

**Possible themes for these recommendations:  
better utilizing/harnessing/synthesizing what  
we are already doing**

# Recommendation 1: Expand Online SGBM Training and Prevention Education for Employees

## Background and Needs

Through the Prevention, Education, and Response Office (PEAR), the University currently offers in person training to employees and students on topics related to sexual and gender-based misconduct. While PEAR has focused and will continue to focus on in-person training, given the large number of employees on the three academic campuses and Michigan Medicine, the CCRT believes that online training is the best way to reach the University's 56,000 employees. The University's current online training for employees has a narrow reach, is inadequate in scope, and is outdated. Currently, PEAR does not have the capacity to continue to develop new online resources and ensure they remain up to date. The CCRT therefore recommends that U-M hire a PEAR online specialist to pursue and develop this promising mode of providing SGBM prevention education.

The current landscape of online prevention training at U-M includes several components geared toward new employees. Currently, all new employees at U-M are required to complete a 15-minute online module titled *Cultivating a Culture of Respect: Sexual Harassment and Misconduct Awareness*. This module, developed by Organizational Learning in 2019, was originally mandated for all employees but has not been updated since its launch. Many of the resources listed are now outdated or incorrect (e.g., the module still references the former Office of Institutional Equity). Of particular concern, existing employees have not been required to complete any refresher training in the past five years, leaving significant gaps in knowledge and compliance.

The University currently also holds a contract with Vector Solutions at a cost of \$98,000 per year to provide *Our Community Matters* courses for students, covering topics related to sexual misconduct, alcohol and other drugs, and mental health and well-being. Included in this contract is an employee online training module that has not been implemented on the Ann Arbor and Flint campuses. Dearborn has been using it for new U-M employee orientation and currently pays \$8,276.05 annually for its participation.<sup>1</sup> Removing the employee online training from U-M's Vector contract (contract expires in summer 2026) will lower the University's cost across all campuses, providing resources for the new PEAR online specialist to develop and implement a tailored in-house training for our U-M employees for all campuses.

Investing in a dedicated online training specialist will enhance sustainability and cost efficiency by reducing the reliance on in-person sessions, printed materials, and repeated manual facilitation. Traditional training methods often require significant resources, including staff time for live instruction, travel expenses, and printed handouts that quickly become outdated. By shifting some of the training to digital modules, the university can minimize these costs while

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<sup>1</sup> This amount is for the employee portion only; UM Dearborn pays an additional amount for the student course.

ensuring training remains accessible and up to date, and employees will be able to complete training at their convenience, reducing disruptions to their work schedules.

This long-term investment in e-learning not only saves money but also supports the university's commitment to sustainability, efficiency, and innovation in employee development. This position also supports vision 2024, specifically the focuses of health and wellbeing. A robust e-learning strategy will:

- Provide a scalable, engaging, and evidence-based education that meets the diverse needs of faculty and staff.
- Enhance institutional compliance with federal and state regulations.
- Demonstrate U-M's proactive stance on sexual misconduct prevention.
- Strengthen campus-wide efforts to create a safer and more inclusive environment.

Michigan State University's Prevention, Outreach, and Education (POE) Department has set an inspiring example by employing an online specialist for the past eight years. This dedicated professional oversees the implementation of mandatory online training for students and staff through the Vector platform. Following their lead, we recognize the value and necessity of having a similar role to strengthen our own prevention and education efforts.

By enhancing online training, the University can expand the reach and effectiveness of prevention education in a cost-effective manner by developing accessible, self-paced modules; ensuring all employees, regardless of location or work schedule, receive consistent, high-quality training; and removing logistical barriers such as scheduling conflicts, travel constraints, and limited session availability. This will ensure that critical topics—such as compliance, professional development, and institutional policies—are effectively communicated to a larger audience. By investing in this role, the university can significantly enhance its training reach while maintaining efficiency, inclusivity, and engagement across its workforce.

## **Recommendation:**

The CCRT recommends the creation of a dedicated staff member within PEAR to oversee online Sexual and Gender-Based Misconduct (SGBM) training and prevention education for university employees. This role is essential to ensure compliance with federal and state law requirements, align with best practices, and provide comprehensive support to staff and faculty across U-M Ann Arbor, U-M Flint, U-M Dearborn, and Michigan Medicine. Additionally, this position would work closely with a similar role in Wolverine Wellness, which manages the online training for students.

## **Key Responsibilities of the Online PEAR Specialist:**

Mirroring the role of Wolverine Wellness in student training, the PEAR online specialist will oversee the development, implementation, and maintenance of employee-focused online training programs. Specific responsibilities include:

- **Updating the Onboarding Module:** Regularly revise the *Cultivating a Culture of Respect* module to reflect current policies, resources, and institutional priorities.
- **Developing Engaging and Interactive Content:** Ensure online training is interactive and aligned with adult learning principles (continue overseeing the 10 mins SGBM online video created by PEAR)
- **Ensuring Compliance and Accessibility:** Maintain adherence to university and legal requirements while integrating accessibility features (e.g., closed captions, screen reader compatibility, multilingual options).
- **Managing Technical Support and User Experience:** Troubleshoot issues, monitor user engagement, and improve the training experience.
- **Tracking Analytics and Reporting:** Provide data-driven insights on completion rates and user feedback to inform improvements.
- **Expanding Online Training Offerings:** Develop additional modules beyond onboarding to reinforce key topics and promote ongoing learning (e.g. bystander intervention and responding compassionately to disclosures).
- **Collaborating with Key Stakeholders:** Work closely with ECRT, PEAR, SAPAC, HR, OL and department leaders to ensure training meets the diverse needs of U-M employees on all campuses and Michigan Medicine..
- **Staying Current with Best Practices:** Continuously research e-learning trends and instructional design strategies to enhance training effectiveness.

### **Cost Assessment for the New FTE**

The estimated cost for hiring a dedicated PEAR online specialist includes the following components:

- Salary: \$80,000–\$90,000 annually (based on market rates and university salary bands)
- Benefits & Taxes: \$21,000–\$25,500 (approximately 30% of salary)
- Training & Professional Development: \$3,000 annually
- Software & Licensing Fees: \$8,000 annually (for e-learning tools, content management, and accessibility compliance)
- Miscellaneous cost: \$2,000
- **Total Estimated Annual Cost: \$114,000–\$128,000**

## **Recommendation 2: Expanding infrastructures, spaces, and resources for FYRST programming on the Ann Arbor campus.**

### **Background**

The First-Year Relationship and Sexuality Talk (FYRST) program is a required, in-person, peer-sexual assault prevention workshop run by SAPAC for first-year and transfer students at the U-M Ann Arbor campus. In FYRST, students build skills and develop tools to identify individual goals and values; learn about consent and healthy relationships; practice bystander intervention skills; and understand resources available on campus. Importantly, FYRST fulfills the Ann Arbor campus' state-mandated sexual assault prevention training for first-year and transfer students.

To meet this requirement, SAPAC offers 200+ FYRST workshops throughout the fall semester at multiple locations and times every week. However, securing space has become an increasingly difficult and costly process. Currently, SAPAC must coordinate with Union reservation staff to locate available rooms, a logistical challenge that consumes both SAPAC and Union reservation staff time and resources.

In order to live into U-M Vision 2034 aspirations related to life-changing education, we must provide state-of-the-art learning spaces for sexual misconduct prevention education. By proactively addressing these space limitations, the university can strengthen its commitment to student safety, compliance with state mandates, and the overall effectiveness of prevention education efforts.

To ensure the sustainability and accessibility of FYRST, CCRT recommends securing dedicated, university-supported space, exploring multi-use campus locations, and advocating for increased funding to offset facility costs. Addressing these space limitations will enhance program effectiveness, support compliance with state mandates, and reinforce U-M's commitment to student safety and prevention education.

### **Needs**

SAPAC is allocated **\$179,340 annually** to meet this state mandate for all first-year sexual assault prevention programming, covering both salary and programming expenses. However, the rising costs of room bookings have become a significant strain on the program's budget.

- In **2024-2025**, SAPAC spent **\$18,000** on room reservations.
- Due to an increase in incoming students, this cost is projected to **rise to \$22,500** for the upcoming academic year.

- This represents **67-75% of SAPAC's non-salary budget**, limiting the program's ability to enhance or expand services.
- The original budget was based on 2019 enrollment numbers (8,282 first-year and transfer students). In 2024, there were 10,272 first-year and transfer students, an increase of 1,990 students. As such, we must increase the funding for the program in order to effectively reach this population, as required by the state.

Without dedicated and sustainable space, SAPAC faces ongoing logistical and financial challenges that could impact its ability to meet state training requirements while maintaining the quality and accessibility of the FYRST program. Expanding dedicated spaces for the FYRST program is essential to ensuring its sustainability, effectiveness, and accessibility for incoming students. Without a long-term solution, rising facility costs and logistical barriers will continue to strain SAPAC's ability to meet state requirements and provide high-quality prevention education. By securing university-supported space, U-M can reinforce its commitment to student safety and well-being while strengthening the impact of peer-led conversations on healthy relationships and consent.

### **Recommendation**

To ensure the long-term success of FYRST, **SAPAC requires dedicated, university-supported space** for ongoing programming. A strategic solution would be:

1. **Establishing a partnership** with university leadership to secure permanent, no-cost or reduced-cost space for FYRST workshops within UM-owned buildings.
2. **Exploring multi-use space options**, such as reserving classrooms or wellness spaces specifically designated for prevention education.
3. **Advocating for increased budget allocation** to offset rising facility costs or securing long-term funding for a dedicated prevention education space.
4. **Conducting a needs assessment** to evaluate potential locations and their feasibility for scaling the program as student enrollment continues to grow.

## **Recommendation 3: Expand Peer Educator Programs at UM-Flint and UM-Dearborn to Increase Student Engagement and Access to Prevention Education**

### **Background and Needs**

The University of Michigan provides various peer-led prevention initiatives related to gender-based violence, but the scope and reach vary across its three campuses.

- **U-M Ann Arbor** offers comprehensive prevention services for all students through the Sexual Assault Prevention and Awareness Center (SAPAC). SAPAC is composed of 5 full time prevention staff and 50 paid peer educators; SAPAC has well-developed peer education programs with structured training and leadership opportunities for students in prevention efforts.
- **U-M Flint** Center for Gender and Sexuality (CGS) employs student staff to lead workshops and certificate programs. While peer education programs and workshops exist, they would benefit from increased support, visibility, and resources to expand their impact.
- **U-M Dearborn** has peer education through CAPS, but not on the topic of sexual violence. ECRT and the Office for Student Life offer sexual and gender violence prevention programming but without peer education and in a more limited capacity and with fewer resources than those offered on the Ann Arbor campus.

According to the NASPA National Peer Education Survey (2022-2023), campuses with well-supported peer education programs report increased student engagement in prevention efforts, improved awareness of campus resources, and greater confidence in bystander intervention. In addition, research from peer-led programs, such as SAPAC, indicates that students are more likely to retain and act on prevention information when learning from peers.

The ARC3 Campus Climate Survey results highlight gaps in current prevention and advocacy services. The survey found that:

- 54% of U-M Ann Arbor students, 41% of U-M Flint students, and 48% of U-M Dearborn students reported experiencing at least one form of sexual or gender-based misconduct since the beginning of the academic year.
- 38% of Ann Arbor undergraduates, 23% of Dearborn undergraduates, and 21% of Flint undergraduates reported experiencing sexual or gender-based harassment by a faculty or staff member.
- Only 9% of U-M Ann Arbor students and 14% of U-M Dearborn students who experienced sexual violence reported it to anyone at the university.

While peer education programs exist at Flint and Dearborn, they lack the same level of institutional support, funding, and visibility needed to reach more students. Many students lack access to prevention programming, which limits opportunities for education, intervention, and support. In addition, data from the ARC3 Campus Climate Survey indicated that 63% of students who experienced sexual violence reported the incident to their friend or roommate. It was highlighted that many students do not know where to seek support, reinforcing the need for expanded outreach and awareness initiatives through peer educators. Peer educators play an influential role in teaching their peers how to respond to disclosures and where to get professional support.

Expanding peer educator programs at UM-Flint and UM-Dearborn is a crucial step toward ensuring equitable access to prevention education, increasing student engagement, and addressing the gaps identified in campus climate surveys. By investing in structured peer-led initiatives, these campuses can enhance awareness, intervention, and support systems, ultimately fostering a safer and more informed student community. With a modest yet impactful investment, the university has the opportunity to strengthen its commitment to gender-based violence prevention and create lasting cultural change across all campuses.

### **Cost Assessment Per Year (2025-2031)**

#### **The estimated cost for Peer Educator Programs at Flint campus:**

- Salary: \$15/hour x 10 hour/week x 5 peer educators x 30 weeks = \$22,500
- Training & Professional Development: \$2,500 annually
- Miscellaneous cost: \$2,000
- Total Estimated Annual Cost: \$27,000

#### **The estimated cost for Peer Educator Programs at Dearborn campus:**

- Salary: \$15/hour x 10 hour/week x 5 peer educators x 30 weeks = \$22,500
- Training & Professional Development: \$2,500 annually
- Miscellaneous cost: \$2,000
- Total Estimated Annual Cost: \$27,000

**Total Estimated Annual Cost for Flint and Dearborn for six years: \$324,000.**

# **Recommendation 4: Establish a Part-Time Confidential Advocate at U-M Dearborn to Provide On-Campus Survivor Support, Aligning with the Center for Survivor’s Proposal and Improving Access to Trauma-Informed Advocacy**

## **(Temporary Funding Proposal - 1 FTE)**

### **Background and Needs**

The University of Michigan provides various advocacy and response services for students experiencing gender-based violence, but U-M Dearborn is the one campus without any dedicated advocacy services.

- **U-M Ann Arbor** offers comprehensive advocacy services through the Sexual Assault Prevention and Awareness Center (SAPAC) and mental health services through the Counseling and Psychological Services (CAPS). SAPAC advocacy team is composed of 4 full time advocates, including the Associate Director and 3-10 graduate student interns and staff. CAPS offers trauma-informed services for survivors of sexual violence and partners with SAPAC to offer holistic mental health support.
- **U-M Flint** has a full-time confidential advocate through the Center for Gender and Sexuality (CGS) and has additional advocacy hours through a partnership with the YWCA Greater Flint. The University of Michigan Flint Counseling and Psychological Services(CAPS) provides clinical counseling support for students utilizing a short term service delivery model.
- **U-M Dearborn** currently does not have a confidential advocate on campus, requiring students to seek external services for advocacy and support. UM-Dearborn’s CAPS provides culturally competent, high quality, and confidential mental health services, prevention and educational programming, campus wide consultation, crisis response, and outreach. CAPS provides after hours phone services to students in need.

While 48% of Dearborn students reported experiencing at least one form of sexual or gender-based misconduct since the beginning of the school year, there is no confidential advocate at UM-Dearborn. The absence of a confidential advocate at U-M Dearborn leaves survivors without critical, on-campus support, forcing them to navigate complex external systems alone or travel to Ann Arbor for university-based services. This lack of accessible advocacy creates significant barriers, particularly for students who may face financial, transportation, or emotional obstacles in seeking off-campus resources. Without a dedicated advocate, survivors are less likely to receive timely support, which can impact their academic success, well-being, and overall sense of safety on campus. Establishing this role at U-M Dearborn is essential to ensuring equitable access to survivor-centered, trauma-informed support across all university campuses.

### **Recommendation**

**Establish a Temporary, Part-Time Confidential Advocate at U-M Dearborn:** The Center for Survivors task force has recommended that U-M Flint and Dearborn be part of its scope of service. They asked for a SAPAC advocate to be working with students from these campuses. It seems likely that the Center for Survivors, if approved, would be 3-4 years in development. To fill an existing need, we recommend temporary funding for a dedicated Confidential Advocate position housed within a student support office, such as the Division of Student Affairs. This temporary funding would end when the Center for Survivors opens.

Considering the number of students at Dearborn (approx. 8,100, including graduate students), the CCRT believes that a part-time advocate position would be sufficient to provide assistance, advocacy, and support to students. The advocate would provide confidential, trauma-informed support, including crisis intervention, assistance with ECRT processes, and connections to legal, medical, and counseling resources.

### **Cost Assessment Per Year (2025-2031)**

The estimated cost for a Part-Time Confidential Advocate at U-M Dearborn:

- Salary: \$35,000 - \$45,000 per year (based on market rates and university salary bands)
- Benefits & Taxes: \$10,500–\$13,500 (approximately 30% of salary)
- Training & Professional Development: \$2,500 annually
- Miscellaneous cost: \$2,000 annually
- **Total Estimated Annual Cost: \$50,000-63,000.**

## **Recommendation 5: Advance Innovation and Synergy between programs and offices**

- 1. Expand PEAR Specialist to Directly Support 2SLGBTQIA+ and Non-Binary Employees on all Three Campuses**
- 2. Hire a SAPAC Specialist to Provide Prevention Education, Access, and Support for 2SLGBTQIA+ and Non-Binary Students on all Three Campuses**
- 3. Hire a Spectrum Programming to Flint and Dearborn by creating a position for a Program Manager for Education, Outreach, and Belonging**

These initiatives will bolster prevention efforts, strengthen campus-community partnerships, and improve student access to advocacy and education services while respecting the unique needs and capacities of each campus.

### **1- Proposal to Expand PEAR Specialists to Directly Support 2SLGBTQIA+ and Non-Binary Employees.**

#### **(2025-2031 Funding Proposal - 1 FTE)**

We recommend the creation of a dedicated staff member within PEAR to oversee prevention education and support to 2SLGBTQIA+ and non-binary employees, their supervisors, and teams across the three University of Michigan campuses and Michigan Medicine. In the ARC3 Climate Survey, trans and non-binary employees reported significantly higher rates of experiencing sexual misconduct than women and men.<sup>2</sup> This role is critical in addressing the unique challenges faced by these employees, fostering an inclusive workplace, and ensuring compliance with federal and state regulations.

### **The Current Landscape of Prevention Training for 2SLGBTQIA+ Employees at the University of Michigan**

- *Spectrum Center's legacy:*

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<sup>2</sup> See [U-M Ann Arbor Employee Key Findings Report](#), p. 18. For example, 89 percent of trans and non-binary employees reported sexual and gender-based harassment, compared to 56% of women and 37% of men. Trans and non-binary employees reported rates of stalking, intimate partner violence and sexual violence at double the rate of women employees.

Founded in 1971, Spectrum Center is the first campus-based gender and sexuality resource center. 54 years later, Spectrum Center continues to serve people of all genders and sexualities within the U-M community and beyond through education, advocacy, community building, and research. The center has continued to serve as a model for the over 300 gender and sexuality resource centers across the United States and has received many awards and accolades for excellence.

