Sexual harassment experiences across the academic medicine hierarchy

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Introduction

- Environments that fortify power dynamics are more likely to foster and sustain sexual harassment[1].
- Existing estimates suggest 33.1% of medical students, 36.2% of residents, and 30.4% of younger faculty experience sexual harassment[2,3].
- It remains unclear how recall bias and differences in timeframes queried impact these numbers.
- There is little information about sexual harassment experiences along the medical hierarchy within the same time frame and institutional culture.

Methods

- All medical students, residents/fellows, and faculty at a southeastern US academic medical campus were invited to complete a survey April to May 2019.
- The survey was adapted from a comprehensive tool used by the Australian Human Rights Commission[4].
- Participants identified experiences of sexual harassment behaviors in 2018 and classified the perpetrator(s) of the most recent episode.
- Pearson's chi-square and Fisher's exact tests compared responses by status in R.
- This study was approved by the UF IRB (IRB201801056).

References

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Sexual harassment is **most common among medical students**, less common among residents/fellows, and **least common among faculty**, suggesting the power dynamics inherent to the medical training process are a contributing organizational factor that enables sexual harassment.

Table 1. *Experiences of sexual harassment by training status*

Sexual Harassment Behaviors	All (n=515)	By Training Status, No. (%)			
		Medical Students (n=145)	Residents Fellows (n=100)	Faculty (n=270)	*P* Value
Unwelcome touching, hugging, cornering, or kissing	49 (9.5)	18 (12.4)	10 (10.0)	21 (7.8)	0.30
Inappropriate staring or leering that made you feel intimidated	59 (11.5)	27 (18.6)	15 (15.0)	17 (6.3)	<.001
Sexually suggestive comments or jokes that made you feel offended	92 (17.9)	42 (29.0)	19 (19.0)	31 (11.5)	<.001
Intrusive questions about your private life or physical appearance that made you feel offended	65 (12.6)	34 (23.4)	15 (15.0)	16 (5.9)	<.001
Requests or pressure for sex, or other sexual acts	6 (1.2)	6 (4.1)	0 (0.0)	0 (0.0)	<.001
Experienced at least one in person or online event	173 (33.6)	75 (51.7)	31 (31.0)	67 (24.8)	<.001

Results

- 145 medical students (MS; 27.0%), 100 residents/fellows (RF; 11.5%), and 270 faculty (F; 19.0%) responded.
- 34% reported sexual harassment, with the proportion of respondents decreasing with increasing academic position (see Table 1).
- Only medical students reported requests or pressure for sex or other sexual acts.
- Medical students were most likely to report the perpetrator being a student, intern, resident, or fellow ($P < .005$; see Figure 1).

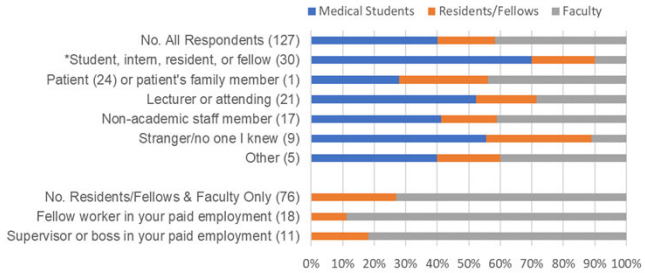

Figure 1. *Perpetrators of the most recent sexual harassment experience by status.*
** indicates P value < .05*

Discussion

- Inclusion of medical students and distinction between resident/fellow and faculty physicians further highlights the need to diffuse hierarchically-dependent relationships.
- Limitations include the possibility of non-response bias. It is difficult to discern whether estimates are inflated (experiences motivating responses) or deflated (stigma/fear decreasing responses to a single-institution survey). It is also unknown if non-response bias varies by hierarchical status.