





VA WOMEN'S HEALTH RESEARCH NETWORK (WHRN)

VA HSR&D Service Directed Research (Project #10-012)

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 having been harassed on VA grounds¹

Recent research has found that 25.2% of women Veterans who are routine users of VA primary care clinics report inappropriate or unwanted comments or behaviors by male Veterans on VA grounds. Rates ranged from 10% to 42% across 12 participating 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 while on VA grounds.

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' perspectives on harassment at VA?1

After the prevalence of harassment was reported to VA leaders, VA Women's Health Services requested the conduct of Veteran discussion groups among women and men to better understand their experiences and perspectives on harassment. Researchers found that while women voiced clear understandings and experiences of specific behaviors constituting harassment (e.g., catcalls, sexual comments), men expressed confusion about how to differentiate between harassment, "harmless flirting," and general friendliness (what "crossed a line"). Male Veterans tended to place the onus on women for setting boundaries, while women indicated it was not their responsibility to "train" men about acceptable behavior. Most Veterans suggested that VA staff should hold primary responsibility for preventing and managing harassment.

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;29 Suppl 1: S83-S93.







VA launched national culture campaign to begin tackling harassment problems

VA launched an *End Harassment Campaign* in August 2017, sending out anti-harassment posters to every VA facility and disseminating staff training 1) defining harassment, 2) explaining the prevalence, forms and impacts of harassment, and 3) describing potential intervention strategies.

Many VAs have also worked to develop and implement local innovations in culture change. For example, VAs in Milwaukee and Madison WI, Philadelphia PA, and Birmingham AL have launched women's ambassador programs, where women volunteer to walk women Veterans to their appointments. The Jesse Brown VA (Chicago IL) launched a public messaging campaign to raise staff awareness of harassment and the impact of micro-aggressions toward women Veterans, while the Hines VA (Chicago IL) launched interactive staff workshops focused on bystander interventions. Building on these early innovations, 10 sites in the VA Women's Health Practice-Based Research Network (PBRN) joined an Evidence-Based Quality Improvement Collaborative to develop local culture change initiatives, which they will share nationally later this year.

VA Women's Health PBRN launches effort to track culture change initiatives

To track efforts to end harassment, the VA Women's Health Practice-Based Research Network (PBRN), comprised of 60 VA medical centers (VAMCs) partnered to increase inclusion of women Veterans in VA research and to accelerate innovations and care improvements, systematically collected brief, anonymous surveys from women Veterans seen in VA primary care and/or women's health clinics in August 2017 (1,303 surveys across 26 VAMCs) and in September 2018 (1,714 surveys across 30 VAMCs). In September 2018, 21% of women Veterans reported public harassment and/or unwelcoming treatment at VA. Of those who reported harassment, 88% said they had been harassed by male Veterans and 24% by male VA staff or volunteers. A majority nonetheless reported feeling safe (89%) and welcome (87%) at the VA. Overall, 57% said VA was working to address culture at the VA: 72% had noticed VA posters about women's military service and roles and 47% had seen posters about reducing harassment. Another survey will be fielded in Fall 2019.

The PBRN also surveyed member sites and found that only 16% of PBRN sites had end-harassment efforts (e.g., work groups, focus groups of women Veterans) before VA's culture campaign. Site staff most often responsible for handling harassment complaints were Patient Advocates (76% of sites) and/or Women Veteran Program Managers (73%). Another survey will be launched in May 2019.

New research funded to address gender-based harassment in VA

VA funded a pilot to address gender-based harassment through interviews of over 20 nationally recognized experts, which will culminate in use of public deliberation techniques among Veterans and VA employees to generate novel strategies that consider values and evidence to stem harassment in VA settings. For more information, contact Ruth Klap, PhD (ruth.klap@va.gov) at the VA Greater Los Angeles Healthcare System. VA has also funded research to determine how VA staff may intervene in patient harassment. Mark Relyea, PhD at the VA Connecticut Healthcare System (West Haven) has a career award to identify effective strategies for staff to intervene and studying barriers to acting on harassment they may observe. The VA Women's Health Research Network (WHRN) is providing technical support to these and other researchers working to develop and conduct research in this area.

For More Information...

VA Women's Health Services is a leader in ending harassment in VA (for more information, contact Patricia Hayes, PhD, Chief Consultant at patricia.hayes@va.gov). For more information on harassment research, contact Elizabeth M. Yano, PhD, MSPH, Director, VA Women's Health Research Network (Consortium) at elizabeth.yano@va.gov.