As an institution, the University of Michigan Ann Arbor has continually set the standard for other colleges and universities through policy advances, including the 1993 decision to add sexual orientation to our nondiscrimination policy, the launch of gender inclusive housing in 2013, and the addition of lived names and pronouns to class rosters in 1996. In order to continue our legacy as a national leader in 2SLGBTQIA+ equity, inclusion, justice, and belonging, we must continue to innovate in service of our communities.

- *Spectrum Center's work with the UM community:*

Spectrum Center staff serve as content experts on 2SLGBTQIA+ identities and communities for the university community. Spectrum Center leadership provides capacity building consultations for teams, departments, and units who are dedicated to creating a more welcoming campus for all. Last year, Spectrum's director provided 96 hours of consultation for U-M faculty and staff and they co-chair the Queer and Trans Task Force. Another hallmark of Spectrum Center's work is the educational engagement portfolio. In 2023-2024, we delivered 25 workshops for over 794 people. These workshops focus on 2SLGBTQIA+ inclusion, advocacy, allyship, and capacity building. Our online web course on 2SLGBTQIA+ vocabulary and core concepts engaged 704 participants. In both of these areas of work, the demand for our services far outpaces the capacity of our staff. Although Spectrum Center serves the University community, the center is located in Student Life. Spectrum provides programs for faculty and staff, but they are all in service of supporting students, and programs and services specifically designed for 2SLGBTQIA+ faculty and staff are lacking. The LSA LGBTQ+ Task Force convened by Dean Curzan found that support for 2SLGBTQIA+ faculty and staff was sorely lacking.

- *PEAR's scope of work:*

The Prevention, Education, Assistance & Resources (PEAR) unit provides sexual and gender-based misconduct prevention education for U-M employees, including faculty, staff, and graduate student employees. The team also offers consultations with faculty and staff leaders and assist units as they holistically respond to sexual misconduct in their communities. PEAR is dedicated to supporting and empowering all campus employees through evidence-based, innovative, and effective training and professional development, using a public health model approach and offering a set of services based on the specific needs of our communities. In the last three years, PEAR offered 233 workshops for a total of 7,467 staff, faculty, and student employees.

Over the past three years, **data and campus feedback have highlighted significant gaps in support for LGBTQIA+ individuals within the University of Michigan's prevention education and assistance efforts.** While the PEAR office has provided broad prevention training, there remains

a critical need for an additional dedicated position that integrates policy education with tailored outreach and programming for LGBTQIA+ communities.

According to the ARC3 climate survey:

- 57% of 2SLGBTQIA+ community stated that since coming to campus, they have received written or verbal information on how to prevent sexual and gender-based harassment;
- 61% stated that they know how to report an incident if sexual and gender-based misconduct; and
- 59.5% know where to go to get help if someone they know experiences sexual and gender-based misconduct (sample size was 1,390 2SLGBTQIA+ students and employees).

This role will not only address these disparities but also foster greater synergy between offices, ensuring a coordinated, inclusive, and intersectional approach to prevention and support. By establishing this position, the university demonstrates its commitment to equity, safety, and the well-being of all students, faculty, and staff.

## **The Need for Dedicated 2SLGBTQIA+ Prevention Education and Employee Support**

### **Key Data from the U-M Ann Arbor Employee Climate Survey**

Recent findings from the 2024 ARC3 *Climate Survey Related to Sex and Gender* underscore the urgent need for a dedicated 2SLGBTQIA+ Prevention Education Specialist:

- **Higher Rates of Harassment:**
  - 89% of non-binary or transgender faculty reported experiencing sexual or gender-based harassment since the beginning of the academic year, compared to 56% of cisgender women and 37% of cisgender men.
  - 56% of non-binary or transgender staff reported experiencing harassment, significantly higher than the 37% of cisgender women and 27% of cisgender men who reported similar experiences.
- **Increased Vulnerability to Sexual Violence and Stalking:**
  - 6% of non-binary and transgender faculty and staff reported experiencing sexual violence since the beginning of the academic year, compared to 2–4% of their cisgender colleagues.
  - 28% of non-binary and transgender faculty and 16% of non-binary and transgender staff experienced stalking, significantly higher than other gender groups.
- **Lower Sense of Safety on Campus:**

- Only 40% of non-binary or transgender faculty and 53% of non-binary or transgender staff reported feeling safe from sexual and gender-based harassment, compared to over 70% of their cisgender colleagues.
- 56% of non-binary or transgender faculty and 62% of non-binary or transgender staff reported feeling safe from sexual violence, compared to 77–94% of their cisgender colleagues.

**These findings indicate that non-binary and transgender employees at U-M experience disproportionately high levels of sexual misconduct, harassment, and violence, contributing to an unsafe and inequitable work environment.** Addressing these disparities require a dedicated specialist to implement targeted prevention education, awareness initiatives, and support strategies.

## **Rationale for a Dedicated 2SLGBTQIA+ Prevention Education Specialist**

### **1. Increasing support for 2SLGBTQIA+ employees and their units**

The specialist would enhance prevention efforts across all three U-M campuses and Michigan Medicine. Through consultations, the specialist would ensure that 2SLGBTQIA+ employees understand their rights, reporting avenues, and available resources, including access to confidential support resources, both on and off campus. They will also provide specialized guidance to department leaders on fostering 2SLGBTQIA+ inclusivity within their teams.

The specialist would increase a sense of belonging across U-M employees by developing and facilitating peer support programs and affinity groups focused on gender and sexuality across the three campuses and Michigan Medicine. They would also create web-based resources to assist employees in navigating campus.

### **2. Improving compliance and policy implementation**

The specialist would assist in updating institutional policies to reflect best practices in preventing and addressing harassment and discrimination against 2SLGBTQIA+ employees. They would work closely with Spectrum Center, Human Resources, PEAR, SAPAC, and ECRT to align prevention efforts with university policies and legal requirements.

### **3. Expansion of in demand programs and services across U-M Ann Arbor, Flint, Dearborn Campuses, and Michigan Medicine**

The specialist will significantly expand the reach and impact of prevention education and assistance across the University of Michigan’s Ann Arbor, Flint, Dearborn campuses, and Michigan Medicine. This role will address the growing demand for tailored programs and services, ensuring that LGBTQIA+ faculty, staff, and student employees across all

campuses receive consistent and equitable assistance. As of now, Dearborn and Flint offer services and assistance to LGBTQIA+ students.

#### **4. Alignment with institutional goals and values**

With the signing of the Okanagan Charter, the University of Michigan committed to being a health promoting campus. 2SLGBTQIA+ communities are at increased risk of suicidality, anxiety, depression, and self-harm. We are also more likely to experience interpersonal violence, including dating violence, partner abuse, and sexual violence. The promise of the Okanagan Charter must extend to our communities. Okanagan Charter calls on institutions to go beyond individual approach to consider social and environmental factors in health. Marginalized students exist in a climate which is relentlessly oppressive and a constant drain on wellbeing. This position achieves the two Calls to Action in the Charter: embedding health into all aspects of campus culture and leading health promotion action. This position will allow us to enhance student well-being, increase a sense of belonging, and allow students to thrive. Creating supportive environments is a critical part of the framework of the charter.

This position aligns with the University's values, especially innovation, diversity, inclusion, and equity. It also supports vision 2024, specifically the focuses of health and wellbeing and diversity, equity, and inclusion. Spectrum Center is located within Student Life, and this position supports Student Life Core Work (Health and Well-being Care and Education) and Core Values (Compassion, Diversity, Equity, and Inclusion, and Partnership), as well as our Strategic Priorities (Health and Well-being and Diversity, Equity, and Inclusion). Finally, this request is aligned with the DEI 2.0 Plan, and will be instrumental in supporting the "Enhancing the Experiences of 2SLGBTQIA+ Communities" Campus-Wide Action Item.

#### **5. Strengthening data-informed decision making**

The specialist will monitor and analyze institutional data related to 2SLGBTQIA+ employee experiences to inform ongoing prevention strategies. They will regularly assess the effectiveness of training programs and recommend adjustments as needed.

### **Key Responsibilities of the 2SLGBTQIA+ Prevention Education Specialist**

The specialist will lead efforts in consultation, training, and resource coordination to create a thriving work environment. The specialist will report to the PEAR Director, with a dotted line to the Spectrum Center (55%/45%). Specific responsibilities include:

- **Support the facilitation of Spectrum Center's 2SLGBTQIA+ workshops:** The specialist will support and enhance the current educational engagement portfolio housed within Spectrum Center focused on advocacy, allyship, and capacity building for 2SLGBTQIA+

equity, inclusion, and belonging. This includes current and newly developed curriculum development, workshop facilitation, and assessment.

- **Partner in the design of workshops and educational programming for employees on 2SLGBTQIA+ violence prevention in partnership with Spectrum Center, PEAR, SAPAC, and ECRT:** In collaboration with campus partners, the specialist will develop evidence-based workshops for employees on 2SLGBTQIA+ inclusion, gender diversity, and harassment prevention.
- **Consult and advise supervisors, department chairs and other University leaders on issues related to 2SLGBTQIA+ concerns:** The specialist will offer consultations with faculty and staff leaders and assist units as they foster inclusive working and learning environments.
- **Provide Individual and Departmental Support:** The specialist will support the capacity building consultation portfolio of Spectrum Center and offer consultations and coaching for individuals and units working toward more inclusive workplaces for people of all genders and sexualities. They will serve on the Spectrum Center Advocacy Team.
- **Support the development of micro-learning offerings designed for faculty and staff across the three campuses:** Research demonstrates that employees are seeking shorter, more accessible professional development opportunities. Spectrum Center has begun a micro-learning project to support the life-long learning of our community members. The specialist will develop micro-learning opportunities for employees to advance inclusion and reduce harassment and violence.
- **Coordinate employee peer support programs and affinity groups:** The specialist will create engagement opportunities for faculty and staff to find support and community with the overall goal of fostering an inclusive work culture.
- **Develop, Update and Maintain Resources:** The specialist will collaborate closely with the Title IX Coordinators at Ann Arbor, Flint, and Dearborn to ensure that all training materials reflect current university policies and the latest research on 2SLGBTQIA+ workplace inclusion.
- **Collaborating with University Stakeholders:** Partner with Spectrum Center, PEAR, SAPAC, ECRT, and HR to coordinate prevention initiatives.
- **Tracking Program Effectiveness:** Collect and analyze data on training participation, impact, and areas for improvement.
- **Serve on the leadership team of the Queer and Trans Task Force:** The program manager would serve on the leadership team of the QT Task Force, a part of the DEI 2.0 plan.

The success of this position will be measured through increased participation in LGBTQIA+-focused prevention programs, improved campus climate survey results, and a rise in reported awareness of available resources among LGBTQIA+ faculty, staff, and student employees. Additionally, we anticipate a measurable increase in collaborations across offices on UM's Ann

Arbor, Flint, Dearborn, and Michigan Medicine campuses, ensuring consistency and accessibility of support services. Policy impact will be assessed through the development and implementation of inclusive policies, as well as feedback from key stakeholders on the effectiveness of prevention training. Over time, these efforts will contribute to a demonstrable reduction in incidents of discrimination, harassment, and violence affecting LGBTQIA+ individuals within the university community.

### **Cost Assessment for the New FTE**

The estimated cost for hiring a dedicated LGBTQIA+ Prevention Education Specialist includes the following components:

- Salary: \$80,000–\$90,000 annually (based on market rates and university salary bands)
- Benefits & Taxes: \$21,000–\$25,500 (approximately 30% of salary)
- Training & Professional Development: \$3,000 annually
- Software & Licensing Fees: \$8,000 annually (for e-learning tools, content management, and accessibility compliance)
- Miscellaneous cost: \$2,000
- **Total Estimated Annual Cost: \$114,000–\$128,000**

This investment will support the university’s commitment to equity, inclusion, and the safety of its LGBTQIA+ employees while also ensuring compliance with institutional and legal obligations.

### **Conclusion**

Hiring a dedicated 2SLGBTQIA+ Prevention Education Specialist is a necessary and strategic investment for the University of Michigan. This role will directly address the heightened risks and unique challenges faced by 2SLGBTQIA+ and non-binary employees by implementing comprehensive, data-driven prevention education initiatives.

The need for this position is urgent, as the current staff does not have the capacity to adequately support LGBTQIA+ employees across UM’s campuses and Michigan Medicine. With increasing demand for inclusive prevention education across all UM campuses and a national rise in anti-LGBTQIA+ discrimination, now is the critical moment to take proactive steps in strengthening institutional support. Delaying this initiative risks further marginalization of LGBTQIA+ students, faculty, and staff, undermining the university’s commitment to equity, safety, and inclusion.

By investing in this position, U-M will advance its commitment to fostering an inclusive, respectful, and safe work environment for all employees, ultimately strengthening the university’s culture of equity and belonging.

## **2- SAPAC Program Manager for Prevention Education: Student Access & Support**

### **(2025-2031 Funding Proposal - 1 FTE)**

We recommend the creation of a dedicated staff member within SAPAC to oversee prevention education, access and support for 2SLGBTQIA+ students. This role is critical in fostering preventative spaces that are inclusive and culturally informed, addressing the unique needs of our most vulnerable students and ensuring that SAPAC is responding to the data collected from our recent campus climate survey.

#### **The Current Landscape of Prevention Training for 2SLGBTQIA+ at the University of Michigan:**

The Sexual Assault Prevention and Awareness Center (SAPAC) offers prevention education for students, confidential support for survivors (students, faculty, and staff), and collaborates with other offices to offer trainings, programs, and innovative community engagement strategies to collectively create a campus free from violence. While SAPAC strives for all prevention education programming to be inclusive and culturally informed there is not a current position on the prevention team that focuses solely on this effort. Given the results of the campus climate survey and our current socio-political landscape, a position such as this is necessary for the support, safety and success of our growing student body.

SPECTRUM Center is a campus resource center dedicated to serving and supporting the University of Michigan community, with a focus on gender and sexuality. Founded in 1971, the center offers education, advocacy, and support to all students, faculty, and staff at the University of Michigan. Spectrum Center provides workshops and educational engagements for faculty, staff, students, alumna, and community members to support a campus culture where people of all genders and sexualities belong. Spectrum Center staff serve as content experts on 2SLGBTQIA+ identities and communities for the university community.

SAPAC and SPECTRUM Center will work closely to ensure this position aligns with the goals, mission and vision of not only our own units but the vision of The University of Michigan in its entirety.

#### **The Need for Dedicated 2SLGBTQIA+ Prevention Education**

##### **Key Data from the U-M Ann Arbor Student Climate Survey**

Recent findings from the 2024 ARC3 *Climate Survey Related to Sex and Gender* underscore the urgent need for a dedicated program manager. This data reflects student experiences from the 2023-2024 academic year:

- **Higher Rates of Harassment:**
  - 78% of transgender students and 59% of non-binary students reported experiencing sexual or gender-based harassment from other peers on campus
  - 68% of transgender students and 48% of non-binary students reported experiencing sexual harassment from employees on campus
- **Increased Vulnerability to Sexual Violence and Stalking:**
  - 20% of transgender or non-binary graduate students have experienced sexual violence this academic year compared to 10% of women and 5% of men.
  - 19% of transgender or non-binary undergraduate students have experienced sexual violence this academic year.
  - 39% of transgender undergraduate students and 25% of graduate students have experienced stalking this academic year.
- **Lower Sense of Safety on Campus:**
  - Only 45% of non-binary or transgender students reported feeling safe from sexual and gender-based harassment, compared to over 70% of their cisgender peers.
  - 50% of non-binary or transgender students reported feeling safe from sexual violence, compared to over 60% of their peers.

These findings indicate that non-binary and transgender students at U-M experience disproportionately high levels of sexual misconduct, harassment, and violence, contributing to an unsafe and inequitable campus environment. Addressing these disparities requires a dedicated program manager to assess current prevention education efforts, develop culturally responsive education for students and ensure that 2SLGBTQIA+ students have access to programming that will support their overall well-being and success as a student.

### **Rationale for a Dedicated Program Manager for Prevention Education: Student Access and Support**

As stated in Vision 2034, health and well-being is a fundamental human right. A significant part of an individual's well-being and experience on campus is in “creating dynamic and inclusive learning environments”, which is also a priority within our collective vision. In advocating for preventative health, creating dynamic and inclusive learning environments, and closing the health equity gap, it is imperative that we focus on access and support for our most vulnerable students. Our most recent campus climate survey related to sex and gender shows that 2SLGBTQIA+, Trans and Non-binary students are at much greater risk for sexual violence and harassment on our campus, with many students holding intersecting identities (BIPOC, Disability, etc.). Research shows that survivors of sexual violence and harassment are at greater risk of academic hardships and struggles. Research also shows that access to support and inclusive services is a direct protective factor for academic success, a sense of belonging and resilience.

Sexual misconduct continues to be one of the most complex public health, human rights issues that institutions face. It requires a comprehensive approach. When community members experience sexual misconduct, multiple dimensions of health and well-being are impacted. Trauma can hinder a student's right and ability to access life-changing education, sometimes leading survivors to leave the University. Vision 2034 also states that "University of Michigan views equal access to education as a key steppingstone to active citizenship, societal contribution, and personal fulfillment". The more we bolster our support services and prevention education efforts, the more likely we will be to increase student access to education and strengthen their ability to become catalysts for positive change.

### **1. Enhancing inclusive, culturally informed, and supportive learning environments for all students**

- Assess current prevention education efforts in SAPAC, Spectrum Center, and across campus to ensure all preventative efforts strive towards creating inclusive learning environments and prevention efforts for vulnerable students.
  - Consult with first year, undergraduate and graduate student programming
  - Assist in developing curriculum and programming that is culturally informed and centers the unique backgrounds, identities, and experiences of the students we serve
- Organize workshops and events to promote student well being and success
  - Develop and implement tailored training on 2SLGBTQIA+ inclusion, gender diversity, and prevention of identity-based harassment.
- Assist with SAPAC's efforts in creating spaces that are accessible, welcoming, affirming, and inclusive, with a focus on mattering and belonging in student-led spaces

### **2. Improving Student Outreach, Advocacy and Engagement Efforts**

- Conduct outreach initiatives to connect with 2SLGBTQIA+ students and other vulnerable populations to provide support and access to available resources.
  - Ensure students understand their rights, reporting avenues, and available resources.
- Facilitate community forums, workshops and presentations to raise awareness about prevention education and issues impacting vulnerable students.
- Build relationships with student life units, academic departments and student organizations representing 2SLGBTQIA+ identities and allies to collaborate on programming and advocacy efforts.
- Collaborate with campus partners, administration and leaders to address concerns regarding 2SLGBTQIA+ student safety and well-being.

- Stay informed about current issues and legislation to guide program development and advocacy efforts

### **3. Strengthening Data-Driven Decision Making**

- Monitor and analyze institutional data related to 2SLGBTQIA+ student experiences to inform ongoing prevention strategies.
- Regularly assess the effectiveness of training programs and recommend adjustments as needed.
- Research emerging and relevant pedagogy around sexual misconduct prevention, peer education, student development, and diversity, equity, and inclusion, and incorporate concepts into programming content
- Serve on the Spectrum Center Research Team and support original research led by the center.

