## SESSION A4

<table>
<thead>
<tr>
<th>Theme</th>
<th>Obscured Voices in Healthcare</th>
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<tr>
<td>Title</td>
<td>Understanding &amp; Addressing Gender Violence in Medical Training: An Ethical Imperative</td>
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<tr>
<td>Speaker(s)</td>
<td>Caroline King, M.P.H.</td>
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<td>Kelsey Priest, M.P.H.</td>
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<td>Date</td>
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### SESSION A4 OBJECTIVES

- Understand gender violence related terminology, behaviors, and public health implications.
- Understand the organizational, policy and regulatory constraints for addressing gender violence in medical training.
- Understand the barriers to reporting gender violence in the medical training environment.
- Understand the limitations of current research on gender violence in medicine.

### SESSION A4 SPEAKER(S)

**Caroline King, M.P.H**
Caroline is a second year MD/PhD student at Oregon Health & Science University. She is the co-founder of OHSU’s Gender Equity Center and a member of the Gender Equity Center’s Leadership team. She also serves on the Oregon Attorney General’s Sexual Assault Task Force, where she assists on the Advocate Response Committee. Caroline’s work focuses on realizing community-identified methods to reduce violence in all forms.

**Kelsey Priest, M.P.H**
Kelsey is a fifth-year MD/PhD candidate at Oregon Health & Science University (OHSU) and Health Systems & Policy doctoral program. She studies hospital-based treatment policy and practice for opioid use disorder. During medical school, Kelsey co-founded OHSU’s Women’s Leadership Development Program, the Gender Equity Center, and she has served as a trainer and facilitator for Primary Care Progress’ Relational Leadership Institute.
Content Warning

• This presentation covers the topics of sexual assault and harassment
• We invite you to take care of yourself and to leave at anytime
• Please hold your questions to the end

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Understanding & Addressing Gender Violence in Medical Training: Structural, Legal, & Ethical Implications

Caroline King, MPH
Kelsey C. Priest, PhD, MPH
@kelseycpriest
April 11, 2019
Learning Objectives

• Understand gender violence related terminology, behaviors, and public health implications.

• Understand the structural constraints—organizational, policy and regulatory—for addressing gender violence in medical training.

• Understand the barriers to reporting gender violence in the medical training environment.

• Understand the limitations of current research on gender violence in medicine.

Funding Disclosures

No. F30 DA044700
"I still don’t think that the prospect of being sexually assaulted was as bad as watching the next generation of sexual harassers being formed. I think that was the worst part for me."

--Nontenure-track faculty member in medicine

*From the NASEM report*
Ethical Challenges For Consideration

**Ethical Responsibilities.** In communities we are a part of (both within and outside of medicine), people experience gender violence.
- What are our (collective) ethical and moral responsibilities as members of these communities to address the violence?

**Code of Ethics.** Most ethical codes imply that gender violence would violate its code.
- If this is true, why is gender violence prevalent in medicine? Considering ramifications for all involved, how can we call on professional ethics to create systems that address gender violence in medicine?

**Ethical Acts of Resistance.** Ethical acts of resistance can be framed as "morally right" and "morally wrong"; more interestingly, at times it can be a moral imperative to resist a system that is ethically volatile, or morally amiss to intervene in a system that is not truly morally wrong (Brulde, 2018).
- How do we determine our ethical responsibility to acts of resistance in addressing gender violence in medicine? What might an ethical act of resistance look like in medicine or health care?

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**Societal Environment:** Culture (Norms), Policies, and Regulations

From Kelsey C. Priest, based on the socio-ecological-model of health by Dahlberg LL & Krug EG., 2002.
The National Academy of Science, Engineering, & Medicine (NASEM)

- 2018 landmark report on sexual harassment of women in academia
- Findings woven throughout presentation
- A must read and concludes with 15 items for organizational action

Part 1. The Behavior and the People
Language and Understanding Shifts Over Time

“We know that sexual assault doesn’t mean that you were raped, doesn’t mean genitals pushing together. Personally, for me, that’s a change. Five years ago if a friend told me a guy groped her I wouldn’t necessarily have called that sexual assault.”

