unpleasant issue to address, and therefore both university staff and supervisors are forgetting their responsibility and are leaving the responsibility to the students who have been experiencing sexual harassment. The strategy of "forgetting" when it comes to rules that seeks to chance power relationships between men and women is also emphasized by Mackay as "an equally powerful mechanism" (2014, p. 555). Even though "newness" is introduced through new regulations, it seems like the institutions fall back in their old ways of handling sexual harassment.

As a recommendation for the field, we highlight findings from another study which suggested that situations of sexual harassment could be used as a pedagogical opportunity (Goldschmidt-Gjerløw & Trysnes, 2020) for discussion and dialogue at the institutional level. There seems to be a missing link between the legal responsibility from the educational institutions (both the higher education institutions and the practice institutions) towards making a space for being in dialogue

and educating students on sexual harassment. One suggestion could be to prepare the students by role plays where they e.g. are exposed to comments of being "squint eyed whores", labelled as "hot case workers", where their body and sexuality is discussed and even physically grabbed. The regulative framework and structures (like the Speak-up button) and routines needs to be addressed more explicitly both for students and supervisors. This is of importance in a contractionary manner; a means to shield the students from sexual harassment, but also to build their competences as future professionals so they can be able to care for the clients and patients. This can be a way to prepare or strengthen the students' knowledge of their rights and enlighten them about where to turn when experiencing this kind of behaviour. Further, the student should be offered training on how to maintain control in unpleasant situations involving patients/clients who both intentionally and unintentionally are performing acts that feels like sexual harassment to the student.

Conclusion

The focus of this article has been on how higher education institutions and practice institutions are handling sexual harassment, and on how students in practical training throughout their education are experiencing and coping with this. On the basis of findings from a mixed methods study, the figure 4 below summarizes the findings in relation to sexual harassment from macro, meso and individual levels:

At the university level and in practical training, a legal framework is often introduced to influence norms and culture, but it takes time to translate and incorporate this within the organizations (Røvik, 2011). Our findings indicates that it takes time both to introduce new ideas and for the institutionalization to take place; it has to be incorporated and repeated by the members so much that it becomes taken for granted (Scott, 2008), and as Mackay (2014) points out "institutions are inevitably informed by 'legacies of the past'" (p. 552). The taken-for-granted aspect seems more related to silencing than to actively addressing actions to prevent sexual harassment. There are few routines for talking about sexual harassment as part of preparing the students before entering practice, but it is handled at an individual level when it occurs—sometimes the students feel they are taken seriously, while other times the reactions build upon the silencing. This study emphasizes how difficult it is to capture what sexual harassment is and also how the responsibility of handling it is often left to the harassed student and their personal way of

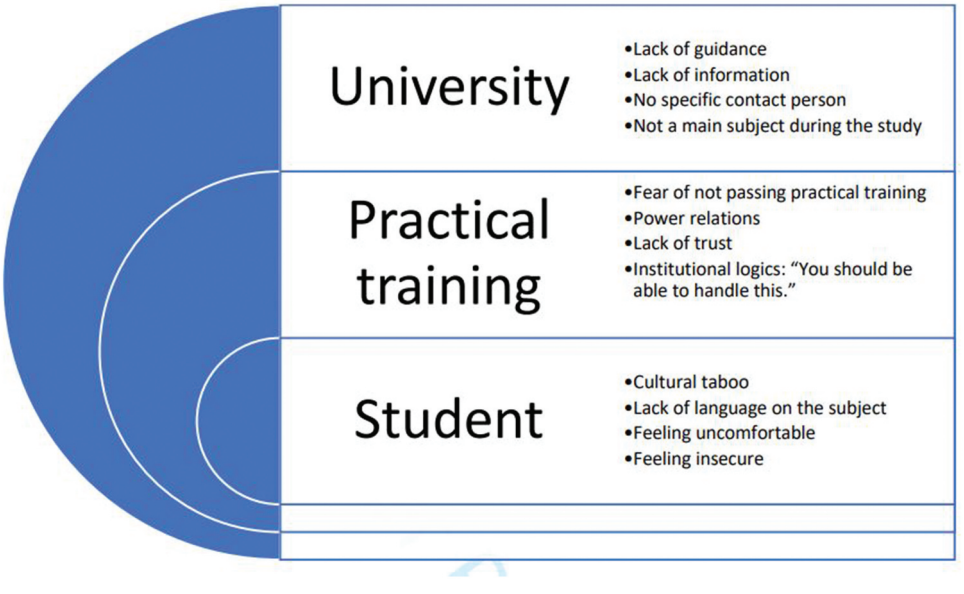

Figure 4. Overview of findings.

managing negative emotions (Hochschild, 2012). The students also have to act professionally in their interaction with both patients and the supervisor and have to cope with their feelings and perform their duties in the best way. When it comes to harassing situations, there is often no "tangible evidence", and therefore those situations are left unspoken. The main strategy is to downplay the incident by comparing it to "worse" forms of physical harassment.

As for further research, we suggest a study to open the black box of what sexual harassment is from the perspective of academics responsible for students and also from the viewpoint of mentors at the practice institutions, to get a better grasp of their views on how to perceive and handle sexual harassment that is so clearly defined legally, but so intangible when it comes to practical life and educational situations.

Note

1. https://www.weforum.org/reports/gender-gap-2020-report-100-years-pay-equality.

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