### **Evidence of Effectiveness**

In an article titled, “Affirming policies, programs, and supportive services: Using an organizational perspective to understand LGBTQ+ college student success” by Pitcher, Camacho, Renn and Woodford (2016) it is stated that “Research indicates that lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ+) college students face a hostile campus climate. Despite the hostile campus climate, many LGBTQ+ students persist. **Understanding what helps students persist is important to student affairs professionals as they develop data-driven interventions to improve the experiences and outcomes among LGBTQ+ college students.**”

Through the study conducted in this article, various students described how receiving peer and professional support around 2SLGBTQAI+ identity was “instrumental in finding community and supportive administrators and peers.” This study also highlighted how “differentiation of specialized LGBTQ+ students’ programs and services, the patterned activity of student organizations, and policies– tend to determine system norms. The norms within a particular environment can either help or hinder a student’s success”.

In her chapter named, “Success for LGBT College and University Students”, Kristen Renn shares “In most studies, the link between campus climate and academic outcomes is implied, not direct, but one study has directly linked them for queer-spectrum students (Garvey, Squire, et al., 2018)... The campus climate factors affecting academic success were comfort with campus climate, perceptions of campus climate, and perceptions of institutional action. Students who had more positive associations in each category rated their academic success higher, providing evidence of a link between climate and academic success”.

Evidence shows that providing direct and responsive support and resources to 2SLGBTQIA+ students; attending to campus climate issues and university norms; and creating inclusive learning and supportive environments greatly increases a student's sense of belonging, a student's access to support as well as a student's overall academic success. This position would allow for us to address the specific and glaring data that arose from University of Michigan's own campus climate survey and ensure that we are attending to the needs of our students in an adequate and timely manner.

### **Cost Assessment for the New FTE**

The estimated cost for hiring a dedicated Program Manager for Student Access and Support includes the following components:

- Salary: \$56,000-\$70,000 annually (based on market rates and university salary bands)
- Benefits & Taxes: \$21,000-\$25,500 (approximately 30% of salary)
- Training & Professional Development: \$3,000 annually
- Software & Licensing Fees: \$8,000 annually (for e-learning tools, content management, and accessibility compliance)
- Miscellaneous cost: \$2,000
- **Total Estimated Annual Cost: \$90,000-\$108,500**

This investment will support the university's commitment to equity, inclusion, and the safety of its LGBTQIA+ students while also ensuring compliance with institutional and legal obligations.

### **Conclusion**

Hiring a dedicated SAPAC Program Manager for Prevention Education: Student Access and Success is a necessary and strategic investment for the University of Michigan. This role will directly address the heightened risks and unique challenges faced by 2SLGBTQIA+ and non-binary students by implementing comprehensive, data-driven prevention education initiatives. By investing in this position, U-M will advance its commitment to fostering an inclusive, respectful, and safe campus environment for all students, ultimately strengthening the university's culture of equity and belonging.

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### **3. Program Manager for Education, Outreach, and Belonging - Expanding Spectrum Programming to Flint and Dearborn.**

#### **(2025-2031 Funding Proposal - 1 FTE)**

We recommend the creation of a dedicated staff member within the Spectrum Center to act as the tri-campus liaison for expanding critical primary prevention work in the areas of education, outreach, and student belonging to the Flint and Dearborn campuses. According to the ARC3 Survey, 2SLGBTQIA+ people experience significantly higher rates of violence and harassment across our campus ecosystems. This role is essential to ensure the success and thriving of faculty, staff, students, and alumnx of all genders and sexualities through innovative programs and services.

Founded in 1971, Spectrum Center is the first campus-based gender and sexuality resource center. 54 years later, Spectrum Center continues to serve people of all genders and sexualities within the U-M community and beyond through education, advocacy, community building, and research. The center has continued to serve as a model for the over 300 gender and sexuality resource centers across the United States and has received many awards and accolades for excellence. As an institution, the University of Michigan Ann Arbor has continually set the standard for other colleges and universities through policy advances, including the 1993 decision to add sexual orientation to our nondiscrimination policy, the launch of gender inclusive housing in 2013, and the addition of lived names and pronouns to class rosters in 1996. In order to continue our legacy as a national leader in 2SLGBTQIA+ equity, inclusion, justice, and belonging, we must continue to innovate in service of our communities.

In spite of this history, today 2SLGBTQIA+ students, faculty, and staff are experiencing harm across our campuses. This position will allow us to expand the work of Spectrum Center and support the Flint and Dearborn campuses which have far fewer resources and staff dedicated to the belonging, wellness, and success of people of all genders and sexualities.

This role will allow us to align with best practices, better serve our large 2SLGBTQIA+ populations, and provide comprehensive support to students, staff, and faculty across U-M Ann Arbor, U-M Flint, and U-M Dearborn. We will be able to address structural inequities across the three campuses while also cutting costs by investing in a shared tri-campus position.

#### **The Current Landscape of 2SLGBTQIA+ Support at the University of Michigan**

- According to U-M Ann Arbor Student Life Research, **32% of first year students, 34% of upper undergraduate students, 34% of master's students, and 38% of PhD students are 2SLGBTQIA+**. Each year, more of our students are openly 2SLGBTQIA+.

- The population of 2SLGBTQIA+ students has grown significantly in recent years. According to the American College Health Association's National College Health Assessment, 4.6% of college students are trans and nonbinary; 25.1% are LGBTQ.
- Recent findings from the 2024 ARC3 *Climate Survey Related to Sex and Gender* demonstrate how 2SLGBTQIA+ students experience higher rates of harassment and interpersonal violence. This data reflects student experiences from the 2023-2024 academic year:
  - **Higher Rates of Harassment:**
    - 78% of transgender students and 59% of non-binary students reported experiencing sexual or gender-based harassment from other peers on campus
    - 68% of transgender students and 48% of non-binary students reported experiencing sexual harassment from employees on campus
  - **Increased Vulnerability to Sexual Violence and Stalking:**
    - 20% of transgender or non-binary graduate students have experienced sexual violence this academic year compared to 10% of women and 5% of men.
    - 19% of transgender or non-binary undergraduate students have experienced sexual violence this academic year.
    - 39% of transgender undergraduate students and 25% of graduate students have experienced stalking this academic year.
  - **Lower Sense of Safety on Campus:**
    - Only 45% of non-binary or transgender students reported feeling safe from sexual and gender-based harassment, compared to over 70% of their cisgender peers.
    - 50% of non-binary or transgender students reported feeling safe from sexual violence, compared to over 60% of their peers.
- U-M Ann Arbor Spectrum Center has **7 full-time professional staff members and 1 part-time professional staff member**. Additionally, the center employs 5 graduate students and up to 10 undergraduate students each year.
  - U-M Flint has one full-time professional staff member focused on 2SLGBTQIA+ communities and gender and sexuality. This role is located in the Center for Gender & Sexuality, multi-center which houses programs for 2SLGBTQIA+ communities and women, as well as sexual violence support, education, and advocacy.

- U-M Dearborn has one-full time professional staff member focused on 2SLGBTQIA+ communities and gender and sexuality. This role is located in the Office of Student Life.
- **Spectrum Center is the first campus-based gender and sexuality center**, and we have a history of innovation and excellence in serving and supporting students, faculty, and staff of all genders and sexualities.
  - U-M Ann Arbor has 5 out of 5 stars on the Campus Pride Index and has been listed as one of the top 40 campuses of 2SLGBTQIA+ students.
  - Spectrum Center is regularly listed as one of the best gender and sexuality centers in the country and is widely considered to be a model/aspirational center for other institutions.
- **Spectrum Center serves the entire University community.** With a focus on gender and sexuality, we serve a broad community of stakeholders including cisgender and heterosexual Wolverines, who benefit from education, knowledge, and community building related to gender and sexuality.
  - For example, of the participants in Introduction to 2SLGBTQIA+ Communities and Identities webcourse, 70% identified themselves as straight, and 95% were either cisgender men or cisgender women.
  - Further, most participants in our workshops are faculty and staff members. 57% of the participants in Introduction to 2SLGBTQIA+ Communities and Identities are faculty, staff, and administrators.
- **Spectrum Center is responsible for leading 2SLGBTQIA+ equity, inclusion, and belonging for the University community.**
  - There is not another university unit charged with the creation and successful implementation of university-wide programs, such as LGBT History Month and Pride Month. We are also responsible for leading institution-facing 2SLGBTQIA+ diversity, equity, inclusion, justice and belonging work.
- The **mental health crisis among 2SLGBTQIA+ students** that surfaced during the pandemic has continued and worsened in recent years due to the rise of anti-2SLGBTQIA+ legislation and increasingly hostile rhetoric.
  - According to the Trevor Project:
    - 39% of LGBTQ+ young people seriously considered attempting suicide in the past year — including 46% of transgender and nonbinary young people.

- 90% of LGBTQ+ young people said their well-being was negatively impacted due to recent politics.
- 12% of LGBTQ+ young people attempted suicide in the past year

## **Rationale for Expanding 2SLGBTQIA+ Outreach & Support to Flint and Dearborn**

### **1. Cutting-edge Collaboration between the University of Michigan Campuses & Support of Anti-Violence Initiatives**

The findings of the ARC3 survey indicate that non-binary and transgender students, faculty, and staff at U-M experience disproportionately high levels of sexual misconduct, harassment, and violence, contributing to an unsafe and inequitable campus environment. Addressing these disparities requires a dedicated program manager to expand the reach of critical primary prevention programs and services across our three campuses.

This position will allow our University system to address inequities in the area of 2SLGBTQIA+ programs and services for students, and increase engagement with 2SLGBTQIA+ faculty and staff.

### **2. Streamlining Services, Decreasing Duplication of Efforts, and Creating Synergy Between Existing Roles and Units**

Spectrum Center is widely recognized as a leader in 2SLGBTQIA+ equity, inclusion, and belonging in higher education. Flint and Dearborn have dedicated and talented staff, but each campus only has one full-time employee dedicated to this work. Both campuses need additional staff and resources. Instead of hiring FTEs to address climate concerns on each individual campus, we propose this innovative shared role.

With this role, Spectrum Center will be able to augment and complement already existing programs and services by expanding critical primary prevention work in the areas of education, outreach, and student belonging to the Flint and Dearborn campuses. Spectrum Center leadership will work with current staff at Flint and Dearborn to eliminate redundancies and streamline programs and services. In collaboration with Flint and Dearborn staff, the program manager will capitalize on synergies to address gaps with minimal cost to the University system.

### **3. Alignment with Institutional Goals and Values**

With the signing of the Okanagan Charter, the University of Michigan committed to being a health promoting campus. 2SLGBTQIA+ communities are at increased risk of suicidality, anxiety, depression, and self-harm. We are also more likely to experience interpersonal

violence, including dating violence, partner abuse, and sexual violence. The promise of the Okanagan Charter must extend to our communities. Okanagan Charter calls on institutions to go beyond individual approach to consider social and environmental factors in health. Marginalized students exist in a climate which is relentlessly oppressive and a constant drain on wellbeing. This position achieves the two Calls to Action in the Charter: embedding health into all aspects of campus culture and leading health promotion action. This position will allow us to enhance student well-being, increase a sense of belonging, and allow students to thrive. Creating supportive environments is a critical part of the framework of the charter.

This position aligns with the University's values, especially innovation, diversity, inclusion, and equity. It also supports vision 2024, specifically the focuses of health and wellbeing and diversity, equity, and inclusion. Spectrum Center is located within Student Life, and this position supports Student Life Core Work (Health and Well-being Care and Education) and Core Values (Compassion, Diversity, Equity, and Inclusion, and Partnership), as well as our Strategic Priorities (Health and Well-being and Diversity, Equity, and Inclusion).

### **Key Responsibilities of the Program Manager for Education, Outreach, and Belonging**

The Program Manager for Education, Outreach, and Belonging will support primary prevention efforts related to gender and sexuality on the Flint and Dearborn campuses and oversee the implementation of programs and services from U-M Ann Arbor to enhance existing programs and services on the Flint and Dearborn campuses.

Specific responsibilities include:

- **Convening quarterly meetings between Dearborn and Flint staff focused on gender and sexuality and Spectrum Center leadership:** This will increase collaboration, allow for synergy across the campuses, streamline services, and eliminate duplication of efforts.
- **Serve on the leadership team of the Queer and Trans Task Force:**
- **Expanding Spectrum Center's essential needs portfolio to Flint and Dearborn:** The program manager would design and implement Spectrum Center's innovative essential needs work, including gender affirming resources,
- **Facilitate workshops for students, faculty, and staff on gender and sexuality across the three campuses:** The program manager will expand the educational engagement portfolio of Spectrum Center to complement the workshops and trainings already offered at Flint and Dearborn.
- **Support the Introduction to 2SLGBTQIA+ Communities and Identities Webcourse:** The webcourse is an introductory online training focused on 2SLGBTQIA+ vocabulary and core

concepts. It is designed to be a foundational course that supports ongoing learning in more advanced professional development opportunities. The program manager would support the ongoing development of the webcourse, including the design of webcourse editions for Flint and Dearborn.

- **Support the development of micro-learning offerings designed for faculty and staff across the three campuses:** Research demonstrates that employees are seeking shorter, more accessible professional development opportunities. Spectrum Center has begun a micro-learning project to support the life-long learning of our community members. The program manager would support this work across our three campuses.
- **Lead workshops on 2SLGBTQIA+ interpersonal violence:** In collaboration with SAPAC and PEAR, the program manager would lead workshops on preventing violence against 2SLGBTQIA+ people on the three campuses.
- **Collaborating with Key Stakeholders:** Work closely with ECRT and HR on the three campuses, PEAR, SAPAC, and department leaders to ensure training meets the diverse needs of U-M students and employees on all campuses.
- **Assisting the Spectrum Center director in development and stewardship efforts related to their role and responsibilities:** The program manager would support the fundraising efforts of Spectrum Center for tri-campus primary prevention efforts.
- **Implementing Best Practices Across the University:** As the Spectrum Center already sets the bar for best practices nationally, this position will help implement those best practices through training and data-collection across all campuses.

### **Cost Assessment for the New FTE**

The estimated cost for hiring a dedicated Program Manager for Education, Outreach, and Belonging includes the following components:

- Salary: \$56,000-\$70,000 annually (based on market rates and university salary bands)
- Benefits & Taxes: \$21,000–\$25,500 (approximately 30% of salary)
- Training & Professional Development: \$3,000 annually
- Miscellaneous cost: \$2,000
- **Total Estimated Annual Cost: \$90,000-\$108,500**

This investment ensures that U-M meets significant goals across all three campuses, strengthens U-M as a multi-campus institution, and sets U-M as a national leader at both its main campus and Dearborn and Flint campuses. The position will also provide long-term cost savings by creating a culture that encourages students, faculty, and staff to not only come to the University, but remain at the University for the duration of their education or career.

## **Conclusion**

Hiring a dedicated Program Manager for Education, Outreach, and Belonging is a strategic and necessary investment for the University of Michigan. This position will modernize and expand the university's tri-campus support of 2SLGBTQIA+ students, faculty, and staff, ensuring all three of our campuses lead the nation in cultivating a safe and welcoming campus climate. We strongly urge the university to approve and fund this critical role to advance U-M's mission in creating a safer and more informed campus community.

## **Recommendation 6: Expand Prevention and Intervention Programs For Those Who Have Caused Harm by Increasing Investment in Empirically-Based Programs (1 FTE)**

### **Background and Needs**

The CCRT recommends that the University expand its prevention and intervention programs by investing in empirically-based approaches for individuals who have caused harm, enhancing the rehabilitative services the University already provides to those individuals.

The University currently utilizes the Science-based Treatment, Accountability, and Risk Reduction of Sexual Assault (STARRSA) Active Psychoeducation (AP) Program to educate students and address knowledge gaps that contribute to harmful sexual behaviors. That program was designed to offer a tailored yet limited number of psychoeducational sessions, typically ranging between 8 and 10 sessions per student. Since its inception, the number of sessions available to Michigan students has increased from 14 in 2022 to 17 in 2025, reflecting the growing complexity and depth facilitators aim to address. Additionally, the STARRSA AP Program has seen a significant rise in referrals from high-risk areas like Fraternity and Sorority Life and Athletics, creating more opportunities to connect with students who would benefit from early intervention.

The CCRT encourages the University of Michigan to adopt a broad conception of prevention—one that encompasses interventions aimed at reducing recidivism as a proactive form of preventing sexual violence. Research consistently underscores the importance of providing distinct support structures for both complainants and respondents, recognizing that each group faces unique experiences and challenges throughout the grievance process. To ensure the safety and well-being of all members of the community, it is critical for the University to enhance its support services for respondents. These services should include a comprehensive range of advising, educational, and therapeutic interventions, all designed to reduce the risk of repeat offenses and foster long-term behavioral change.

### **Recommendation:**

The CCRT specifically recommends adding STARRSA's Cognitive Behavioral Therapy (CBT) program, a well-established and evidence-based approach that effectively addresses harmful thought patterns and behaviors, to its roster of rehabilitative resources for those who have caused harm. The STARRSA CBT program is a valuable resource that directly targets the cognitive and behavioral patterns of individuals who have caused sexual harm. The program focuses on challenging distorted thinking, fostering accountability, and teaching healthier coping strategies, all of which contribute to reducing the likelihood of future misconduct. This initiative would

complement existing psychoeducational efforts, provide a structured support system for respondents, and ensure a more comprehensive approach to campus safety. To effectively implement this expansion, the CCRT advocates for the creation of a dedicated full-time position.

Expanding the University's rehabilitative and educational efforts by incorporating the STARRSA CBT program—an intervention for more severe cases—would provide students with a confidential space to confront their behaviors, attitudes, and socialization patterns related to sexual and gender-based misconduct. This expansion could also ease the burden on STARRSA AP facilitators, allowing a broader range of students to access this nationally-recognized program.

The STARRSA CBT program's emphasis on accountability and skill-building equips students with the tools to understand the impact of their actions and make meaningful, lasting changes in their behavior. This aligns with the University's mission to create a safe, respectful environment for all students, staff, and faculty. Rather than relying solely on punitive measures, incorporating the STARRSA CBT program represents a proactive strategy that complements traditional disciplinary actions. This approach not only helps prevent sexual violence but also positions the University as a leader in comprehensive sexual violence prevention.

### **Cost Assessment for the New FTE**

The estimated cost for hiring a dedicated STARRSA CBT Program Specialist includes the following components:

- Salary: \$75,000–\$100,000 annually (based on market rates and university salary bands)
  - Benefits & Taxes: \$21,000–\$25,500 (approximately 30% of salary)
  - Training & Professional Development: \$25,000 annually
  - Miscellaneous cost: \$2,000
  - **Total Estimated Annual Cost: \$121,000–\$152,500**
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## Recommendation 7- Location of SAPAC Prevention.

