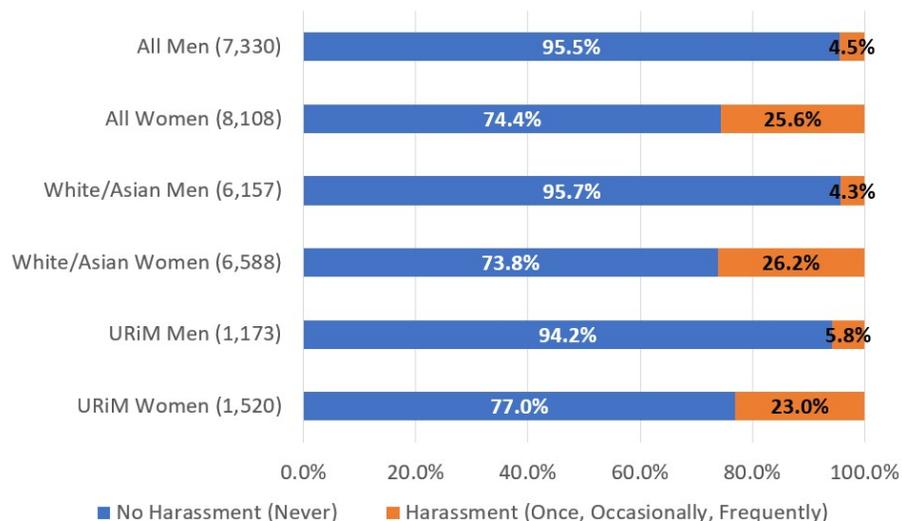


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Experiences of Sexual Harassment Among Medical Students and Postdocs at U.S. Medical Schools

In the wake of major national movements to address sexual harassment such as #MeToo and Time’s Up, many academic institutions are bolstering their efforts to address sexual harassment. Understanding how sexual harassment occurs specifically within academic medicine, especially among learners, is critical to implementing tailored and lasting solutions. The prevalence of sexual harassment in academic medicine is almost double that of other science and engineering specialties,¹ and understanding the experiences of students is critical given their vulnerability as a population. One study found that between 20% and 50% of women medical students experience sexual harassment.² However, despite these high rates, students do not often formally report it out of concern about the potential impact on their careers. A 2001-2002 study of graduating medical students found that 51% of respondents to the survey reported experiencing sexual harassment and that physicians were usually the perpetrators.³ Additionally, a 2020 study found the prevalence of sexual harassment among resident physicians was also high and was associated with multiple negative outcomes, including burnout. The study found that even in many residency programs that have multiple anti-harassment and discrimination interventions in place, harassment may be increasing.⁴

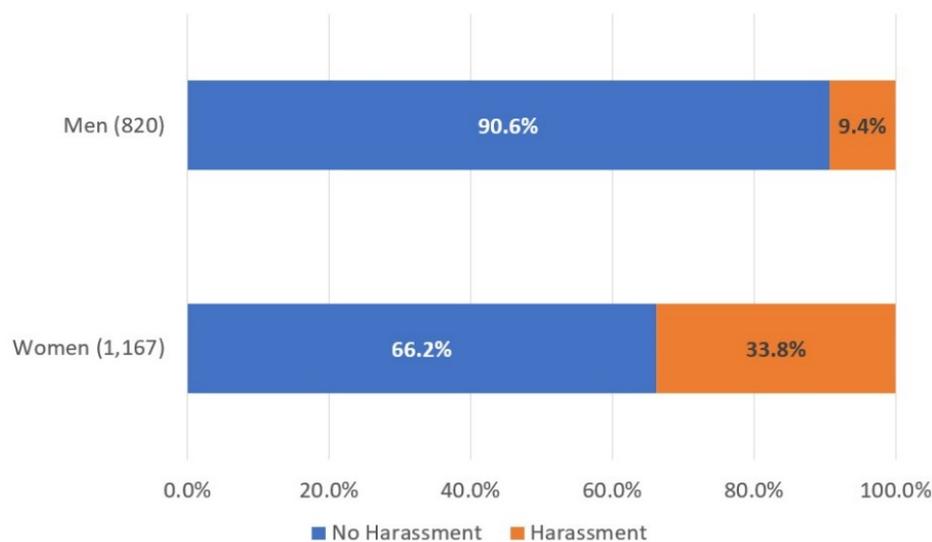
This Data Snapshot presents information from the 2021 AAMC Graduation Questionnaire (GQ) and the 2017 National Postdoc Association (NPA) Sexual Harassment Survey to better understand rates of sexual harassment among students and postdocs at U.S. medical schools. The 2021 GQ showed that 15.6% of all medical students reported experiencing offensive sexist remarks/names. More surprisingly, that number has increased since 2017, when it was 14.8%.⁵ These data, in combination with new data on postdocs, provide additional insight into the experiences of learners in academic medicine and shed light on environmental stressors that may be affecting the successful delivery of medical education and training.



