Diversity Leadership Symposium

Leo Morales, MD, PhD
Chief Diversity Officer
School of Medicine
Symposium Agenda

• Sexual Harassment Training
  Anita Gross and Sheryl Payne, UW Human Resources

• Gender Identity and Sexual Orientation
  Jen Self, PhD, Founding (2004) Director of the UW Q-Center
Key Findings

1. Sexual harassment is common in academic science, engineering, and medicine.
   - Best available analysis to date shows that 50 percent of women faculty and staff in academia experience sexual harassment.
   - Student surveys at a couple university systems shows that between 20-50 percent of students in science, engineering, and medicine experience sexual harassment from faculty or staff.

http://nationalacademies.org/SexualHarassment
#ScienceToo
Undergraduate Students
- Gender Harassment - Sexist Hostility: 30.6%
- Gender Harassment - Crude Behavior: 12.8%
- Unwanted Sexual Attention: 3.9%
- Sexual Coercion: 1.2%

Graduate/Law Students
- Gender Harassment - Sexist Hostility: 40.8%
- Gender Harassment - Crude Behavior: 18.1%
- Unwanted Sexual Attention: 5.0%
- Sexual Coercion: 1.0%

Medical College Students (MD/PhD)
- Gender Harassment - Sexist Hostility: 49.6%
- Gender Harassment - Crude Behavior: 23.2%
- Unwanted Sexual Attention: 5.3%
- Sexual Coercion: 0.4%
Key Findings

2. Sexual harassment undermines women’s professional and educational attainment and mental and physical health.

3. The cumulative effect of sexual harassment is significant damage to research integrity and a costly loss of talent in academic sciences, engineering, and medicine.

4. The two characteristics most associated with higher rates of sexual harassment are (a) male-dominated gender ratios and leadership and (b) an organizational climate that communicates tolerance of sexual harassment.

5. Organizational climate is, by far, the greatest predictor of the occurrence of sexual harassment, and ameliorating it can prevent people from sexually harassing others.
Key Findings

6. The legal system alone is not an adequate mechanism for reducing or preventing sexual harassment.

7. Parts of the federal government and several professional societies are beginning to focus more broadly on policies about research integrity and on codes of ethics rather than on the narrow definition of research misconduct.

8. Professional societies have the potential to be powerful drivers of change.

9. A system-wide change to the culture and climate in higher education is required to prevent and effectively address all three forms of sexual harassment.
Recommendations for Institutions

• Create diverse, inclusive, and respectful environments
• Diffuse the hierarchical and dependent relationship between trainees and faculty
• Provide support for targets
• Improve transparency and accountability
• Strive for strong and diverse leadership
• Make the entire academic community responsible for reducing and preventing sexual harassment
AAMC GQ Items – Mistreatment Types

Mistreatment Students Experienced At Least Once (2018 AAMC National Benchmark Percentile Included)

- Offensive sexist remarks
- Public Humiliation
- Lower evaluations or grades/gender

UW is > 90th percentile
UW is ≥ 90th percentile
UW is > 50th percentile
UW is ≥ 50th percentile

UWSOM National
AAMC GQ Items – Mistreatment Sources

Students Experiencing Mistreatment By

- Clerkship faculty (clinical setting)
- Resident/intern
- Nurses
- Students

2015-17 vs. 2018
AAMC GQ and Y2Q Items – Mistreatment Types

- Subjected to offensive sexist remarks/names
- Been publicly humiliated
- Received lower evaluations or grades because of gender

GQ-2018 UWSOM
Y2Q-2016 UWSOM
Y2Q-2017 UWSOM
Potential Risk Areas: GQ vs. Y2Q

- Been Physically Harmed
- Been Required to Perform Personal Services
- Denied Opportunities Because of Gender
- Denied Opportunities Because of Race/Ethnicity
- Subjected to Racially/Ethnicity Offensive Remarks/Names

GQ-2018: 15.2
Y2Q-2016: 8.1
Y2Q-2017: 8.3
Highest Percentage LGBT Residents among Largest U.S. Metro Areas
Percent of Population Who Identify as Lesbian, Gay or Bisexual

<table>
<thead>
<tr>
<th>Survey/Study</th>
<th>United States</th>
<th>International</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Epidemiological Survey on Alcohol and Related Conditions, 2004-2005</td>
<td>1.7%</td>
<td>0.7%</td>
</tr>
<tr>
<td>National Survey of Family Growth, 2006-2008 (Age 18-44)</td>
<td>2.3%</td>
<td>1.4%</td>
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<tr>
<td>General Social Survey, 2008</td>
<td>1.1%</td>
<td>1.7%</td>
</tr>
<tr>
<td>California Health Interview Survey, 2009</td>
<td>1.4%</td>
<td>1.8%</td>
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<tr>
<td>National Survey of Sexual Health and Behavior, 2009</td>
<td>2.9%</td>
<td>2.5%</td>
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<tr>
<td>Canadian Community Health Survey, 2005 (Age 18-59)</td>
<td>3.2%</td>
<td>3.1%</td>
</tr>
<tr>
<td>Australian Longitudinal Study of Health and Relationships, 2005</td>
<td>1.9%</td>
<td>1.5%</td>
</tr>
<tr>
<td>UK Integrated Household Survey, 2009-2010</td>
<td>2.1%</td>
<td>1.0%</td>
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<tr>
<td>Norwegian Living Conditions Survey, 2010</td>
<td>1.2%</td>
<td>0.7%</td>
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</tbody>
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Gay/Lesbian | Bisexual
Percent Identifying as LGBT by Generation

- Generation X (1965-1979): 3.2%
- Baby Boomers (1946-1964): 2.4%
- Traditionalists (1913-1945): 1.4%

Source: Williams Institute, LGBT Data and Demographics
Demographic Characteristics of Adults 18-64

<table>
<thead>
<tr>
<th>Category</th>
<th>LGBT</th>
<th>Non-LGBT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Racial/Ethnic Minority</td>
<td>40%</td>
<td>33%</td>
</tr>
<tr>
<td>Income &lt;$24,000</td>
<td>32%</td>
<td>24%</td>
</tr>
</tbody>
</table>

Source: Williams Institute, LBGT Data and Demographics
Health Status: Adults 18-64

Source: NHIS, 2015
Access to Care, Adults 18-64

- Bisexual
- Gay or Lesbian
- Heterosexual

<table>
<thead>
<tr>
<th>Category</th>
<th>Bisexual</th>
<th>Gay or Lesbian</th>
<th>Heterosexual</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Usual Source of Care</td>
<td>23.8%</td>
<td>13.6%</td>
<td>17.3%</td>
</tr>
<tr>
<td>Forgone Care Due to Cost in Past Year</td>
<td>15.5%</td>
<td>7.1%</td>
<td>6.7%</td>
</tr>
<tr>
<td>Currently Uninsured</td>
<td>15.5%</td>
<td>10.2%</td>
<td>12.8%</td>
</tr>
</tbody>
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Source: NHIS, 2015
Appreciation

Janice Sabin, PhD
Associate Professor

Nora Coronado, MSW
Program Manager, CEDI