### Quick Summary:

The University of Michigan's Vision 2034 states, *"Health and well-being is a fundamental human right. U-M aspires to become a model of excellence for meeting the public health challenges facing our society."* Sexual and gender based misconduct continues to be one of the most complex public health issues that institutions face, requiring a comprehensive approach. Universities must have a robust infrastructure in place to effectively respond to harm *after* it occurs **and prevent** it from happening in the first place. The more we bolster both our support services and prevention efforts, the more likely we will be to create a community where all members can thrive.

The Center for Survivors Task Force proposal represents an opportunity to be responsive to the current landscape of sexual misconduct on campus and adopt an innovative, wraparound support model for survivors. If this dynamic center were to come to fruition, SAPAC's survivor support and advocacy team would likely be absorbed, separating from SAPAC's prevention team. This begs the question, "What should happen to SAPAC's prevention work and what would allow **it** to thrive?" It is the recommendation of this group that if the Center for Survivors becomes a reality and is housed within a new health and wellness building, SAPAC's prevention work and team should also move to the same building but have a separate and distinct office, identity, and physical space. This would allow both sets of work to remain necessarily connected but also open up new possibilities for the prevention work to thrive.

### Rationale:

- Survivor support and prevention education are inextricably linked, informing one another regularly, which is why it is necessary for both branches of the work to remain tightly connected, coordinated, and geographically close.
- However, both branches need separate and distinct identities, teams, and physical spaces to allow them to thrive. In SAPAC's current state, the survivor support work often takes precedence due to its sensitive nature, compliance and safety risks, and office size. As a result, prevention work has not had the space and presence that would allow it to reach its full potential.
- If SAPAC's prevention portfolio had its own space and identity, it would allow for the prevention team and students engaged in SAPAC's prevention work (i.e. 5 full-time professional staff, 50 student staff and 100+ student volunteers) to have the space and visibility that they need in order to even more effectively advance the work.
- A 2024 national benchmarking survey indicated that 65% of campus agencies had separated prevention services from survivor support services.
- Prevention work is considered "whole population" work and requires engagement with all students, including those who have caused harm. This has been a limitation for SAPAC,

as working with people who have caused harm can lead to conflicts of interest and safety risks if they are already working directly with a survivor who was on the receiving end of that harm.

- If SAPAC's prevention work had its own space and identity, it could entertain the idea of folding other areas of prevention work into its portfolio, for an even more comprehensive approach. The Directors of SAPAC and OSCR have discussed the possibility of the STARRSA program being folded into the SAPAC prevention office. Both are interested and open to exploring that possibility.
- If SAPAC's prevention work traveled to the health and well-being building, this would allow for even more synergy and collaboration between SAPAC's prevention work and the health promotion work within the health and well-being portfolio. Both Wolverine Wellness and SAPAC's prevention team utilize a public health approach to prevention, recognizing the need for primary, secondary, and tertiary prevention approaches, and SAPAC's prevention work fully aligns with that of the Well-Being Collective, the Okanagan Charter, and a collective impact approach.
- Being strategically located near Wolverine Wellness and other health promotion offices would allow SAPAC prevention to even more effectively work together to solve the complex challenge of preventing sexual and gender based violence within our community. The SAPAC Director and Wolverine Wellness Director are in full agreement about opportunities ahead.
- The long-term, strategic and well-respected sexual assault prevention work that SAPAC has led is at a critical point in its history. This moment represents the opportunity to open a new door, start a new chapter, and allow it to grow in ways that it never thought possible before. Taking this step would allow SAPAC to fully live into U-M's Vision 2034 goal of becoming a model of excellence for meeting the public health challenges facing our society today.

### **More Detailed Summary:**

Prevention efforts exist in multiple units across campus, and SAPAC and Wolverine Wellness have a long history of partnering together to advance that work. With public health and socio-ecological models as their foundation, they have built a prevention strategy that has helped move the needle in critical areas. For example, the two units collaborate to offer required online programming for all incoming students on the intersecting issues of sexual misconduct prevention, alcohol and other drug use, and health and well-being. They also co-created *Relationship Remix*, the nationally recognized sexual assault prevention program that is required for all first-year and transfer students (now called First Year Relationship and Sexuality Talk). This program was rigorously evaluated and led to statistically significant positive changes in knowledge and attitudes among U-M students. It even experienced international reach and was brought to the University of Cape Coast in Ghana, where it was adapted and tailored to meet the

unique needs of the student body there. Specific prevention programming has also been developed to meet the unique needs of the graduate student population, and a partnership with LSA has led to thousands of graduate students receiving sexual assault prevention education. Some LSA faculty have even decided to incorporate the curriculum as part of the Ethics course requirement within the department. More recently, both SAPAC and Wolverine Wellness have been partnering with faculty members within the Departments of Sociology and Social Work to launch the academic course focused on Sexual Citizenship which is set to launch in the Fall of 2025. These are just a few examples of the many ways in which these two units have worked together to create a comprehensive prevention approach on campus and weave prevention education into the fabric of the institution.

This report represents an exciting opportunity to create even greater synergies between SAPAC's prevention work and that of Wolverine Wellness and other health promotion units.

The Center for Survivors Task Force proposal is a true opportunity to be responsive to the current landscape of sexual and gender based violence on campus and adopt a much-needed, innovative wraparound support model for survivors. If this dynamic center were to come to fruition, SAPAC's survivor support and advocacy team would likely be absorbed, separating from SAPAC's prevention team. This begs the question, "What should happen to SAPAC's prevention work and what would allow *it* to thrive?" It is the recommendation of this group that if the Center for Survivors becomes a reality and is housed within a new health and wellness building, SAPAC's prevention work and team should also move to the same building but have a separate and distinct office, identity, and physical space. This would allow both sets of work to remain necessarily connected but also open up new possibilities for the prevention work to thrive.

## **History and Background**

The University of Michigan's Sexual Assault Prevention and Awareness Center (SAPAC) opened its doors in 1986 and has provided both survivor support and prevention education for the campus community ever since. With almost 40 years under its belt, it is one of the longest-standing gender-based violence campus centers in the country, and is often looked to nationally for leadership and guidance on best practices in campus sexual assault prevention and response. The office has experienced tremendous growth throughout its tenure. What started as one Director and two peer educators has now blossomed into 11 full-time professional staff members, 50 student staff, and 100+ student volunteers.

In its earlier stages, the small SAPAC staff "wore many hats" and each staff member did a little bit of everything across all domains of the work. Everyone served as Case Manager / Advocates, providing advocacy and support services to survivors. Everyone staffed the 24-hour crisis line and served as first responders in the hospitals and residence halls. Everyone supervised student volunteer groups and coached them as they facilitated workshops, planned events, and hosted dialogues focused on consent, healthy relationships, bystander intervention, and survivor support. And everyone provided trainings on campus and developed prevention programs. While this was a necessary model for many years, it was not a sustainable one.

As awareness of and demand for SAPAC services increased, so did the ability to advocate for scaling up the team. Eventually, specific Case Manager / Advocate positions were created in 2016 so that the full focus of that staff could be on providing support and advocacy for survivors. Similarly, prevention positions were designated so the prevention team could focus on specific segments of the population such as first-year students and graduate students. Since 2016 SAPAC has functioned with these two “sides” of the office. Today, SAPAC has an Associate Director overseeing survivor support and advocacy work, with three Case Manager / Advocates and a team of graduate student interns. SAPAC also has an Assistant Director of Prevention Education overseeing the prevention portfolio, including four Program Managers, 50 student staff, and 100 student volunteers. The prevention portfolio uses a public health model and implements primary, secondary, and tertiary prevention programs with an evidence-based peer education approach. Peer educators are taught the necessary skills to be catalysts for positive change on campus and regularly teach their peers about consent, healthy relationships, bystander intervention, and supporting survivors. They accomplish this through peer-to-peer workshops; large-scale events; film screenings; dialogues; and more. Through this, the students learn invaluable skills that are transferable across multiple fields and practice areas. SAPAC alums often remark on how often they use the skills they gained in SAPAC in their current work, whether they are in the fields of medicine, law, education, social work, engineering, or other. The growth has been tremendous and has allowed the team to become more specialized in its practice areas. *This is the kind of infrastructure growth that will continue to be necessary in order to do the challenging work of moving the needle on a complex, deeply-rooted public health, human rights issue.*

## **Current Landscape**

The Center for Survivors Task Force represents a genuine opportunity to grow the survivor support infrastructure on this campus. As the authors describe in the 2023 “*Campus Interpersonal Violence Survivor Advocacy Services*” article in the Journal of American College Health, campus gender based violence centers across the country are critically understaffed and yet the charge for these offices is to provide services for thousands of students, faculty, and staff and change the culture via prevention. They remarked on how it became clear through their study why it has been so difficult to move the needle as a society because college campuses don’t have the proper resources, staffing, or infrastructure, often leading to staff burnout and turnover. The article calls on university leadership to ensure that these offices are well-staffed and resourced to support the longevity and sustainability of the work.

Since 1986, SAPAC has housed both survivor support and prevention education under one roof, a model that most gender based violence centers also employed. However, over time, this model has evolved and we are now in a different chapter that is opening up new challenges and opportunities for both branches of the work.

### *1- How Prevention and Survivor Support are Connected:*

Survivor support and prevention education work have always been inextricably linked, informing one another regularly.

- If the SAPAC team is noticing trends with survivors within a specific department, it helps them to tailor their prevention programs within that community appropriately.
- Similarly, if they notice trends in prevention spaces, it can help them to be intentional with their work with survivors.
- Both “sides” of the work require confidentiality in order to function effectively.

Therefore, it is necessary for both branches of the work to remain tightly connected, coordinated, and geographically close. However, it is also necessary for them to have separate and distinct identities, teams, and physical spaces.

### *2- How prevention and support are distinct:*

Over the years, it has become clear how different and distinct these two aspects of the work are.

- Survivor support and advocacy work is more clinical in nature and requires a quiet, calm, trauma-informed space, similar to that of a counseling or therapy practice, where survivors can maintain their anonymity.
- Prevention, on the other hand, requires an open, vibrant, visible presence where student peer educators can gather; trainings and workshops can be held; and lively conversations and dialogues can occur.

In SAPAC’s current state, the survivor support and advocacy work must take precedence due to its sensitive nature, serious compliance and safety risks, and size of the office. As a result, the prevention work has not had the kind of space and presence that would allow it to reach its full potential.

**Many campus sexual assault centers have already moved in the necessary direction of separating survivor support work from prevention work.** In fact, a 2024 national benchmarking survey of campus sexual and gender based violence centers demonstrated that 65% of campus agencies had separated prevention services from survivor support services. Michigan State University has adopted this model with its Center for Survivors being separate and distinct from its Prevention, Outreach, and Education office. Directors of both MSU offices agree wholeheartedly that this separation has allowed both sets of work to flourish.

### **Current Challenges**

In addition to the physical space challenge and survivor support work often needing to take precedence over prevention work, there are also challenges with being able to reach the whole student population. Prevention work is considered “whole population” work in that the responsibility is to engage all students, including those who have caused harm. This has been a limitation for SAPAC, as working with people who have caused harm can lead to conflicts of interest and potential safety risks if they are already working directly with a survivor who was on the receiving end of that harm. A recent example illustrated this challenge. Sorority women on

campus decided to go public and name some fraternity men who had allegedly caused harm. Both the survivors *and* the fraternity men reached out to SAPAC for support, with the survivors requesting healing support and the fraternity men seeking prevention programming support. When the sorority women got wind of this, they were upset and SAPAC experienced backlash because the students didn't understand why SAPAC would engage with people who had caused harm. Due to conflict of interest, SAPAC was not able to engage with the fraternity men to its fullest capacity. If survivor care and prevention had been in different and distinct spaces, all students would have been able to receive comprehensive support.

## **Opportunities**

If the Center for Survivors were to come to fruition and be housed within a new health and wellness building – and SAPAC's prevention work traveled with it and had its own distinct office and space, it would allow for the prevention staff team and students who are engaged with SAPAC's prevention work (i.e. 50 student staff and 100+ student volunteers) to have the space and visibility that they need in order to even more effectively advance the work. For example, the state of Michigan requires all higher education institutions to provide in-person sexual assault prevention education for all first-year and transfer students. At the University of Michigan, this means approximately 10,000 students need to be reached via 200+ workshops throughout the fall semester. SAPAC's FYRST program meets this state requirement and uses an evidence-based approach by utilizing a team of 20 paid peer facilitators. As it stands, SAPAC's space is not large enough or conducive to bringing these student facilitators together for team building, planning, training, and support. The same challenge exists with our team of graduate student facilitators who provide sexual assault prevention workshops that are required for graduate students within LSA. Having a prevention office that is distinct from the survivor support office would allow for our robust prevention team to engage even more meaningfully and effectively, and have the visibility that is necessary to advance the work.

This positioning of the prevention work would also allow for even more synergy and collaboration between SAPAC's prevention work and the health promotion work within the health and well-being portfolio. For example, both Wolverine Wellness and SAPAC's prevention team utilize a public health approach to prevention, recognizing the need for primary, secondary, and tertiary prevention approaches. Both offices employ efforts that aim to stop a range of harmful behaviors before they ever occur; bolster students' skill sets to intervene and minimize the impact of harmful behavior when it's occurring; and teach students how to support someone long after they have experienced harm. Both offices also use the socioecological model to design their prevention programs, noting the need to have interventions on the individual, community, and societal levels. Wolverine Wellness has always addressed harm reduction as it relates to alcohol and other drugs. We know from U-M's 2024 campus climate survey that in about 50% of sexual and gender based violence cases, alcohol is a factor, indicating the need for even more strategic partnerships between Wolverine Wellness and SAPAC prevention to address the intersection of sexual violence and alcohol.

In addition, SAPAC's prevention work fully aligns with that of the Well-Being Collective, the Okanagan Charter, and a collective impact approach – the idea that health and well-being are not simply matters of individual experience, but rather, a state connected to one's environment, as well as social and policy factors. This effort cannot be accomplished by a single unit or department alone. It must be something we create collectively as a community, with everyone contributing to making U-M a better place to live, work, and learn. Being strategically located near Wolverine Wellness and other health promotion offices would allow SAPAC prevention to even more effectively work together to solve the complex challenge of preventing sexual and gender based violence within our community. The SAPAC Director and Wolverine Wellness Director are in full agreement about the opportunities ahead.

Finally, if SAPAC's prevention work had its own space and identity, it could entertain the idea of folding other areas of prevention work into its portfolio, for an even more comprehensive approach. The Office of Student Conflict Resolution's STARRSA AP program (Science-based Treatment, Accountability, and Risk Reduction for Sexual Assault Active Psychoeducation) is a perfect example. The STARRSA program represents a crucial piece of the prevention puzzle in that it is designed to engage students who have *caused* sexual harm, and is one of the few evidence-based campus programs to do so. Through its curriculum, the OSCR staff aims to be consistent with and complement University of Michigan policies that are designed to address campus sexual misconduct, hold those responsible accountable, and assist those who have engaged in sexual misconduct in developing beliefs, attitudes, and behaviors that promote healthy, consensual, and safe intimate relationships and sexual behavior. Simply put, the STARRSA program helps to prevent recidivism and ensure that sexual harm does not happen again. The Directors of SAPAC and OSCR have discussed the possibility of the STARRSA program being folded into the SAPAC prevention office if the SAPAC prevention office had its own distinct identity, separate from the Center for Survivors. Both are interested and open to exploring that possibility.

## **Conclusion**

In closing, SAPAC has served the U-M community in so many remarkable ways over these 39 years and its positive impact locally, nationally, and internationally is highly evident. The long-term, strategic, and well-respected sexual assault prevention work that SAPAC has led is at a critical point in its history. This moment represents the opportunity to open a new door, start a new chapter, and allow it to grow in ways that it never thought possible before. Taking this step would allow SAPAC to fully live into U-M's Vision 2034 goal of becoming a model of excellence for meeting the public health challenges facing our society today, and develop students who will become catalysts for positive change in the world

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# **Recommendation 8: Develop a Comprehensive Communications Strategy Led by a Communications and Sexual Violence Expert**

## **Background and Needs**

The University of Michigan has a robust prevention, care, and response infrastructure related to sexual misconduct on campus. Yet, as a large and decentralized organization, challenges related to communication about U-M's efforts to prevent and respond to campus sexual misconduct hinder the University community's ability to fully engage with these resources. In part, as a result of gaps in communication, members of the U-M community are not well-informed about U-M's prevention efforts and may express low levels of trust in U-M's responses to these harms. In fact, U-M is a national leader in this space, but historically our challenges have been more visible than our successes. We currently lack a comprehensive strategic communication plan regarding sexual misconduct that encompasses our three campuses, Michigan Medicine, and all related units and constituencies that would address these realities.

Following extensive information gathering and data review,<sup>3</sup> the CCRT believes that elevating communication about the University's efforts in this regard is a key step in building trust within the University of Michigan campus communities in the university's stated commitments to community civility, dignity, equality, and safety. Indeed, our research has shown that those who lack trust in a university's system are unlikely to utilize the resources offered, even when those resources are strong. By fostering more efficient and coordinated communications and more effectively highlighting the institution's efforts in this space, the CCRT aims to both increase community knowledge of the resources and build confidence in those resources, with the ultimate goal of improving U-M's efforts in preventing and responding to campus sexual misconduct.

A proactive coordinated communication effort will fundamentally enhance how the university engages with its community. By developing a strategic plan, we will have the framework to consistently share positive narratives highlighting our achievements and values, which can help offset potential crises. This proactive approach will increase the visibility of vital resources, ensuring they are easily accessible to those in need. Additionally, it will cultivate an environment more open to prevention and education initiatives. Through these concerted efforts, the university can foster a positive culture that not only reflects but also actively communicates its core values, contributing to a more cohesive, supportive, and informed campus community.

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<sup>3</sup> See Appendix XX.

Led by a skilled professional with the expertise to develop a comprehensive communication strategy, U-M will benefit from a coordinated effort that is more than the sum of its parts. Unified messaging will reduce confusion and ensure that all stakeholders receive consistent information. This approach amplifies messages, enhances audience engagement, and builds trust and responsiveness. By fostering collaboration among teams and departments, breaking down silos, and promoting an integrated strategy where resources are used efficiently, redundancy is minimized, and efforts remain strategically aligned, allowing for swift, unified response to new developments or crises. The implementation of this recommendation will improve communication regarding campus and community resources, increase awareness of institutional efforts to prevent and respond with integrity, and foster trust within the University of Michigan community in our policies, procedures, processes, and people.