Percentage of students who were subjected to offensive sexist remarks/names during medical school, 2021.

Key Findings

- Approximately 26% of all women medical students have been subjected to offensive sexist remarks/names, compared with only 5% of men medical students.
- White and Asian men experienced similar rates of sexist remarks (4%), while men from groups underrepresented in medicine (URiM men) had slightly higher rates (6%).
- White women medical students reported the highest rates of being subjected to offensive sexist remarks/names (28%).



Percentage of postdocs who experienced sexual harassment by gender, 2017.

Source: National Postdoc Association (NPA) Sexual Harassment Survey, 2017.

Key Findings

- Overall, 28% of all postdocs reported experiencing sexual harassment and 34% of women postdocs reported experiencing sexual harassment.
- The proportion of men postdocs who reported experiencing sexual harassment in 2017 was double the proportion of men medical students who reported being subjected to offensive sexist remarks/names in 2021.
- The most common sexual harassment behavior described by postdocs was “unwelcome sexual comments or gestures” followed by “sexual comments about appearance.”
- One in six postdocs experienced “constant staring or leering in a sexual way.”
- Nearly two percent, and perhaps more, experienced behaviors that could be classified as sexual assault such as flashing or being forced to do something sexual; that percentage increases to 10% when respondents who reported experiencing “touching in an unwelcome sexual way” are included.



Specific types of sexual harassment experienced by postdocs in the workplace, 2017.

Notes: Of the 28% of postdocs who reported sexual harassment in the 2017 NPA survey (n=2,734 participants), there were various forms of sexual harassment documented. Actual percentages in parentheses in legend.

Source: National Postdoc Association (NPA) Sexual Harassment Survey, 2017.

Discussion

Medical students, residents, graduate students, and postdocs are populations that are made increasingly vulnerable in academic medicine because their careers depend almost entirely on relationships with faculty and other senior physicians and scientists to succeed. These faculty and senior mentors are often, although not always, the perpetrators of the sexual harassment that learners experience, which can have profound impacts on learners' career trajectories and choices.⁶ While learners are protected under many state and federal laws, sexual harassment can be difficult to identify and even more difficult to report as a learner.

The variation among studies about the percentage of women medical students who have experienced sexual harassment — which ranged from 20% to 50% — is concerning. This Data Snapshot, which found that about 25% of women medical students experienced sexual harassment, confirms previous studies. However, the GQ is only one data collection and may not accurately capture the experiences of all students; some students may not have felt comfortable expressing their opinions in this survey since they had not fully graduated from medical school at the time the survey was administered. The data presented here about the experiences of postdocs, a group of learners who may have less support than medical students, is also alarming. Specifically, these data show that postdocs were more likely to have experienced less overt behaviors, known as gender harassment, than more overt behaviors. Concerningly, some institutional leaders may not initially consider addressing gender harassment in their sexual harassment prevention efforts. Much of the conversation around sexual harassment focuses on overt comments and sexual advances, otherwise known as gender “come-ons,” but academic medicine must also pay greater attention to gender harassment, or gender “put-downs.” Much of the data

presented here presents data on the former, and additional conversation is needed about gender harassment among learners.

Conclusion

Medical schools should continue to assess harassment among both learners and faculty to understand how harassment is both experienced and perpetrated by faculty at their institutions. Addressing sexual harassment at all levels is critical — and learners are no exception, especially since their experiences during training shape the future of their careers and how they practice, conduct research, and mentor the next generation of learners in academic medicine. The behaviors that students experience from both peers and faculty, and the cultural values imparted by those experiences, have the potential to replicate and continue the cycles of bias, harassment, and mistreatment in future generations of medical students.

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