

Women Veterans' Experiences with Harassment at the VA: *What do we know and what has been done?*

Background

Public harassment is the experience of unwanted and intrusive attention that occurs in public places, and is also referred to as sexual harassment, street harassment, or stranger harassment. It includes a range of verbal and non-verbal behaviors such as comments, catcalls, and staring, as well as noises and gestures. About two-thirds of women in recent US national surveys reported ever experiencing sexual harassment in public places, though it is relatively rare in most medical settings. Public harassment is associated with negative mental and physiological effects and may trigger mental health symptoms, particularly in women with a history of prior sexual trauma.

One in four women Veterans report being harassed on VA grounds¹

VA research found that 25% of women Veterans who are routine users of VA primary care reported inappropriate or unwanted comments or behaviors by male Veterans on VA grounds. Rates ranged from 10% to 42% across 12 urban and rural VA medical centers in 9 states. Most harassment (61%) involved catcalls, stares, propositioning, and/or sexual or derogatory comments. Another 16% involved male Veterans questioning or denigrating women's Veteran status or their right to access VA care, while 5% reported stalking, threats, or unwanted physical contact. Women who were younger (≤ 45), in fair/poor health, with histories of military sexual trauma or other forms of trauma, and positive screens for depression, anxiety or PTSD, were more likely to report having experienced harassment at VA.

Women Veterans who report having been harassed more likely to delay and miss care¹

Women Veterans who reported having been harassed were less likely to report feeling welcome at VA, more likely to report feeling unsafe at VA, and more likely to report delayed or missed care. Women Veterans who screened positive for PTSD, depression or MST were more likely to report feeling unsafe at VA.

What are Veterans' and VA employees' perspectives on harassment at VA?^{2,3,4}

VA conducted Veteran discussion groups and staff interviews to better understand their harassment experiences and perspectives. Women Veterans voiced clear understandings and experiences of specific behaviors constituting harassment (e.g., catcalls, sexual comments), while men expressed confusion about how to differentiate between harassment, "harmless flirting," and general friendliness (what "crossed a line"). Male Veterans tended to place onus on women for setting boundaries; women indicated it was not their responsibility to "train" men about acceptable behavior. Most suggested VA staff should hold primary responsibility for preventing/managing harassment. In parallel interviews of VA staff, clinicians and administrators, key challenges to addressing patient-perpetrated sexual harassment in VA were also raised, highlighting their complexity and need for systemic and multilevel interventions.

VA Leadership has been working to address harassment

VA launched an *End Harassment* campaign (2017) (e.g., dissemination of anti-harassment posters, staff training) and launched a national team to address culture change systemically (e.g., identifying/disseminating recommended practices). VA executive leadership announced a *Stand Up to Stop Harassment Now!* Initiative (2019), involving staff bystander intervention training and facility director pledges to address harassment and support incident reporting, while standing up a national Assault & Harassment Prevention Office. The national *White Ribbon-VA* campaign (2020) also promotes awareness around prevention/elimination of sexual harassment, sexual assault, and intimate partner violence.

¹ Klap R Darling JE, Hamilton AB, Rose DE, Dyer K, Canelo I, Haskell S, Yano EM. Prevalence of stranger harassment of women Veterans at Veterans Affairs medical centers and impacts on delayed and missed care. *Women's Health Issues*. 2019;29:107-115.

² Dyer K, Potter S, Hamilton AB, Luger T, Bergman A, Yano EM, Klap R. Gender differences in Veterans' perceptions of harassment on VA grounds. *Women's Health Issues*, 2019 Jun 25;29(Suppl 1):S83-S93.

³ Fenwick KM, Luger TM, Dyer KE, Chrystal JG, Hamilton AB, Yano EM, Klap R. Challenges to addressing patient-perpetrated sexual harassment in Veterans Affairs healthcare settings. *J Gen Intern Med*. 2021;36:2332-8.

⁴ Fenwick KM, Potter SJ, Klap R, Dyer KE, Relyea MR, Yano EM, Luger TM, Bergman AA, Chrystal JG, Hamilton AB. Staff and patient perspectives on bystander intervention training to address patient-initiated sexual harassment in VA settings. *Women's Health Issues*. 2021;31:576-85.

Local VA initiatives are also underway

Many VAs have worked to develop and implement local innovations in culture change. These have included women's ambassador programs, where women volunteer to walk women Veterans to their appointment, posters welcoming requests to be escorted to the parking lot or elsewhere, public messaging campaigns to raise staff awareness of harassment and the impact of micro-aggressions toward women Veterans, and interactive staff workshops focused on bystander interventions, among others tracked nationally.