*I don't like the para that follows, but here I think we put something from the data about people not knowing about resources, the diffuse nature of the various prevention efforts across campuses, and people expressing lack of trust.*

The charge of the Communications Working Group was to develop recommendations to improve communication about U-M approaches to sexual misconduct. The Communications Working Group started with the premise that communication about sexual misconduct should be survivor-centered, trauma-informed, and lead with support and care. While compliance with federal and state regulations is critical, and reporting is one important avenue to seeking support and redress for harm, it is not the only, or often primary, need for those impacted by sexual misconduct. Therefore, resources should be in the **foreground**, or at least be **as available** as reporting options, and be easily identifiable to all members of each academic community. Communication should be consistent across the campuses, across multiple units on campus, and across multiple modalities (e.g. email, websites, social media, university publications, brochures, billboards, awareness/prevention campaigns, etc.), and messages should be appropriate for the multiple constituencies that we serve. Communication should be engaging, using stories, narratives, and testimonials, and should not over-promise on U-M's ability to protect confidentiality or to entirely eliminate sexual misconduct in order to mitigate the potential for institutional betrayal (Smith & Freyd, 2013; Freyd, 2022). We aspire to create a safer, more informed, and compassionate university community committed to addressing and preventing sexual misconduct.

## Recommendation

Design and implement a comprehensive communication strategic plan for U-M, led by a full-time Senior Communications Manager for Sexual and Gender-Based Misconduct Prevention and Response reporting to the Communications Manager in the Equity, Civil Rights, and Title IX Office, that addresses the unique challenges and opportunities of all three campuses and Michigan Medicine, including but not limited to:

1. Conducting a heuristic evaluation of U-M's sexual misconduct websites (ideally including Flint, and Dearborn), followed by a redesign grounded in the latest research on trauma-informed communication.
  2. Creating a core set of messages about prevention, response, and support services that can be tailored to different campus cultures while maintaining consistency. The language should be survivor-centered, avoiding victim-blaming and emphasizing empowerment.
  3. Designing, implementing, and evaluating campus-wide social norms sexual misconduct prevention campaigns on a regular cadence.
  4. Designing a system to develop and place positive stories about U-M's sexual misconduct prevention and response in appropriate outlets targeting both internal and external audiences.
  5. Creating toolkits for campus leaders (both professional and student staff) on trauma-informed communication.
  6. Being available to campus leaders to consult regarding communications strategy when issues of sexual misconduct arise.
- 1. A heuristic evaluation of U-M's sexual misconduct websites, followed by a redesign grounded in the latest research on trauma-informed communication.**

We note the heavy compliance focus of the [sexualmisconduct.umich.edu](https://sexualmisconduct.umich.edu) web portal related to sexual misconduct and the legalistic, bureaucratic feel of the [U-M Ann Arbor ECRT](https://um-ann-arbor.ecrt.umich.edu), [UM- Dearborn](https://um-dearborn.umich.edu), and [UM-Flint](https://um-flint.umich.edu) websites. While we appreciate the university's compliance obligations and respect the efforts of our colleagues in these departments, we suggest that a warmer feel may encourage more people to seek help. The current websites, primarily policy-oriented, may seem daunting and uninviting to some. While they serve as foundational resources, their content, design, and tone convey an institutional feel. To maximize their utility, the sites should be enriched with dynamic, timely content, and their visibility as central resources must be enhanced.

Additionally, [sexualmisconduct.umich.edu](https://sexualmisconduct.umich.edu) should be made accessible and engaging for all members of the U-M community, emphasizing our commitment to preventing and educating against sexual harm. To assist with this, we encourage U-M to invest in an external assessment of the extent to which our current website(s) conform to trauma-informed principles. U-M experts on sexual misconduct, including Kaaren Williamsen, Anne Huhman, Rachel Roth Sawatzky, Tami Strickman, and Elizabeth A. Armstrong, attended the 2023 *NASEM Action Collaborative on Preventing Sexual Harassment in Higher Education* in Washington, DC. Melissa Eggleston offered an impressive presentation on [trauma-informed](https://trauma-informed.org) website design. Eggleston and her collaborator, Carol Scott of the U-M School of Information do website consulting through their firm, [Trauma-Informed Technology](https://trauma-informed-technology.com). Scott and Eggleston developed [a proposal to conduct a heuristic evaluation](https://proposal-to-conduct-a-heuristic-evaluation.org) of the [sexualmisconduct.umich.edu](https://sexualmisconduct.umich.edu) website using human-computer interaction (HCI) heuristics and trauma-informed (TI) principles. A heuristic evaluation is a way to identify design problems in a user interface like a website. They offered to assess the U-M Ann Arbor website independently on a desktop/laptop and mobile device,

then work together to discuss identified issues and develop recommendations for design, tone, and content of the website. The deliverable would be a detailed presentation with screenshots to explain the strengths and weaknesses of the website through the lens of HCI heuristics and TI principles. They also proposed to offer recommendations for improvement and prioritization of suggested changes based on severity. [The cost for this service](#), just for the central Ann Arbor ECRT website, would be approximately \$7,500. Review of other sexual misconduct related U-M websites would, of course, be more. Staff at ECRT and PEAR responsible for websites may be able to implement the proposed changes unless significant redesign is necessary. If more substantial changes are needed, Michigan Creative may need to be enlisted.

After the website redesign, an awareness campaign would be needed to roll out the new look and feel of the website. This campaign would leverage traditional media like posters, emails, on-campus signs (bus signs, Diag boards).

**2. Creating a core set of messages about prevention, response, and support services that can be tailored to different campus cultures while maintaining consistency. The language should be survivor-centered, avoiding victim-blaming and emphasizing empowerment.**

The strategic communication plan should include the development of a core messaging framework that is trauma-informed and consistent across campuses, focusing on prevention, response, and support services. These messages should aim to enhance awareness, reduce stigma, and foster dialogue about positive sexual conduct. Core messages must be tailored to the specific cultural contexts of the Ann Arbor, Dearborn, and Flint campuses, as well as Michigan Medicine, while maintaining their central themes.

To effectively communicate these messages, we recommend adopting an integrated approach that utilizes newsletters, social media, an updated website, and traditional media outlets. The content strategy should include a well-planned content calendar to ensure dynamic and timely communication, using text, video, graphics, and podcasts.

**3. Designing, implementing, and evaluating campus-wide social norms sexual misconduct prevention campaigns on a regular cadence.**

The Social Norms Approach (SNA) is a research-supported strategy for preventing violence, with an increasing body of evidence validating its theoretical foundation and positive outcomes when applied consistently. [“The social norms approach](#) to behavior change combines lessons learned from a variety of fields including social marketing, sociology, behavioral psychology and evaluation research” (National Social Norms Center MSU, 2019). This approach starts from the insight that most people are oriented to social norms – that is, “unwritten rules about how to behave” – and attempt to follow them if they are aware of what they are. Sometimes, though, “we think our peers hold different views based on a vocal minority that holds unhealthy attitudes. This misperception can make us less likely to act on our own values and beliefs. Social

norms campaigns use data from your own community to communicate the healthy attitudes of the majority, which encourages everyone to increase prosocial behavior. “

We have some powerful tools to leverage for initiating such social norms campaigns at U-M. The 2024 U-M ARC3 campus climate survey data indicates high levels of bystander confidence among students to support the safety of peers and intervene in potentially risky situations, as well as strong consensus regarding what constitutes consent in sexual encounters. These positive factors indicate opportunities to introduce some positive social norms, communicating the healthy attitudes of the majority, since the goals of social norms campaigns are health promotion and comprehensive prevention. The new Sexual Citizens course (a CCRT proposal to integrate sexual assault prevention into the core academic curriculum supported in the first round of recommendations) and [SAPAC’s FYRST program](#) (required, in-person, peer-facilitated conversations in which first-year students build skills and tools around identifying goals and values and then communicating effectively about those) are additional opportunities to promote positive social norming.

[UC-Berkeley's PATH to Care Center](#) has done quite a bit of work on [social norms campaigns](#), not only creating them but also [evaluating their effectiveness](#). This additional resource from [Prevent Connect](#) could be helpful as well.

Designing, implementing, and evaluating campus-wide social norms is a sophisticated task. Anne Huhman described the ideal individual for this job as “someone who is knowledgeable about sexual violence prevention AND marketing, communications, social norms campaigns, etc.” The need to evaluate such campaigns means that ideally, the individual would also have some training and experience in social science research. As this is a rare combination of skill sets, developing the campaigns could be done through collaboration between those knowledgeable about prevention (e.g. SAPAC, PEAR), those skilled in marketing and communications, and those skilled in research and evaluation.

Social norms campaigns also require resources. In recent years, U-M has not devoted resources to this type of prevention effort. Years ago, SAPAC worked with Michigan Creative to develop an ad campaign taking a public health approach, focusing on primary, secondary, and tertiary prevention messaging. While the campaign was successful, funds were limited and the approach was not sustained over time.

The design, implementation, and rigorous evaluation of social norms campaigns would require dedicated communications administration to effectively communicate a vision of a sexually respectful community across all four campuses and to all constituencies. The intent is to shift the behaviors of U-M faculty, staff, and students toward building a culture resistant to sexual misconduct and other abuses of power. A social norms campaign is a communication strategy that aims to change behaviors by highlighting what is socially acceptable.

**4. Designing a system to develop and place positive stories about U-M’s sexual misconduct prevention and response in appropriate outlets targeting both internal and external audiences.**

To highlight the university's proactive efforts and achievements in addressing sexual misconduct, strategic storytelling initiatives such as an article series in *The University Record* and collaborations with public radio should be launched. Partnering with the News Service will further amplify these key stories, ensuring widespread impact across internal and external audiences.

The Communications Working Group solicited ideas for feature articles from the full CCRT membership. The intent is to tell the story of how CCRT members, staff, and faculty are working to create a more safe and positive campus culture. These efforts focus on prevention, education, recovery, support, safety, reporting, restorative justice, and more. The group also created an [outline for an article series, radio program, or podcast](#).

**5. Creating toolkits for campus leaders (both professional and student staff) on trauma-informed communication.**

The working group recommends developing a comprehensive digital toolkit designed to equip every member of the University of Michigan community with the essential resources required to effectively communicate our commitment to sexual safety. This toolkit will establish a unified brand identity for sexual safety initiatives, ensuring alignment with U-M’s overall brand identity and delivering consistent messaging. Partnering with the Communicator’s Forum, it will provide tailored training and digital resources for staff involved in communication efforts, ensuring that everyone has the knowledge and tools they need at their fingertips.

On the technological front, the digital toolkit will include robust communication platforms, such as content management systems for the web hub and email marketing services, to enhance communication efficiency. To ensure the strategy’s effectiveness, we will implement analytics and monitoring tools that track engagement with the new website and other materials. This data-driven approach will allow for timely adjustments and continuous improvement, aligning our message with evolving community needs.

To further empower stakeholders, the toolkit will offer opportunities for communications training, including workshops on trauma-informed communication and survivor-centered messaging for staff and faculty. The toolkit should also include digital icons for faculty, staff, students, and community members to show their support of the campaign on social media platforms. We will also integrate feedback mechanisms, allowing stakeholders to contribute input and insights into our strategies, ensuring they remain relevant and impactful.

In terms of crisis communication, the toolkit will feature established protocols in collaboration with Public Affairs, designed to maintain transparency and trust during incidents of sexual

misconduct. A dedicated crisis communication team will be trained to manage these situations effectively, reinforcing our commitment to safeguarding our campus community.

To implement this recommendation, we recommend a full-time Senior Communications Manager for Sexual and Gender-Based Misconduct Prevention and Response reporting to the Communications Manager in the Equity, Civil Rights, and Title IX Office.

**The ideal person would bring expertise in BOTH the prevention of gender-based violence and strategic communication.** This communications professional would need to both communicate about current programs, practices, and initiatives **and** serve as a driver for creating culture change via communications. This person would develop marketing and social norms campaigns to help generate culture change (as described above). This person would not only raise awareness of gender-based violence and resources but also help generate attitude change through their efforts. This intersecting set of skills is rare, and would likely require a national search. Review this [example communications strategy](#) which outlines the professional skills and required time needed to fulfil this role.

The Senior Communications Manager for Sexual and Gender-Based Misconduct Prevention and Response would complement and coordinate with other communications professionals on all academic campuses and Michigan Medicine. To date, much of U-M's communication about sexual misconduct is focused on policy, compliance, and reporting.

#### Responsibilities: Senior Communications Manager for Sexual and Gender-Based Misconduct Prevention and Response

##### Communications Strategy and Management - 40%

- Design and implement a comprehensive communication strategic plan for the three campuses and Michigan Medicine.
- Collaborate with university stakeholders to ensure clear and consistent messaging across all communications channels.
- Coordinate with Prevention, Education, Assistance & Resources (PEAR) and Sexual Assault Prevention and Awareness Center (SAPAC), the Well-Being Collective, the Spectrum Center, and other units doing this work on each campus tasked with prevention and education efforts for faculty, staff, and students to create a core set of messages about prevention and resources.
- Coordinate with ECRT and OGC to make sure all messaging is compliant with law and policy.
- Create, review, and distribute informational materials, press releases, reports, and presentations to engage the U-M community and external audiences.
- Cooperate with ECRT and other units to manage the U-M's digital presence related to sexual misconduct, including redesign of the websites, management of website content, and social media initiatives.
- Ensure that all communications align with the University's commitment to a safe and inclusive community.
- Cooperate with leadership on crisis communications, as necessary.

- Designing a system to develop and place positive stories about U-M’s sexual misconduct prevention and response in appropriate outlets targeting both internal and external audiences.

#### Prevention Education - 20%

- Design, implement, and evaluate campus-wide social norms and sexual misconduct prevention campaigns on a regular cadence.

#### Stakeholder Engagement and Relationship Building - 20%

- Establish and direct a Sexual and Gender-Based Misconduct Communications Advisory Council including representatives from all campuses, including Title IX coordinators, student affairs professionals, survivors’ advocates, and communication experts. Ensure student, faculty, and staff representation to include diverse perspectives.
- Build and maintain relationships with students, faculty, staff, and external partners to facilitate open communication and collaboration.
- Organize and support events, meetings, and forums to promote engagement and dialogue among campus and community partners.
- Serve as the primary point of contact for communication inquiries related to the CCRT.
- Improve coordination across all U-M units engaged in prevention and response, including Prevention, Education, Assistance & Resources ([PEAR](#)), Sexual Assault Prevention & Awareness Center ([SAPAC](#)), [Well-Being Collective](#), [Spectrum Center](#), ECRT, DPSS, etc.) to ensure consistent messaging.

#### Data and Evaluation - 10%

- Utilize feedback and analytics to assess communication effectiveness and inform future strategies.
- Provide regular updates and reports to leadership on communication metrics and outcomes.
- Evaluate the effectiveness of social norms campaigns.
- Skillfully deploy climate survey data to inform communications about prevention and response.

#### Other Responsibilities - 10%

- Stay informed on trends and best practices related to sexual misconduct prevention and response, and adjust communication strategies accordingly.
- Participate in leadership meetings and contribute to strategic planning and decision-making.
- While the CCRT is in effect, improve communications internal to the CCRT and between the CCRT and the university, including maintaining the [CCRT website](#).

We have prepared a job [description for a CCRT Communications Manager](#) as an alternative, should resource constraints make the broader position unattainable.

## **Cost Assessment—need to discuss these costs**

#### Website and Campaign Development

<b>Staffing &amp; Resource Needs</b>	<b>Associated Costs</b>
Discovery, Research, & Design	\$20,000
Heuristic Website Evaluation	\$7,500
Design & Copy	\$48,000
Campus Channels Coordination MC Fees	\$15,000
Marketing Toolkit & Email	\$16,640
Communications Plan	\$29,900
Website	\$45,000
Michigan Media (Video)	\$2,000
Photography	\$4,000
Communications Manager Salary	\$100, 000-\$140,000 per year total compensation

## Recommendation 9: Improved Coordination and Resources in Michigan Medicine

### Background and needs

The recommendations related to Michigan Medicine stem from the CCRT's recognition that particular expertise, effort, and focus were necessary to assess Michigan Medicine's unique needs in preventing and responding to sexual misconduct. Three key factors underlie this recognition: the distinct needs of Michigan Medicine faculty, staff, learners, and patient stakeholders compared to the broader university community; the challenge of accessing centrally housed resources within the University of Michigan's Student Life; and the limited capacity of existing services, including ECRT, PEAR, and SAPAC, to fully support Michigan Medicine's large and dispersed population. With over 26,000 employees across 30 locations and millions of patient interactions annually, a tailored approach is essential.

Michigan Medicine faces unique challenges in addressing Sexual and Gender-Based Misconduct (SGBM). A recent [report by Rankin Climate](#) reveals that 43% (n=92) of faculty participants have experienced sexual or gender-based harassment from individuals affiliated with Michigan Medicine or the broader university community since March 2024 through March 2025.

Furthermore, 45% (n=847) of staff participants reported encountering at least one form of sexual misconduct identified in the [Rankin Climate Report](#) in the same timeframe. Notably, 47% of sexual harassment cases involved Michigan Medicine staff members as perpetrators, while 22% involved faculty members. Hospital patients and visitors were responsible for 12% of the most significant sexual assault and stalking incidents and 30% of sexual harassment cases—highlighting a critical area needing attention.

Findings from the committee identified the following themes:

1. Significant institutional and structural challenges in addressing existing needs
2. Conflicting perspectives between institutional leadership and frontline staff and management
3. Burnout, unrelenting workload and urgent nature of medical care
4. Fear of retaliation
5. Confusion related to reporting and available resources
6. Institutional barriers to implementing trauma-informed practices

The report offers crucial recommendations to enhance Michigan Medicine's ability to effectively prevent and manage SGBM incidents.

### **Recommendation 1: Improved Coordination and Resources**

Current SGBM responses are fragmented due to a lack of centralized coordination, leading to increased incidents and poor regulatory adherence. To address this, Michigan Medicine must increase funding and resources, particularly since internal misconduct is significant. Establishing dedicated oversight will streamline reporting and training, ensuring timely support services and a unified response to misconduct, including patient and visitor incidents. Publicizing these initiatives across the Michigan Medicine community will foster a safer environment.

#### **1. Dedicated Management and Support Structure**

- To enhance the effectiveness of our workplace environment, we propose establishing a support framework similar to the Workplace Violence Prevention Committee. This initiative would include a dedicated program manager and committee representatives from all areas of the organization including medical school focused on developing innovative solutions to break down cultural barriers to reporting, connect stakeholders, and foster ongoing communication to address SGBM more uniformly throughout the organization. To ensure that equitable representation from key populations is represented and able to participate, it is recommended to allocate dedicated time or a percentage of FTE for Committee members. By aligning closely or potentially integrating with the existing Workforce Violence Prevention program, and with the allocation of additional full-time equivalents (FTE) for this role, the initiative can have a broader impact.
- The executive sponsorship will come from the Michigan Medicine Enterprise Triad, with potential operational sponsorship within the same organizational structure as the current Workforce Violence Prevention program. It is crucial that this initiative remains independent and is not embedded within the Division of Public Safety and Security (DPSS).
- Appoint a dedicated 1 FTE individual to oversee and advocate for the program, liaise with stakeholders, and address cultural and institutional barriers like fear of retaliation and mistrust. This role could either be a new position or reallocated from an existing safety or culture-focused role.