---Blurred Lines

The Gender Violence Continuum

| The Behavior             | Non-consensual sexual comments | Non-consensual flashing | Non-consensual peeping; harassing calls, texts, emails | Non-consensual touching, fondling, grouping or grabbing | Non-consensual penetration (oral/anal/vaginal) | Non-consensual sex work \\
|--------------------------|--------------------------------|-------------------------|--------------------------------------------------------|--------------------------------------------------------|------------------------------------------------|-----------------------------------------------|
| The Crime                | Harassment (not a crime; but not allowed per statute) | Obscenity | Voyeurism, stalking, cyberstalking | Battery, sexual battery | Rape | Sex trafficking \\
| The Impacts              | Silenced, ashamed, frustrated, violated, disgusted, shocked, isolated, anxious, overwhelmed, angry, afraid, overwhelmed, powerless, embarrassed, worthless, confused, unsafe, hurt, PTSD, and depressed | 

From: Blurred Lines

From: Caroline King, MPH, and the Oregon Sexual Assault Task Force
Consent = Core of Gender Violence

- Core competency of medical training = consent
- Ethical and legal obligation
- Bodily autonomy and respect

From: Planned Parenthood, 2018

Terminology Related to Survivorship

- Victim, survivor, patient or target
- The Oregon Sexual Assault Task Force recommends the use of person first language: “individual who has experienced sexual assault”
Gender Violence is Common in the U.S.

1 in 3 women experienced gender violence

1 in 6 men experienced gender violence

Nearly 23 million women and 1.7 million men have experienced rape or attempted rape in their lifetime

From: CDC, 2017

Axes of Oppression Increase Risk

- Sexual assault occurs over the life course for:
  - 47% of transgender people
  - 53% of African American transgender people
  - 65% of American Indian transgender people

- Data about transgender/non-binary populations is largely missing from surveys

From: US Transgender Survey, 2015
Myth Debunking

FALSE

• Stranger rape is most common

• Women lie about harassment/assault

TRUE

• 70% of rapes are committed by someone known by the survivor

• 2 to 8% of reported rapes are unfounded (different than false)

• Reports where respondents are intentionally lying are far less common


Gender Violence in the Workplace

The What

• Most common is sexist hostility/crude behavior

• Occurs most often in the military (68%) and academia (58%)1

The Who: Harassers

• Men2,4,5 (including when men are harassed too)5,6

• For students most common harassers are peers 2,5,7,8,9

The How

• Harassment is repeated2 and sustained over time3

The Who: At risk

• People who experience multiple axes of oppression: women of color, gender and sexual minorities10,11,12,13,14

Gender Violence in Medical Training

Faculty Harassment

- First study
  - Women medical students
  - Only two schools
  - No patient data

- Elevated incidence
  - 220% more likely than non-STEM students experience sexual harassment

- Negative effects of harassment
  - Worse mental/physical health outcomes
  - Feeling less safe on campus
  - Doing poor work more often

From: NASEM Report: Swathout, 2018

= 50% sexually harassed

= 49% sexually harassed
Peer Harassment

- Unpublished findings for women medical students

- 96% more likely than non-STEM majors to experience sexual harassment by peers

- Highest rate for medical students at UT compared with non-STEM, science and engineering

- Lowest for medical students at Penn State compared with graduate and undergraduates

From: Swathout, forthcoming

Part 2. The Environment
Societal Culture

“In a rape culture, women perceive a continuum of threatened violence that ranges from sexual remarks to sexual touching to rape itself. A rape culture condones physical and emotional terrorism against women and presents it as the norm.”

-- Buchwald, Fletcher, and Roth

From: Transforming a Rape Culture

"I did try and fuck her. She was married. I moved on her like a bitch, but I couldn’t get there. And she was married. Then all of a sudden I see her, she’s now got the big phony tits and everything. She’s totally changed her look. I’ve gotta use some Tic Tacs, just in case I start kissing her. You know I’m automatically attracted to beautiful — I just start kissing them. It’s like a magnet. Just kiss. I don’t even wait. And when you’re a star they let you do it. You can do anything... Grab them by the pussy. You can do anything."

1) Misogynistic language
2) Objectification of women's' bodies
3) Disregard for safety and glamorization of sexual violence
4) Physical and emotional terrorism against women
Organizational Structural & Cultural Drivers of Sexual Harassment

1. Perceived tolerance
2. Environments where men outnumber women
3. Hierarchical power structures
4. Institutional protectionism
5. Uninformed leadership

From: NASEM Report

There Are Many Recent Examples....
Medicine Training Culture and Structure

"But, the thing is about residency training is everyone is having human rights violations. So, it’s just like tolerable, sexual harassment."

