

# National Academy of Science Workshop on the Impacts of Sexual Harassment in Academia

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Learn

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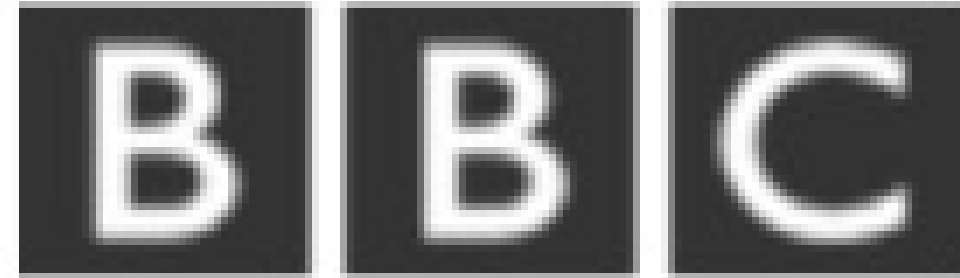
Serve

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Lead



9 March 2015



## Australian surgeon Gabrielle McMullin stands by harassment remark

**A senior Australian surgeon has stood by widely-criticised remarks suggesting women in the profession should "comply with requests" for sex from male superiors to further their careers.**

Vascular surgeon Dr Gabrielle McMullin made the remarks after launching a book she has co-authored on gender equality.

Dr McMullin said on Monday she stood by the statement, despite heavy criticism from women's rights groups.

Her comments last week concerned the 2008 case of a trainee surgeon.

Dr Caroline Tan was a surgical student at a Melbourne hospital when she won a sexual harassment suit against a superior.

But, Dr McMullin claimed, Dr Tan had been "blackballed" as a result and had not been able to get work at a hospital since.

"Her career was ruined by this one guy asking for sex on this night," Dr McMullin said in the ABC interview after her book launch.

"What I tell my trainees is that, if you are approached for sex, probably the safest thing to do in terms of your career is to comply with the request.

"The worst thing you can possibly do is to complain to the supervising body because then, as in Caroline's position, you can be sure that you will never be appointed to a major public hospital."



# Statistics for Medicine

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- 70% women were more likely to perceive harassment than men
- 30% women personally experienced sexual harassment (similar study in 1995 reported almost 60%, P. Carr, et al.)
- Among those who reported harassment:
  - 40% described more severe forms
  - 59% perceived a negative effect on confidence in themselves as professionals
  - 47% reported that these experiences negatively affected career

*(source: Jagsi R, et al. Sexual Harassment and Discrimination Experiences of Academic Medical Faculty. JAMA. 2016)*

# Disconnect in Learner Data

- 96% all student reported “never” having experienced unwanted sexual advances (2.4% reported having “once” experienced)
- 99.8% all students reported “never” having been asked to perform sexual favors
- 87% all students been subjected to offensive sexist remarks/names  
(source: AAMC Medical School Graduate Questionnaire, 2016)

**Do women (and men) know what constitutes sexual harassment??**

# Vulnerable Populations

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Medical residents

MD/PhD students

Basic science researchers

# Cultures that Allow Harassment

Hierarchical structures where power lines are clearly defined and “necessary”

## AAU 2015 Campus Climate Survey on Sexual Assault and Sexual Misconduct

	Female G&P Students	Male G&P Students
I did not think it was serious enough to report	82.6	78.6
I did not want the person to get into trouble	18.1	17.4
<b>I feared negative social consequences</b>	18.6	11.3
<b>I did not think anything would be done</b>	25.5	13.2
<b>I feared it would not be kept confidential</b>	13.2	7.5

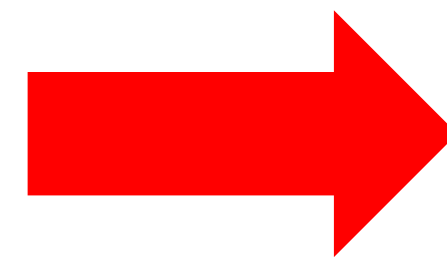
Reasons for Not Reporting Incidents of Mistreatment

# Creating Cultures of Safety and Respect

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- “Sexual harassment” training is ineffective
- Prejudice researchers have found that these types of trainings can actually produce the opposite results (S. Bingham, et al, 2001; B. Major, 2016)
- Need support from leadership to address any type of culture

Stop/report harassment



Create cultures of  
safety and respect

# What's Being Done Nationally

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- Jackie Speier legislation targeting Sexual Abuse, Harassment in STEM
- AAMC
  - Held national session at 2016 Annual Meeting on Sexual Harassment in Medicine and Science (Meg Urry, AAS participated)
  - Follow-up session at this year's 2017 Annual Meeting
  - 2 manuscripts in development for *Academic Medicine*
  - Development of online resources