- This role along with the task force would also be instrumental in designing standardized protocols across the hospital for patient and visitor SGBM issues that would assist with meeting new Joint Commission requirements around sentinel events.
- Establish clear reporting channels and strengthen interdepartmental connections. Use civility data to enhance training content, addressing underlying issues of incivility and sexual harassment. By integrating findings from both areas, develop a comprehensive education program that promotes community norms.

## **2. Enhancing Support & Prevention Resource**

- Increase resource allocation to meet the growing demand for trauma-informed SGBM support services and tackle institutional barriers like hierarchical structures and power dynamics.
- Provide clear communication about rights and boundaries to patients and families, enhancing safety and awareness. And develop more survivor-centered and trauma-informed care approaches, integrating them throughout local units and leadership training.
- Partner with Prevention Education, Assistance and Resources Office (PEAR) to develop and implement comprehensive awareness programs and training sessions. Emphasize support for vulnerable communities, such as non-binary and transgender members of the Michigan Medicine community, who experience higher rates of SGBM. These programs aim to empower staff to take action when witnessing potential misconduct. Additionally, provide training for leaders to ensure they understand the policies, enabling them to effectively support their teams and foster a safe and respectful work environment.

## **3. Policy and Procedure Development for Patient and Visitor Conduct**

- Develop clear and comprehensive procedures for handling patient and visitor misconduct, balancing medical care obligations with employee protection. With 12% of significant sexual assaults and stalking incidents and 30% of sexual harassment cases involving patients and visitors, Michigan Medicine must prioritize this area.
- Both employees and patients must be informed about protections and behavioral expectations through measures such as facility signage and admittance paperwork, thereby reinforcing expected conduct and potential consequences.

**END OF RECOMMENDATIONS. APPENDICES FOLLOW**

## Appendix XX: References for Communications Working Group (only sources that are not websites are listed here)

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## Appendix XX: Data Review & Collection for Communications Working Group

The U-M 2024 [ARC3 Campus Climate Survey Related to Sex and Gender](#) assessed employee and student experiences related to sexual harassment and misconduct on all three campuses of the University of Michigan and Michigan Medicine. The ARC3 data make clear the need for U-M efforts to increase both awareness of campus resources and trust in institutional processes. The high rates of harm also starkly illuminate the need for cultural change to create conditions in which sexual harassment and other forms of misconduct are not allowed to proliferate. A coordinated communications effort is needed to drive this kind of change.

For example, overall, 56% of survey participants who are faculty indicated at least one experience of sexual harassment<sup>4</sup> (see ARC3 definition of Sexual Harassment and leading question related to Sexual Harassment below) in the past academic year, including 56% of women, 7% of men, and a staggering 89% of non-binary or transgender faculty, with 66% of the faculty indicating that the person who engaged in the harassment was another U-M faculty member. Meanwhile, 34% of overall staff survey participants indicated experiencing sexual harassment in the past academic year, including 37% of women, 7% of men, and 56% of non-binary or transgender staff, with 52% of the staff indicating that the person who engaged in the harassment was another U-M staff member. What is further troubling, is that only 29% of faculty and 28% of staff told someone else who works at U-M about their experience, saying most frequently:

- *The situation “didn’t have anything to do with work.”*
- *“It was something that resolved itself on its own.”*
- *“It was something I believed I could handle on my own.”*
- *“I lacked confidence in the University to handle the situation appropriately.”*

These figures were relatively consistent with overall student-to-student sexual harassment rates (sexist or sexually offensive language) with 56% of undergraduates and 32% of graduate students surveyed. Among student women, 70% of undergraduates and 37% of graduate students experienced sexual harassment, while 40% of undergraduate and 23% of graduate students who are men, 56% of undergraduate and 59% of graduate students who are nonbinary, and 78% of undergraduates and 75% of graduate students who are transgender reporting experiences of sexual harassment. Similar to employees, however, students told

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<sup>4</sup>ARC3 **Sexual Harassment** definition: Sexual harassment includes verbal, nonverbal, or physical conduct of a sexual nature when this conduct affects an individual’s education or employment, unreasonably interferes with an individual’s educational or work performance, or creates an intimidating, hostile, or offensive educational or work environment.

ARC3 **Sexual Harassment** module lead question: “Since the beginning of this academic year at the University of Michigan, have you been in a situation in which a University of Michigan faculty member, instructor, or staff member.....: [insert 1 of 16 conditional sub-questions + 35 additional conditional sub-questions depending on if/then logic of prior answers].

university employees about sexual harassment experiences at quite low rates ([U-M Ann Arbor, Students Report](#)). These data are also consistent with findings for the [Flint](#) and [Dearborn](#) campuses (Table 1).

<b>Table 1. Students Reporting of Sexual Harassment, U-M 2024 ARC3 Survey</b>	<b>UG</b>	<b>Grad</b>
Employee-to-Student Sexual Harassment: <b><i>Students reported their experiences of sexual harassment to SAPAC, ECRT, faculty members or teaching staff, CAPS, or UHS...</i></b>	8%	17%
Student-to-Student Sexual Harassment: <b><i>Students reported their experiences of sexual harassment to SAPAC, ECRT, faculty members or teaching staff, CAPS, or UHS...</i></b>	5%	14%

Students and others lack the awareness of where to get help, understanding of and/or trust in institutional processes related to these issues, and/or other barriers to reporting, with the most common reasons for not reporting to U-M including:

- *“It was not a serious enough comment or offense to warrant me telling anyone.”*
- *“The incident was not on campus.”*
- *“There was nothing to be gained by telling someone.”*
- *“I did not feel like the institution would help in the situation.”*

Transitioning to ARC3 data on student experiences of sexual violence over the course of the past academic year, the findings are quite sobering.<sup>5</sup> For example, 22% of undergraduate women, 10% of undergraduate men, and 19% of non-binary or transgender undergraduates reported experiencing sexual violence in the past academic year. Graduate student women and men were about half as likely to experience sexual violence at 10% and 5% respectively, while rates were consistent for non-binary or transgender graduate students at 20%. A majority of the undergraduate survey participants indicated the perpetrator was another U-M undergraduate, while that figure was much lower among graduate students. Meanwhile, the

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<sup>5</sup> ARC3 Sexual Violence definitions:

**Sexual misconduct:** Physical contact or non-physical conduct of a sexual nature in the absence of clear, knowing and voluntary consent as well as gender-based and/or sexual orientation-based violence, even if not sexual in nature. Examples include sexual or gender-based harassment, stalking, dating violence, sexual violence, gender-based violence, sexual-orientation-based violence, and violence based on gender identity or expression.

**Unwanted sexual attention:** Unwelcomed sexual advances (including sexual advances or propositions or threats, requests for sexual favors), other verbal communication of a sexual nature (including suggestive or insulting comments or sounds, including whistling; sexual jokes, stories, or teasing of a sexual nature; commentary about an individual's body, sexual prowess, or sexual deficiencies), and/or physical conduct or communications of a sexual nature.

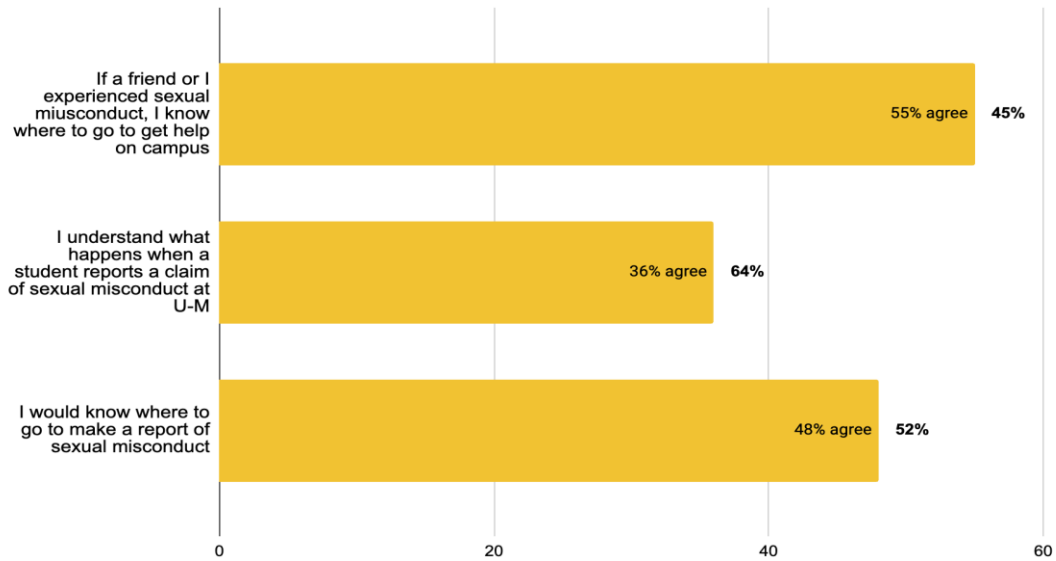
**Unwanted sexual contact:** Unwelcomed touching, grabbing, slapping, fondling, kissing, or rubbing up against the private areas of someone's body (lips, breast/chest, crotch or butt) or removing someone's clothes. Unwanted sexual contact encompasses rape, attempted rape, and sexual assault.

vast majority of these students did not report their experiences of sexual violence to U-M (Table 2).

<b>Table 2. Students Reporting of Sexual Violence, U-M 2024 ARC3 Survey</b>	<b>UG</b>	<b>Grad</b>
The person who engaged in the violence was another U-M undergraduate student	69%	–
The person who engaged in the violence was another U-M graduate student	–	21%
<b><i>Students reported their experiences of sexual violence to SAPAC, ECRT, faculty members or teaching staff, CAPS, or UHS...</i></b>	10%	3%

In ARC3 survey questions relating to student awareness of institutional processes, less than half of survey participants indicated that they would know where to get help, understood institutional processes related to these issues, or how to make a report to the university if necessary (Figure 1).

**Figure 1. Student Knowledge of Institutional Resources and Processes**



Lack of knowledge and confidence in institutional resources and processes are clearly issues that can and should be addressed by better communication. Communication also has a role in preventing the harms in the first place – that is, in primary prevention – as social norms prevention campaigns (to be discussed) require the creation and dissemination of refined, strategic, trauma-informed materials that reflect the latest research and industry best practice.

The Communications Working Group is aware that the current regulatory environment creates challenges in the effort to communicate about sexual misconduct in a way that leads with support and centers the needs of survivors. Educational laws like Title IX require the University of Michigan and other federally funded institutions to focus on compliance to reduce liability for issues like sex and gender-based harassment and misconduct. However, this focus often supersedes real community and individual needs. These requirements prioritize values that conflict with what research shows victims of sexual harm actually need, including choice, transparency, and agency. In a 2023 article, ["How is a Student to Know Who They Can Talk To?": University Website Communication about Sexual Assault in the Context of Compelled Disclosure](#), CCRT co-chair Sandra Levitsky and Communications co-chair Elizabeth Armstrong, along with graduate student co-authors, review some of this literature:

Researchers, advocates, and survivors identify the need for agency in deciding whether and to whom to disclose or report (Brubaker & Mancina, 2017; Frazier et al., 2017; Holland et al., 2020a, 2020b; Kirkner et al., 2021; Munro-Kramer et al., 2017; Orchowski & Gidycz, 2015; Orchowski et al. 2013; Richards et al., 2021). Lack of control over institutional responses is one of the most damaging possible consequences of reporting or disclosure, perhaps because it mirrors the lack of autonomy experienced during the assault (Dworkin et al., 2019; Gidycz et al. 2015). In a context where some individuals are compelled to report—by which we mean communicating identifiable information about sexual harm to an authority without survivor consent—protecting survivor agency requires providing enough information to enable survivors to decide whether speaking to a particular party aligns with their goals (Holland et al., 2020a). Information that is comprehensible, easy to find, and that speaks directly to survivor concerns is more likely to enable agency (Munro-Kramer et al. 2017).

As a result of the collision between the requirements of the law and the needs of survivors, university web pages related to sexual misconduct – including the University of Michigan’s – tend to emphasize reporting and compliance at the expense of autonomy and care. Yet even within the current legal and policy environment, some of our peers are crafting websites that have a more caring and compassionate feel to them. For example, Amy Merkle, a Communications Working Group member who serves at the Sexual Assault Services Coordinator at [SafeHouse Center](#), pointed to Michigan State University’s website for the [Center for Survivors](#) as a positive example which combines positive images, a primary message of care, and institutional branding. Similarly, MSU’s [Title IX and Civil Rights](#) website strikes that balance and feels softer than U-M’s ECRT site. Matt Snyder, U-M Senior Marketing and Communications Specialist, notes that MSU’s site uses light colors with minimal green accents, creating a calm feel. U-M’s sites, with dark blue and maize colors, convey a more professional and institutional look and have heavy-feeling graphics and color blocks around navigation tools, images, and footers. Maintaining U-M’s brand is key, and we believe there are ways to do that while also introducing a more accessible aesthetic. The [UC-Berkeley PATH to Care Center](#) has a nice example of this blend of survivor-centered design and institutional branding. Merkle also points out a helpful example from the University of Iowa’s website, especially their [how to help a](#)

[friend videos](#) and their [culturally-specific resources](#) – instead of, as most universities do, around the harms we wish to eradicate. Websites are important, as for many survivors they are the first place they turn for help. Armstrong, Levitsky, and their colleagues argue that if websites are not trauma-informed, for example in ways such as those outlined above, they “may undermine survivor ability to make informed decisions about how to respond to sexual assault, deter survivors from seeking resources, and embroil them in adjudication processes without their consent” (Eno et al. 2023, p. 384).

Members of the Communications Working Group also talked with many U-M community stakeholders to understand existing prevention practices and identify potential gaps in current communication efforts in this area. Kaaren Williamsen, Director of the Prevention, Education, Assistance and Resources office (PEAR) within the Equity, Civil Rights, and Title IX Department, and Anne Huhman, Director of U-M’s Sexual Assault Prevention and Awareness Center (SAPAC), attended an early meeting and delivered a presentation on [trauma-informed communication](#). Williamsen later offered, “I would reiterate the suggestion to work with Trauma-Informed Tech to review our websites and make recommendations. Additionally, securing a budget for regular public awareness campaigns would be essential, and having a communications person to work with both PEAR and SAPAC would be fantastic.”

Anne Huhman, Director of U-M’s Sexual Assault Prevention and Awareness Center (SAPAC) also indicated support for this proposal saying there is a great need for this type of coordinated effort:

[An effort] that could give visibility to the great work that is already happening on campus in proactive ways, and led by someone who is knowledgeable in the scholarship of sexual misconduct, and could operate according to trauma-informed principles is so needed.

Huhman offered a “Communications Wish List” identifying a number of needs that have found their way into this proposal including:

- A comprehensive communications strategy for the institution that involves both proactive and reactive messaging (traditionally we have taken a more reactive approach as an institution).
- An ongoing communication campaign involving primary, secondary, and tertiary prevention messaging (since a one and done approach or a tertiary approach alone is not effective).
- Social norms campaigns (i.e. most students say that you should always get consent before engaging in sexual activity but fewer students think that their peers believe that -- there are many examples like this from data within our own student population). Social norms campaigning is a best practice within sexual assault prevention but U-M has not devoted the resources to engage in institution-wide social norms campaigns.
- Toolkits for campus leaders (both professional and student staff) on trauma-informed communication.

- A Senior Communications Manager for Sexual and Gender-Based Misconduct Prevention and Response to do all of this!

As scholars and practitioners in this work, members of the Communications Working Group propose a communications approach that is compliant with policy and law, has an approachable U-M look and feel, and is demonstrably compassionate and trauma-informed for those seeking support and resources. This approach will strengthen U-M's efforts to prevent and address sexual harassment and sexual violence while fostering trust and responsiveness within the community. It is essential to provide all stakeholders with clear and consistent information about campus and community resources, increase awareness of institutional initiatives, and uphold integrity in our prevention and response efforts. By doing so, we can build trust in the University of Michigan's policies, procedures, and people.

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# Appendix XX: Job Description for Communications Manager

## Responsibilities: Senior Communications Manager for Sexual and Gender-Based Misconduct Prevention and Response

### Communications Strategy and Management - 40%

- Design and implement a comprehensive communication strategic plan for the three campuses and Michigan Medicine.
- Collaborate with university stakeholders to ensure clear and consistent messaging across all communications channels.
- Coordinate with Prevention, Education, Assistance & Resources (PEAR) and Sexual Assault Prevention and Awareness Center (SAPAC), the Well-Being Collective, the Spectrum Center, and other units doing this work on each campus tasked with prevention and education efforts for faculty, staff, and students to create a core set of messages about prevention and resources.
- Coordinate with ECRT and OGC to make sure all messaging is compliant with law and policy.
- Create, review, and distribute informational materials, press releases, reports, and presentations to engage the U-M community and external audiences.
- Cooperate with ECRT and other units to manage the U-M's digital presence related to sexual misconduct, including redesign of the websites, management of website content, and social media initiatives.
- Ensure that all communications align with the University's commitment to a safe and inclusive community.
- Cooperate with leadership on crisis communications, as necessary.
- Designing a system to develop and place positive stories about U-M's sexual misconduct prevention and response in appropriate outlets targeting both internal and external audiences.

### Prevention Education - 20%

- Design, implement, and evaluate campus-wide social norms and sexual misconduct prevention campaigns on a regular cadence.

### Stakeholder Engagement and Relationship Building - 20%

- Establish and direct a Sexual and Gender-Based Misconduct Communications Advisory Council including representatives from all campuses, including Title IX coordinators, student affairs professionals, survivors' advocates, and communication experts. Ensure student, faculty, and staff representation to include diverse perspectives.
- Build and maintain relationships with students, faculty, staff, and external partners to facilitate open communication and collaboration.
- Organize and support events, meetings, and forums to promote engagement and dialogue among campus and community partners.
- Serve as the primary point of contact for communication inquiries related to the CCRT.

- Improve coordination across all U-M units engaged in prevention and response, including Prevention, Education, Assistance & Resources ([PEAR](#)), Sexual Assault Prevention & Awareness Center ([SAPAC](#)), [Well-Being Collective](#), [Spectrum Center](#), ECRT, DPSS, etc.) to ensure consistent messaging.