VA Women's Health PBRN tracking effects of culture change initiatives⁵

To track efforts to end harassment, the VA Women's Health PBRN -- comprised of 76 VA medical centers (VAMCs) partnered to increase inclusion of women Veterans in VA research and to accelerate innovations and improvements -- systematically collected brief, anonymous surveys from women Veterans seen in VA primary care and/or women's health clinics. Four survey waves have been done to date: in 2017 (1,303 surveys across 26 VAs), 2018 (1,714 surveys across 30 VAs), 2019 (2,135 surveys across 35 VAs), and 2021 (1,245 surveys across 29 VAs). A fifth wave is underway. The proportion of women who reported experiencing harassment was 25% in 2017, 22% in 2018, 18% in 2019, and 15% in 2021. Of those who reported harassment in 2021, 78% said they had been harassed by male Veterans and 34% by male VA staff. Despite these rates, the majority of women Veterans reported feeling safe (92%) and welcome (92%) at the VA. The proportion of women who indicated that they believed VA was working to address harassment was 52% in 2017, 57% in 2018, 59% in 2019, and 61% in 2021. The PBRN also surveyed member VAs: in 2017, 16% of sites had implemented end-harassment efforts (e.g., work groups, focus groups of women Veterans) before VA's culture campaign. In March 2021, member VAs were surveyed about impacts at their local facility from disseminating results of the anonymized patient surveys (noted above). Over half (57%) had participated in at least one wave and were able to describe local impacts. Among them, 97% shared local results with Women's Health Leadership and 80% shared with facility leadership, which in turn led to refinements to the ongoing culture change initiative (85%), increased facility leadership support for existing efforts (83%) and/or facility support for new culture change initiatives (46%).

VA research funded to address gender-based harassment in VA

- **COMPLETED: Addressing Gender-Based Harassment in VA** (Ruth Klap, PhD, Los Angeles, CA) (Oct 2018-Mar 2021). This pilot used interviews of over 40 harassment experts to bring the best evidence to public deliberation groups to generate novel intervention strategies.⁶ For more information, contact Alison.Hamilton@va.gov.
- **COMPLETED: Identifying Staff Strategies, Barriers & Facilitators for Intervening in Veterans' Harassment** (Mark Relyea, PhD, West Haven, CT). This work is focused on identifying strategies, including bystander interventions, staff may use to intervene on Veterans' harassment. For more information, contact Mark.Relyea@va.gov.
- **ONGOING: Bystander Activation Intervention to Address Gender-Based Harassment** (Amy Drapalski, PhD, Baltimore, MD). This pilot relies on Veteran/staff input and photo narratives illustrating women Veterans' VA experiences of harassment for a bystander intervention. For more information, contact Amy.Drapalski@va.gov.
- **NEW: Designing a Novel Post-Incident Intervention to Address Patient Harassment of Staff in VA Primary Care Settings** (Karissa Fenwick, PhD, Los Angeles, CA). This pilot will use qualitative interviews to elicit procedures for responding to patient harassment and supporting affected staff to then design and assess likelihood of adoption of a post-incident intervention. For more information, contact Karissa.Fenwick@va.gov.

For More Information...

VA Office of Women's Health is a leader in ending harassment in VA (for more information, contact Patricia Hayes, PhD, at patricia.hayes@va.gov). For more information on harassment research in VA, contact Elizabeth M. Yano, PhD, Director, VA Women's Health Research Network (Consortium) at elizabeth.yano@va.gov. A summary of how VA mobilized embedded research-operations partnerships to address harassment of women Veterans is also available.⁷

⁵ Fenwick KM, Golden RE, Frayne SM, Hamilton AB, Yano EM, Carney DV, Klap R. Women Veterans' experiences of harassment and perceptions of Veterans Affairs health care settings during a national anti-harassment campaign. *Women's Health Issues*. 2021 Nov-Dec;31:567-575.

⁶ Fenwick KM, Dyer KE, Klap R, Oishi K, Moreau JL, Yano EM, Sadler AG, Bean-Mayberry B, Hamilton AB. Expert recommendations for designing reporting systems to address patient-perpetrated sexual harassment in healthcare settings. *J Gen Intern Med*. 2022;[in press].

⁷ Dyer KE, Hamilton AB, Yano EM, Moreau JL, Carney DV, Golden R, Frayne SM, Klap R. Mobilizing embedded research and operations partnerships to address harassment of women Veterans at VA medical facilities. *Healthc (Amst)*. 2021;8 Suppl 1:100513.