--Non tenure-track faculty member in medicine

Training Structures Perpetuate Drivers

• Apprenticeship model

• System built by and for white cis-gendered men
  • Historic exclusion
  • Flexner report

• Intense physical and emotional learning conditions
**Policies and Regulations**

**1964 Title VII**

**1972 Title IX**

**1990 Clery Act**

---

**History of Title IX**

**1969**

- **PhD student denied a job**: Bernice Sandler; “you come on too strong for a woman”

- *Files Title VII violation*: Against 250 universities and sent copies to Congress.

**1972**

- **Title IX legislation introduced**: Edith Green, a Congresswoman from Oregon, received a copy of the violation letter and introduced legislation that became Title IX.

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**At the time Title VII prohibited employment discrimination based on sex but did not include academia.**

From: *Blurred Lines*
Contemporary Title IX

- All academic institutions receiving federal funding, including student financial aid¹

- Overseen by the U.S. Department of Education’s Office for Civil Rights¹

- Institutions are legally required to respond and remedy hostile educational environments (investigation and action) and failure to do so is a violation²

- We have a civil right to an education free from harassment. These rights apply to everyone working and learning at the institution

“No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance.”


Propose

OHSU won’t waver, despite new Title IX rules

On Friday, the Department of Education began a notice-and-comment process to issue new regulations regarding Title IX of the Education Amendments of 1972. In anticipation of this announcement, many have asked how this may affect OHSU and its policies and processes.

OHSU will continue to strive to be responsive to concerns, respond quickly and comprehensively, resolve complaints and protect those who report sex discrimination, including sexual harassment and sexual assault.

The Affirmative Action and Equal Opportunity Department and the Title IX Coordinator will continue to provide due process to all students, employees, volunteers, patients and faculty, using trained investigators who are neutral and provide support and resources to all parties. They intend to continue to utilize the preponderance-of-evidence standard when determining whether accused OHSU members are responsible for alleged misconduct.

OHSU’s commitment to equal access to education will not waver. OHSU will continue to monitor the notice and comment period. If you feel inclined to comment, you can learn more about how to comment by visiting Know Your IX (and a video version) and NASPA.


³³ Priest & King, 2019

³⁴ Priest & King, 2019
Part 3. Case Study

Case study: Susan

Third year medical student “Susan” was assaulted by her clinical preceptor:

On rounds, the attending doctor was supposed to show the students how to examine the level of distress in a patient’s heart by placing a hand over the chest. But instead of demonstrating on the patient, the doctor reached over and placed his hand on her breast.

From: CBC Radio, 2018
Case Study: Susan’s Experience

"I was in the capacity [as a student] to feel as if my intelligence and my analytical abilities should have been celebrated. Instead my body was used."

-- “Susan” medical student in Canada

What are Susan’s options?
Institutional options: Title 9 Reporting

• A federally required (Title IX) and informed process (Title IX guidance) that is a “civil” like proceeding.

• This includes an investigation and determination conducted by designated OHSU staff.

• Anonymous reporting is possible. Call OHSU’s Integrity Hotline 1-877-733-8313, or visit www.ohsu.edu/integrity_report

• You may also speak with Laura in hypotheticals to gather more information if helpful.

Laura Stadum, J.D.
Director and Title IX Coordinator, AAEO
c: 971-352-5149
p: 503-494-0258
AAEO: 503-494-5148
Institutional Reporting Barriers

Retaliation

• 28% of med students chose not to report because they feared retaliation\(^1\)
• 75% who spoke out against workplace mistreatment faced retaliation\(^2\)

Resource burden

• Time/energy
• Lawyers fees

Fear

• Fear of not being believed
• Fear of physical harm

---

Faculty & Staff are Responsible Reporters

• Institutional dependent**

• At OHSU if you disclose gender violence to faculty, staff, and/or resident they are required (by Title IX) to report this to the Title IX office.

• The good news OHSU has confidential/privileged resources to help you navigate if you do not want to report right away.

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Privileged & Confidential Advocates  

- **State variation**: Protections vary by state. In Oregon, privileged advocates are protected by subpoenas (those with institutional confidential designation are not).

- **General duties**: Provide information about reporting options at the institutional, criminal, and civil systems, as well as the range of non-reporting alternatives and supports (discretely).

- Little is known broadly about access to these resources for medical students.

Confidentiality Reminder  

- **JBT/Mental Health**: Care received from mental health professionals and JBT staff is confidential (not responsible employees).