#### Data and Evaluation - 10%

- Utilize feedback and analytics to assess communication effectiveness and inform future strategies.
- Provide regular updates and reports to leadership on communication metrics and outcomes.
- Evaluate the effectiveness of social norms campaigns.
- Skillfully deploy climate survey data to inform communications about prevention and response.

#### Other Responsibilities - 10%

- Stay informed on trends and best practices related to sexual misconduct prevention and response, and adjust communication strategies accordingly.
- Participate in leadership meetings and contribute to strategic planning and decision-making.
- While the CCRT is in effect, improve communications internal to the CCRT and between the CCRT and the university, including maintaining the [CCRT website](#).

## Appendix XX – References for Prevention Group

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<https://doi.org/10.1177/107906320001200104>
- University of Michigan’s Arch 3 Study Findings for Ann Arbor, Flint, and Dearborn
- 2024 Campus Climate Survey - U-M Ann Arbor – <chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://sexualmisconduct.umich.edu/wp-content/uploads/ann-arbor-executive-summary.pdf>
- 2024 Campus Climate Survey - U-M Flint – <https://www.umflint.edu/ecrt/surveys/>
- 2024 Campus Climate Survey - U-M Dearborn – <https://umdearborn.edu/equity-civil-rights-and-title-ix-office/surveys>
- Battered Women's Justice Project: Confidentiality Guide – [https://www.bwjp.org/assets/documents/pdfs/confidentiality\\_an\\_advocates\\_guide.pdf](https://www.bwjp.org/assets/documents/pdfs/confidentiality_an_advocates_guide.pdf)
- End Violence Against Women International: Advocacy Benefits – [https://evawintl.org/best\\_practice\\_faqs/advocacy-benefits-of-advocate/](https://evawintl.org/best_practice_faqs/advocacy-benefits-of-advocate/)
- National Sexual Violence Resource Center: Sexual Assault Response Team Toolkit – <https://www.nsvrc.org/sarts/toolkit/3-5>
- Office for Victims of Crime: Victims' Right to Privacy – <https://ovc.ojp.gov/sites/g/files/xyckuh226/files/publications/infores/VictimsRightToPrivacy/pfv.html>
- Okanagan Charter - U.S Health Promoting Campuses Network – <http://ushpcn.org/okanagan-charter/>
- University of Michigan’s Vision 2034 Report – [https://vision2034.umich.edu/wp-content/uploads/2024/04/UM\\_Vision-ImpactReport.pdf](https://vision2034.umich.edu/wp-content/uploads/2024/04/UM_Vision-ImpactReport.pdf)
- University of Michigan Faculty and Staff Count – [https://obp.umich.edu/wp-content/uploads/pubdata/factsfigures/facstaff\\_umsystem.pdf](https://obp.umich.edu/wp-content/uploads/pubdata/factsfigures/facstaff_umsystem.pdf)

## Appendix C - Data Review & Collection for Prevention Group

### Invited Speakers:

- **Michelle Munro-Kramer**, Associate Professor & Director of Global Programs, Department of Health Behavior and Clinical Sciences, School of Nursing, University of Michigan.
  - **Kelly Schweda**, Executive Director of the Prevention, Outreach and Education (POE) Department, Michigan State University.
  - **Pedro Coracides**, Michigan Medicine Specialist, Prevention, Education, Assistance & Resources (PEAR), University of Michigan.
  - **Christina Gerazounis**, Prevention and High Risk Planning Manager, Wolverine Wellness, University of Michigan.
  - **Brigid Hart-Molloy**, Director of Outreach and Training, Office of Ethics, Integrity & Compliance Office, University of Michigan.
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PUBLIC HEALTH APPROACH TO SEXUAL MISCONDUCT PREVENTION

	Primary Prevention	Secondary Prevention	Tertiary Prevention
<b>Definition</b>	<p>"Primary prevention is about getting to the root of the problem and changing our culture to one that promotes safety, equality, and respect."<sup>1</sup></p> <p>"Primary Prevention: Approaches that take place before sexual violence has occurred to prevent initial perpetration or victimization."<sup>2, 2</sup></p>	<p>"Traditional prevention training often alienates participants, as it focuses on the punitive. <b>Effective bystander intervention training</b> does the opposite by focusing on worker empowerment. Empowering bystander training gives workers tools and allows them to be active participants in solutions that check abuses. Intervention at the level of microaggressions can help prevent more egregious harassment behaviors from occurring in the workplace, and bystander training teaches workers how to identify microaggressions and what to do about them."<sup>3</sup></p> <p>"Secondary Prevention: Immediate responses after sexual violence has occurred to deal with the short-term consequences of violence."<sup>4</sup></p>	<p>"Tertiary Prevention: Long-term responses after sexual violence has occurred to deal with the lasting consequences of violence and sex offender treatment interventions."<sup>5</sup></p> <p>"Tertiary prevention refers to actions that focus on addressing the long-term consequences of violence occurring in the first place."<sup>6</sup></p>
<b>Types of Topics</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Awareness of expectations (Policy+)</li> <li><input type="checkbox"/> Respectful workplaces &amp; campus environments</li> <li><input type="checkbox"/> Values reflection / personal boundaries</li> <li><input type="checkbox"/> Healthy relationships and communication skill-building</li> <li><input type="checkbox"/> Social-emotional skill building</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Bystander intervention skills</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> How to respond to disclosures in a compassionate way (IRO+)</li> <li><input type="checkbox"/> Attending to harm to the community</li> </ul>
<b>SAPAC Workshops/ Interventions</b>	<ul style="list-style-type: none"> <li>• Online courses focused on sexual assault prevention, alcohol and other drugs, and mental health and</li> </ul>	<ul style="list-style-type: none"> <li>• Peer-facilitated in-person workshop, FYRST, required for all incoming students (introduced to a model called PACE that</li> </ul>	<ul style="list-style-type: none"> <li>• Individual survivor support /advocacy</li> <li>• Student Peer-Led Support Groups</li> <li>• 24-Hour Support Line</li> </ul>

<sup>1</sup> Townsend, S. (2014). Primary prevention and evaluation resource kit (Vol. 1). Enola, PA: Pennsylvania Coalition Against Rape.

<sup>2</sup> <https://www.cdc.gov/violenceprevention/pdf/ispvention-a.pdf>

<sup>3</sup> <https://fortune.com/2022/04/29/sexual-harassment-training-workplace-bystander-intervention-anita-hill/>

<sup>4</sup> <https://www.cdc.gov/violenceprevention/pdf/ispvention-a.pdf>

<sup>5</sup> <https://www.cdc.gov/violenceprevention/pdf/ispvention-a.pdf>

<sup>6</sup> <https://safeu.utah.edu/understanding-primary-prevention/>

	Primary Prevention	Secondary Prevention	Tertiary Prevention
	<p>well-being required for all 9,000 first-year and transfer students</p> <ul style="list-style-type: none"> <li>Peer-facilitated, in-person workshop, FYRST (First Year Relationship and Sexuality Talk), required for all 9,000 first-year and transfer students</li> <li>New CCRT-approved FYRST program for Flint and Dearborn campuses</li> <li>NEW CCRT-approved credit-bearing course on Sexual Citizenship</li> <li>Healthy Relationship workshop</li> <li>Consent workshop</li> <li>Events, speakers, panels, and Healthy Relationships Month activities</li> <li>Healthy masculinity workshops</li> <li>Canvas course for student orgs</li> <li>Social media efforts</li> <li>Training of SAPAC volunteers &amp; student staff and yearlong leadership development program</li> </ul>	<p>stands for Power, Agency, Culture, Expectations and work through scenarios that involve bystander intervention)</p> <ul style="list-style-type: none"> <li>Bystander intervention workshop</li> <li>Events, speakers, panels, and Better Bystander Month hosted by BICE</li> <li>Engendering Respectful Communities (ERC) workshop for graduate students</li> <li>Raise the Bar workshops</li> <li>Canvas course for student orgs</li> <li>Social media efforts</li> </ul>	<ul style="list-style-type: none"> <li>Circles to attend to ripple harms/community harm</li> <li>Disclosures workshop</li> <li>Self-care workshop</li> <li>Events, speakers, panels hosted by SEAS</li> <li>Canvas course for student orgs</li> <li>Social media efforts</li> </ul>
PEAR Workshops/ Interventions	<ul style="list-style-type: none"> <li>In-person and virtual Policy 101 Training for Employees</li> <li>IRO training</li> <li>Onboarding/Orientation for Employees</li> <li>Creating Healthy Relationships and Resilience Workplaces</li> <li>Power Dynamics workshop</li> <li>Confidential Resources workshop</li> <li>CRLT Creating Climate Resistant to Sexual Harassment workshops</li> <li>Strengths and Shadows Workshop</li> <li>Cultivating a Culture of Respect Online Module Onboarding (upcoming)</li> <li>Consultation with leaders</li> <li>Tabling Events</li> </ul>	<ul style="list-style-type: none"> <li>Bystander Intervention workshop</li> <li>UM Conference on Ending Sexual Harassment</li> <li>Consultation with leaders</li> </ul>	<ul style="list-style-type: none"> <li>Disclosures workshop (general and IRO focus)</li> <li>RJ Circles to attend to ripple harms/community harm</li> <li>UM Conference on Ending Sexual Harassment</li> <li>Consultation with leaders</li> </ul>

	Primary Prevention	Secondary Prevention	Tertiary Prevention
Flint Campus Workshops/ Interventions	<ul style="list-style-type: none"> <li>Online Modules GetInclusive</li> <li>Peer Lead Workshops</li> <li>Sexual Violence Prevention and Healthy Masculinity Certificate Programs, Queer Advocacy and Education Certificate</li> <li>Peer Lead Groups (Women Talk Wednesday, Queer Thursday, Queerness In Color)</li> <li>Passive Tabling Events "Ask the Advocate"</li> </ul> <p><u>Additional Identities Work</u></p>	<ul style="list-style-type: none"> <li>Sexual Misconduct Training w. ECRT, CAPS, DOS, DPS</li> <li>Peer Lead Workshops</li> <li>Sexual Violence Prevention and Healthy Masculinity Certificate Programs</li> <li>Peer Lead Groups</li> <li>Take Back the Night Event</li> <li>Big Man on Campus Event</li> <li>Survivor Art Workshop</li> <li>Creating Safer Spaces Video Project</li> </ul>	<ul style="list-style-type: none"> <li>Advocacy/ Supportive Measures</li> <li>Soft Interview Room</li> <li>Take Back the Night Event</li> <li>Big Man on Campus Event</li> <li>Genesee County SART</li> <li>Survivor Art Workshop</li> </ul>
Dearborn Campus Workshops/ Interventions	<ul style="list-style-type: none"> <li>Online courses focused on sexual assault prevention, alcohol and other drugs, and mental health and well-being required for all incoming students</li> <li>In-person training for all incoming students</li> <li><b>New SAPAC supported FYRST program for Dearborn campus</b></li> <li>Healthy Relationship workshop</li> <li>Consent workshop</li> <li>Canvas course for student org leaders</li> <li>In-person trainings for student groups: athletics, international student orgs, fraternity, and sorority</li> <li>CECS grad student orientation</li> <li>Tabling events- Wolverine Welcome Day and LGBTQ+ back-to-school mixer</li> <li>Men's Programs - Michigan Men and Brother to Brother</li> </ul>	<ul style="list-style-type: none"> <li>In-person training for all incoming students</li> <li>Bystander intervention workshop</li> <li>Canvas course for student orgs</li> <li>Referrals to 24 Hour Hotline and other confidential resources (on and off campus)</li> <li>Dearborn campus CCRT partnership with First Step</li> <li>New Employee Orientation (Staff and Faculty)</li> <li>New employee online modules <ul style="list-style-type: none"> <li>Culture of Respect (req)</li> <li>Vector (encouraged)</li> </ul> </li> <li>IRO Training</li> <li>Study Abroad Faculty Leaders training</li> <li>CRLT - Creating Climates Resistant to Sexual Harassment</li> </ul>	<ul style="list-style-type: none"> <li>Take Back the Night Event</li> <li>SAAM Events <ul style="list-style-type: none"> <li>Clothesline Project -</li> <li>Teal Out</li> <li>Denim Day</li> </ul> </li> <li>Referrals to 24 Hour Hotline and other confidential resources (on and off campus)</li> <li>Dearborn campus CCRT partnership with First Step</li> <li>Disclosures discussion in IRO trainings</li> <li>CRLT - Creating Climates Resistant to Sexual Harassment</li> <li><b>Supportive Measures</b></li> </ul>

	Primary Prevention	Secondary Prevention	Tertiary Prevention
	<ul style="list-style-type: none"> <li>• Student government events</li> <li>• New employee orientation (Staff and Faculty)</li> <li>• New employee online modules               <ul style="list-style-type: none"> <li>◦ Culture of Respect (req)</li> <li>◦ Vector (encouraged)</li> </ul> </li> <li>• IRO Training</li> <li>• Annual training for academic leadership of each college and training at one faculty meeting</li> <li>• Study Abroad Faculty Leaders</li> <li>• CRLT Creating Climates Resistant to Sexual Harassment</li> </ul> <p><b><u>Additional Identities Work</u></b></p>		
<p><b>Spectrum Center Workshops/ Interventions</b></p>	<ul style="list-style-type: none"> <li>• The Queer and Trans Task Force (part of DEI 2.0 plan)</li> <li>• Pronouns 101 (workshop)</li> <li>• Introduction to LGBTQIA2S+ Communities and identities (web-course)</li> <li>• Towards Solidarity (workshop)</li> <li>• Roadmap to Gender Affirming Surgery &amp; Care</li> <li>• Freshpectives</li> <li>• Q'mmunity Q'nnctions</li> <li>• Access to Safer Sex Products</li> <li>• Identity-Based Virtual Office Hours</li> <li>• HIV/STI testing</li> <li>• Heritage Month programming</li> <li>• Identity based Heritage days or weeks (Bisexual visibility day, asexuality week, aromantic week, etc. )</li> </ul>	<ul style="list-style-type: none"> <li>• QT-inclusive sexual health programming and workshops (that also focus on race and ethnicity)</li> <li>• Post-election Insights for LGBTQIA2S+ Communities</li> <li>• Towards Solidarity: LGBTQ+ Allyship in Action</li> <li>• Identity based workshops (Putting the Ace in Sex Ed)</li> <li>• Custom workshops received upon request (Inclusive Practices in Nursing, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• Processing Circles</li> <li>• HIV/STI testing</li> <li>• UHS liaisonship</li> <li>• Partnerships with SAPAC and DOS</li> </ul>

Working DRAFT

	Primary Prevention	Secondary Prevention	Tertiary Prevention
	<ul style="list-style-type: none"><li>• QTBIPOC Kickbacks</li><li>• Welcome programs</li><li>• Programming Board</li><li>• Scholarships/essential needs grants</li><li>• QT advocacy and policy change work</li><li>• Consultation</li></ul>		
<b>AA CAPS</b>	<ul style="list-style-type: none"><li>• Trans and non-binary empowerment</li><li>• Relationship counseling for gender identities, sexual orientations, and relationship orientations</li></ul>		Trauma informed services for survivors
<b>Dean of Students</b>	<ul style="list-style-type: none"><li>• Impact training for Athletics, marching band, FSL and other student orgs.</li></ul>		<ul style="list-style-type: none"><li>• Respondent support services</li><li>• Support for students</li></ul>



## Appendix XX - Cost Assessment for Prevention Proposals

<b>Dedicated Online PEAR Specialist</b>	
<p><u>Staffing Needs</u></p> <ul style="list-style-type: none"> <li>• 1 FTE [housed in PEAR]</li> </ul>	<p><u>Associated Costs</u></p> <ul style="list-style-type: none"> <li>• Salary: \$80,000–\$90,000 annually (based on market rates and university salary bands)</li> <li>• Benefits &amp; Taxes: \$21,000–\$25,500 (approximately 30% of salary)</li> <li>• Training &amp; Professional Development: \$3,000 annually</li> <li>• Software &amp; Licensing Fees: \$8,000 annually (for e-learning tools, content management, and accessibility compliance)</li> <li>• Miscellaneous cost: \$2,000</li> <li>• <b>Total Estimated Annual Cost: \$114,000–\$128,000</b></li> </ul>

<b>Dedicated Peer Educators for Flint and Dearborn Campuses</b>	
<p><u>Staffing Needs</u></p> <ul style="list-style-type: none"> <li>• Part-Time Peer Educators [housed in the Office of Student Life]</li> </ul>	<p><u>Associated Costs for Peer Educator Programs at Flint campus:</u></p> <ul style="list-style-type: none"> <li>• Salary: \$15/hour x 10 hour/week x 5 peer educators x 30 weeks = \$22,500</li> <li>• Training &amp; Professional Development: \$2,500 annually</li> <li>• Miscellaneous cost: \$2,000</li> <li>• Total Estimated Annual Cost: \$27,000</li> </ul> <p><u>Associated Costs for Peer Educator Programs at Dearborn campus:</u></p>

	<ul style="list-style-type: none"> <li>● Salary: \$15/hour x 10 hour/week x 5 peer educators x 30 weeks = \$22,500</li> <li>● Training &amp; Professional Development: \$2,500 annually</li> <li>● Miscellaneous cost: \$2,000</li> <li>● Total Estimated Annual Cost: \$27,000</li> </ul> <p><b>Total Estimated Annual Cost for Flint and Dearborn for six years: \$324,000</b></p>
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<b>Part-Time Confidential Advocate at U-M Dearborn</b>	
<p><u>Staffing Needs</u></p> <ul style="list-style-type: none"> <li>● 1 Part-Time FTE [housed in the Office of Student Life]</li> </ul>	<p><u>Associated Costs</u></p> <ul style="list-style-type: none"> <li>● Salary: \$35,000 - \$45,000 per year (based on market rates and university salary bands)</li> <li>● Benefits &amp; Taxes: \$10,500–\$13,500 (approximately 30% of salary)</li> <li>● Training &amp; Professional Development: \$2,500 annually</li> <li>● Miscellaneous cost: \$2,000 annually</li> <li>● <b>Total Estimated Annual Cost: \$50,000-63,000</b></li> </ul>

<b>PEAR LGBTQIA+ Specialist for Employees</b>	
<p><u>Staffing Needs</u></p> <ul style="list-style-type: none"> <li>● 1 FTE [housed in PEAR]</li> </ul>	<p><u>Associated Costs</u></p> <ul style="list-style-type: none"> <li>● Salary: \$80,000–\$90,000 annually (based on market rates and university salary bands)</li> <li>● Benefits &amp; Taxes: \$21,000–\$25,500 (approximately 30% of salary)</li> </ul>