- **Other Students**: If you tell another student you have experienced gender violence that student is not obligated to report (not a responsible employee).
OHSU Institutional Options

Stephanie McClure  
Confidential Advocacy Program Director

Privileged advocate

Serves: Primarily students, will not turn anyone away

503-494-3256  
mcclures@ohsu.edu

Jackie Wirz, PhD  
Assistant Dean for Graduate Studies

Privileged advocate

Serves: Students

503-494-3443  
wirzj@ohsu.edu

Merle Graybill*  
OHSU Ombuds

Confidential advocate  
Not protected from subpoenas*

Serves: Everyone

503 494-539  
graybill@ohsu.edu

Criminal Pathway

• Filing a report with either OHSU Police or Portland Police (or in whatever jurisdiction the crime took place)

• This triggers the investigation of a crime by law enforcement

• After the investigation the prosecutor will decide whether or not to prosecute
Criminal Convictions Are Infrequent

- 994 out of 1000 rapes the perpetrators will face no criminal consequences

Civil Pathway

- Could entail the use of the civil law system to receive compensation for the damages from the gender violence (from the survivor)

- Can file criminal and civil charges at the same time

- Need to have proof of actual damages to receive compensation—can include tuition, potentially other costs from rearranging life
Civil Pathway Barriers

• Statute of limitations varies by crime and state

• Burden of proof falls on the survivor to prove event happened

• Fear of defamation/slander/libel claims

If you were Susan what would you do?

Paths

Institutional Options

Criminal Reporting

Civil Action

Confidential Resources

Title 9 Reporting
Part 4. Structural and Individual Action

### Structural Action: The four “Rs”

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<th>Area for Improvement</th>
<th>Potential Intervention</th>
<th>Target</th>
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<td>Research in medical education</td>
<td>Improve trainee surveys (label vs. behavior)</td>
<td>• AAMC/LCME</td>
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<td>Regulations and policies</td>
<td>Federal agencies stop funding sexual harassers</td>
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But structural interventions take time...

What can we do today as individuals?

Individual Action

Get informed.
Read, watch, and listen.

Support.
People and organizations are already doing the work.

Amplify the issue.
You voice is privileged in the spaces you occupy.

Priest & King, 2019
Most Importantly.....

When someone comes to you and shares their experience

1) Believe them.

2) Know how to connect them to resources immediately.

Join or Support Local and National Organizations

**OHSU Groups**
- Confidential Advocacy Program
- Gender Equity Center
- Women Employee Resource Group
- American Medical Women’s Association
- Women in Academic Medicine

**Outside of OHSU**
- Women in Science
- Call to Safety
- RAINN
- Know your IX
- End Rape on Campus (EROC)
- #MeTooInSTEM
- Times Up Health Care
We want to honor and acknowledge those who have come before us and those who lead with us!

**Faculty/Staff**
- Dr. Elena Andresen
- Dr. Sharon Anderson
- Dr. Esther Choo
- Tara Foley
- Dr. David Jacoby
- Stephanie McClure
- Laura Stadum
- Dr. Jackie Wirz
- And many others!!!

**Student Leaders**
- Jackie Emathinger
- Cameron Fisher
- Amy Jones
- Amanda Koonce
- Kim Lepin
- Alix Melton
- Sarah Newhall
- Monique Herman
- Kayla Sheridan
- Any many others!!

**Learn more**

**Books**
- Missoula, by Jon Krakauer
- Asking for It, by Kate Harding
- The Mother of All Questions, Rebecca Solnit
- Blurred Lines, Vanessa Grigoriadis
- Feminism is for Everybody, bell hooks
- Queering Sexual Violence, Jennifer Patterson
- Not that Bad, Roxanne Gay
- Unsportsmanlike Conduct, Jessica Luther
- Trauma and Recovery, Judith Herman MD
- The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma, Bessie Van Der Kolk, MD

**Other Resources**
- The Hunting Ground, documentary on Netflix
- Ending Rape on Campus
- Know your Title IX
- #Metoo video made by and for men: [https://www.youtube.com/watch?v=i21xmCbd8iw&feature=youtu.be](https://www.youtube.com/watch?v=i21xmCbd8iw&feature=youtu.be)
- NASEM: [http://sites.nationalacademies.org/shstu dy/index.htm](http://sites.nationalacademies.org/shstudy/index.htm)
- The Silence & Complicity of Good Men: [https://www.youtube.com/watch?v=i21xmCbd8iw&feature=youtu.be](https://www.youtube.com/watch?v=i21xmCbd8iw&feature=youtu.be)
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