	<ul style="list-style-type: none"> <li>● Training &amp; Professional Development: \$3,000 annually</li> <li>● Software &amp; Licensing Fees: \$8,000 annually (for e-learning tools, content management, and accessibility compliance)</li> <li>● Miscellaneous cost: \$2,000</li> <li>● <b>Total Estimated Annual Cost: \$114,000–\$128,000</b></li> </ul>
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<b>SAPAC Program Manager for Prevention Education: Student Access &amp; Support</b>	
<p><u>Staffing Needs</u></p> <ul style="list-style-type: none"> <li>● 1 FTE [housed in SAPAC]</li> </ul>	<p><u>Associated Costs</u></p> <ul style="list-style-type: none"> <li>● Salary: \$56,000-\$70,000 annually (based on market rates and university salary bands)</li> <li>● Benefits &amp; Taxes: \$21,000–\$25,500 (approximately 30% of salary)</li> <li>● Training &amp; Professional Development: \$3,000 annually</li> <li>● Software &amp; Licensing Fees: \$8,000 annually (for e-learning tools, content management, and accessibility compliance)</li> <li>● Miscellaneous cost: \$2,000</li> <li>● <b>Total Estimated Annual Cost: \$90,000-\$108,500</b></li> </ul>

<b>Program Manager for Education, Outreach, and Belonging</b>
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<p><u>Staffing Needs</u></p> <ul style="list-style-type: none"> <li>● 1 FTE [housed in Spectrum Center, serving Flint and Dearborn]</li> </ul>	<p><u>Associated Costs</u></p> <ul style="list-style-type: none"> <li>● Salary: \$56,000-\$70,000 annually (based on market rates and university salary bands)</li> <li>● Benefits &amp; Taxes: \$21,000-\$25,500 (approximately 30% of salary)</li> <li>● Training &amp; Professional Development: \$3,000 annually</li> <li>● Miscellaneous cost: \$2,000</li> <li>● <b>Total Estimated Annual Cost: \$90,000-\$108,500</b></li> </ul>
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<p><b>Expand Prevention And Intervention Programs For Those Who Have Caused Harm By Increasing Investment In Empirically-Based Programs</b></p>	
<p><u>Staffing Needs</u></p> <p>Expand prevention and intervention programs for those who have caused harm</p> <ul style="list-style-type: none"> <li>● 1 FTE [housed in new Prevention space]; required clinical license</li> <li>● External Training provided by Klancy Street Consultation</li> </ul>	<p><u>Associated Costs</u></p> <ul style="list-style-type: none"> <li>● Salary: \$75,000-\$100,000 annually (based on market rates and university salary bands)</li> <li>● Benefits &amp; Taxes: \$21,000-\$25,500 (approximately 30% of salary)</li> <li>● Training &amp; Professional Development: \$25,000 annually</li> <li>● Miscellaneous cost: \$2,000</li> <li>● <b>Total Estimated Annual Cost: \$121,000-\$152,500</b></li> </ul>

**Space funding for State-Required SAPAC First Year Programming**

<u>Space Needs</u>	<u>Associated Costs</u>
<ul style="list-style-type: none"><li>● Various rooms within campus buildings (Michigan Union, Michigan League, Pierpont, etc) to accommodate weekly FYRST (First Year Relationship and Sexuality Talk) Workshops. Rooms must be able to accommodate 50+ students per session.</li><li>● Or funding for one designated space on campus to deliver these workshops.</li><li>● Total of FYRST workshops/year: 200</li></ul>	<ul style="list-style-type: none"><li>● \$23,000 in room bookings for the 2025-2026 academic year</li><li>● <b>Total Estimated Annual Cost: \$23,000+ based on per capita of incoming first year and transfer students</b></li></ul>

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- Stakeholder Interviews

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- Education and Prevention
- Harassment Categories
- Populations Experiencing Harm in Medicine
- How SGBM is managed by other Medical Institutions

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## Appendix I - Data Reporting

Throughout the process, extensive data review and collection were undertaken to gather both quantitative and qualitative information. Quantitative data were obtained through assessments such as the Rankin Climate Survey and the AAMC Graduation Questionnaire. Qualitative insights were gathered via multiple stakeholder interviews, details of which, including a list of stakeholders and major categories, can be found in the appendix of this report. The findings are organized to cover aspects such as the current structure and reporting, response and support services, education and prevention, challenges and identified gaps, and needs and recommendations, as outlined in the Michigan Medicine CCRT Retreat Report Summary dated May 28th, 2024.

## ***Data Review***

### **University of Michigan Climate Survey Related to Sex and Gender (2024)**

The University contracted with Rankin Climate, LLC, to conduct an assessment of all campuses and Michigan Medicine via an anonymous survey of students, faculty, and staff focused on sexual harassment and gender-based misconduct in the winter and spring of 2024. Data gathered from the 2024 Campus Climate Survey Related to Sex and Gender assessed the prevalence of sexual harassment and misconduct, perceptions of these issues on UM campuses, and awareness of campus responses and resources. A randomized sample of the undergraduate and graduate/professional student populations was selected and recruited to complete the survey.

- 45% (n=219) of Michigan Medicine faculty were included in the sample, and 36% (n=678) of Michigan Medicine staff included in the sample responded to the survey.
- **43% (n=92) of Michigan Medicine faculty participants** indicated they had experienced sexual or gender-based harassment by someone else affiliated with the University of Michigan or Michigan Medicine since the beginning of the academic year. This included:
  - 58% of women respondents (n=59)
  - 27% of men respondents (n=29)
  - 67% of non-binary or transgender respondents (n=4)
- **36% (n=678) of Michigan Medicine staff participants** indicated they had experienced sexual or gender-based harassment by someone else affiliated with the University of Michigan or Michigan Medicine since the beginning of the academic year. This included:
  - 36% women (n=528)
  - 32% men (n=117)
  - 60% non-binary and transgender (n=33)
- **30% of Michigan Medicine employees** indicated that they had experienced sexual or gender-based harassment by patients or hospital visitors since the beginning of the academic year. This included:
  - 40% of faculty
  - 30% of staff
  - 10% of post-doctoral research fellows
- **43% (n=92) of faculty participants** at Michigan Medicine experienced at least one form of sexual misconduct in the past year. 58% of women faculty participants (n=59)

indicated a higher incidence experiencing at least one form of sexual misconduct compared with 27% of faculty men (n=29).

- **45% (n=847) of the staff participants** at Michigan Medicine indicated experiencing at least one form of sexual misconduct since the beginning of the academic year. 60% of non-binary or transgender staff participants (n=33) were the most likely to indicate experiencing at least one form of sexual harassment incidence as compared with 36% of women (n=528) and 32% of men (n=117). Non-binary or transgender staff participants indicated relatively high incidence of sexual harassment and women staff indicated relatively high incidence of sexual violence.
- Of particular note in the findings, 12% of the most significant sexual assault and stalking incidents and 30% of sexual harassment incidents experienced by Michigan Medicine community members are ascribed to hospital patients and visitors.

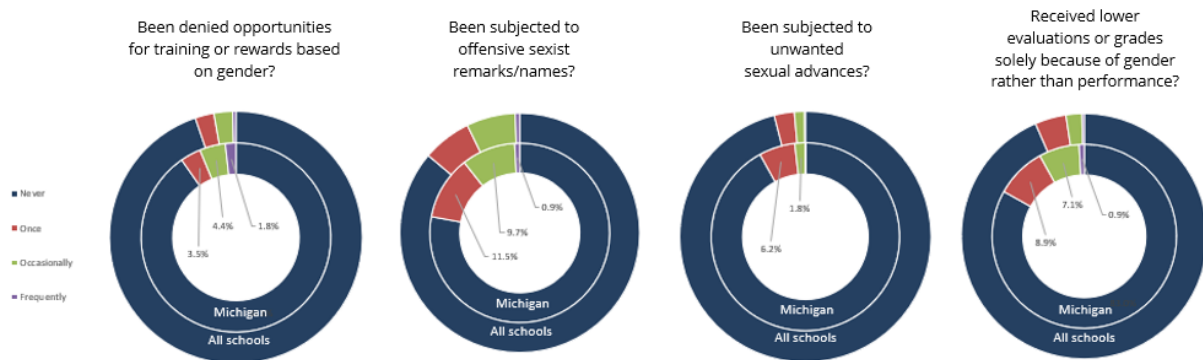
A complete report with additional survey findings was provided to Michigan Medicine leadership in early December 2024 after all survey analysis was complete. Public sessions were held across campus to help educate the entire community on the findings.

### **AAMC Graduation Questionnaire (GQ)**

The Association of American Medical Colleges (AAMC) issues the GQ, “as a method for the AAMC, medical schools, and other organizations to identify and address issues critical to the future of medical education and the well-being of medical students.” The GQ measures a variety of areas pertaining to medical education and provides a, “tool used by medical schools, faculty, students, researchers, and the LCME for benchmarking and improving medical education.” One of the areas measured as part of the survey is “student’s experiences of mistreatment in the learning environment.” This area has two relevant measurement areas: “mistreatment policies/negative behaviors experienced during medical school/sources of negative behaviors”; “negative behaviors locations/reporting and witnessing negative behaviors.” Four questions were identified from the GQ as being relevant to the CCRT’s work:

- Been denied opportunities for training or rewards based on gender?
- Been subjected to offensive sexist remarks/names?
- Been subjected to unwanted sexual advances?
- Received lower evaluations or grades solely because of gender rather than performance?

In an analysis of UM medical students (n=113) to the national average (2017-2023), UM medical students were exposed to more mistreatment in the learning environment compared to their peers.



Source: Medical School Graduation Questionnaire, 2023 (Table 19)

## Data Collection

### Michigan Medicine CCRT May 28<sup>th</sup> 2024 Retreat

The Michigan Medicine CCRT group brought together a diverse set of presenters from across the University and Michigan Medicine to gain knowledge of current SGBM structures, policies, education, prevention and reporting efforts, population characteristics, SGBM harms unique to academic medical centers, and victim advocacy and care resources. Individuals from the following offices shared their experiences and wisdom, including Prevention, Education, Assistance & Resources (PEAR), University Health Services (UHS), Equity, Civil Rights, and Title IX Office (ECRT), Office of Counseling and Workplace Resiliency (OCWR), Sexual Assault Prevention and Awareness Center (SAPAC), University of Michigan Division of Public Safety and Security (Special Victims Unit), Michigan Medicine Operations and Ancillary Services (manages workplace violence prevention), Michigan Medicine Safety and Security, Discrimination Investigation, Patient Relations and Clinical Risk.

#### Current Structure:

At Michigan Medicine, workplace violence definitions and response standards are set by the Joint Commission (2022). As a result, there are set standards for training, reporting, and supporting survivors. Directionality is important in the definition and informs where it is reported. Immediate danger is reported to the DPSS Safety Reporting Center. DPSS is alerted in stranger-violence, known-partner violence (domestic violence that happens at work), patient-towards-staff violence (which is the most common), and employee-to-employee violence. Provider-towards-patient violence is managed by the Office of Clinical Affairs. If there is an employee-to-employee SGBM, the report goes to ECRT.

The University plays a central role in providing resources for SGBM at Michigan Medicine. University SGBM policy and procedures cover Michigan Medicine. ECRT provides Title IX services for Michigan Medicine faculty, staff and students. ECRT has a designated Title IX coordinator for Michigan Medicine. PEAR, a division of ECRT, provides policy awareness, prevention training, consulting and community care, as well as supporting restorative practices after a harm event. Michigan Medicine has a dedicated PEAR specialist. ECRT partners closely

with Michigan Medicine's Human Resources, Patient Experience, Clinical Affairs, and DPSS. They meet with other units on an as needed basis.

### **Urgent Response Services:**

DPSS provides first-response services for urgent reports of workplace violence, including SGBM. There are 120 dedicated police officers for Michigan Medicine, as well as a team of 4 canine officers that provide enforcement support and emotional support services. DPSS has a weapons detection system as part of the Michigan Medicine campus security camera system; it is powered with analytics that can identify an exposed firearm. They are also testing technology that can immediately locate an individual experiencing an event anywhere on campus.

DPSS has a fulltime SGBM investigations team. The SVU uses a survivor-centered and trauma-informed approach. Road patrol officers and detectives are trained with these approaches. DPSS also provides division level coordinated outreach and engagement that follow best practices. They work closely with ECRT and SAPAC to provide prevention training and educational presentations.

### **Survivor Support Services:**

The Sexual Assault Prevention and Awareness Center is the primary confidential resource for the University and Michigan Medicine, providing education, prevention, and advocacy. The trauma of SGBM impacts the whole person (medical, emotional, reporting, university, financial). SAPAC can provide 85% of the support a survivor may need and then can direct them to supplemental resources. Currently, they only have the capacity to meet a fraction of the need for SGBM services at Michigan Medicine.

The Office of Counseling and Workplace Resilience attends to mental health needs of Michigan Medicine employees. They offer counseling support, education, harm event support, and systems level support. For SGBM, OCWR seeks to be a service that meets people where they are and helps them navigate the space they are in. If an employee chooses to report an SGBM event, OCWR provides information and resources for next steps, holding space for the employee in how they wish to proceed with formal reporting.

### **Prevention:**

A mandatory 15-minute training is required for all Michigan Medicine employees. SGBM training beyond compliance is available through PEAR. These trainings provide education on all forms of misconduct, University policies, obligated reporting roles, how to recognize harassment, and responding to harassment. PEAR provides training during orientations for new nurses, new faculty, and new residents.

DPSS works with Michigan Medicine departments/units to provide violence prevention training. Clinical providers receive violence prevention training. They use a model called WELLE, which focuses on de-escalation and self-protection. There is no SGBM specific training. There is a need

to scale violence prevention training to populations across Michigan Medicine. Milo, a police training simulator located at Washtenaw Community College, is a resource that DPSS believes would be beneficial for training at Michigan Medicine and would recommend purchasing a simulator.

Trainee-specific education on patient misconduct has been developed. Internal Medicine developed training for residents and fellows, which teaches communication skills to address misconduct events in real time. Teams are taught to prepare for misconduct by identifying who will respond to the event and how they will respond. The goals of this training are to avoid silence and minimize harm. There are badge backers with prompts, as well. Medical students also receive patient misconduct training during their transition to clerkship.

### **Reporting:**

Individual groups across Michigan Medicine hold different pieces of the SGBM reporting processes and data. Reporting is decentralized, with the work being done in siloed areas and data owners doing their own analysis. People can report to a compliance line, make a patient safety report, or report directly to DPSS. If they are injured, they can go to UHS for care. For risk management, all safety reports are entered in the Michigan Medicine Patient Safety Reporting System (RL). Employees can enter a complaint directly into RL, if they have access. Patient-to-provider harm events also can be tracked through MiChart. These data are not necessarily looked at or acted upon.

For physician misconduct, the Office of Clinical Affairs and the Office of Patient Experience manage an evidence-based faculty professionalism program, the Vanderbilt University Center for Patient & Professional Advocacy (CPPA) Co-worker Observation Reporting System (CORS). CORS uses co-worker complaint data from the RL system to identify physicians whose behavior falls outside of professionalism standards. Trained physician Peer Messengers have a brief “Cup of Coffee” conversation with the identified physicians to share the relevant report and invite self-reflection. CPPA reports that these conversations reduce future coworker complaints by 83%. If a physician shows a pattern of repeated unprofessional behavior or commits an egregious act, then the complaint is escalated to the Office of Faculty Affairs.

The CPPA Patient Advocacy Response System (PARS) uses patient complaint data to identify unprofessional conduct. Receipt of PARS data from VPPA occurs once each year. In PARS, a physician who has a pattern of concern (more patient complaints over 3 years than local and national comparative rates for their specialty) will receive an invitation from a Peer Messenger for an “Awareness Intervention” meeting. The physician’s individual data as well as the local and national data will be reviewed during the meeting. Patient complaints can sometimes be reported in patient relations surveys. Through the office of Patient Experience, Clinical Risk staff conduct patient grievance processes. Patient Experience will report to the state board for physician misconduct with a patient. Patient safety reports also go to HR. If an SGBM allegation is reported, it is referred to ECRT and the Michigan Medicine Title IX coordinator is alerted.

There is confusion around reporting for individuals with reporting obligations (IRO). IRO was expanded and regulations will expand reporting obligations for everyone. Confidential employees do not have reporting obligations but need to be able to instruct people on how to report SGBM. Training is needed to ensure everyone knows how to report SGBM and IROs need training on their reporting obligations.

### **Populations:**

Michigan Medicine is a complex environment. The community includes faculty, staff, learners, patients, patient families, and volunteers. As an academic medical center, there are compliance responsibilities at both the federal and state level as well as through accreditation boards (ACGME, AAMC, TJC).

In addition to the Ann Arbor medical campus, Michigan Medicine employees work at the VA and multiple off-site ambulatory clinics across Southeastern Michigan. Michigan Medicine researchers operate basic science labs across the system; these labs have unique structures and needs.

Programs in places that are UM branded are covered by SGBM policies, but direct employees in those spaces are not. We can work with those systems to address SGBM events.

### **Harms:**

In 2018, a landmark NASEM study on SGBM (unconscious bias, microaggression, harassment, and insults) revealed 2/3rds of women faculty and staff have experienced harassment. Nearly 83% of women and 65% of men have experienced an event of sexual harassment from an individual inside their institution. A total of 64% of women and 44% of men have experienced an event of sexual harassment from an individual outside of the institution.

Michigan Medicine specific SGBM data show that groups across the institution experience SGBM events. In 2024, Frank et al. reported in *JAMA* that at Michigan Medicine 58% of female interns experienced an event of harassment, 27.9% experienced unwanted sexual attention, and 6.6% experienced sexual coercion. In a 2023 questionnaire of medical students, Michigan Medicine students reported receiving remarks and advances, being denied opportunities based on gender, and receiving gender bias in performance evaluations. Michigan Medicine's 2022/2023 employee engagement survey, Vital Voices, showed that most faculty (84%) and a large portion of staff (67%) take harassment seriously. ECRT data from 2023 showed an increase in SGBM experiences from individuals at Michigan Medicine (the increases included harassment, retaliation, assault, stalking, and intimate partner violence).

Unfortunately, sexual misconduct by clinicians has a longstanding history across academic medical centers (Nassar @ MSU, Tyndall/Kelly @ USC, and Anderson @ MM). The inherent power differentials between faculty and learners as well as faculty and patients can leave individuals vulnerable to misconduct. In 2019, 18% of patients had an inappropriate experience from a physician.<sup>6,7</sup>

However, what is seen most often is patient to provider violence. Patient families can also exhibit violent behavior. Yet, patient violence is rarely reported. The health of the patient is taken into consideration when addressing a patient violence event. Patients can be terminated from a clinic, but significant documentation is needed. Each department makes independent decisions about how to address patient-initiated harassment or misconduct which may lead to lack of uniform institutional response. It is typically not possible for inpatients to be terminated given ongoing acute care needs. SGBM counts as a sentinel event. Therefore, an investigation must happen. As defined by the Joint Commission, a sentinel event is a serious, unexpected, and unplanned occurrence that causes or has the potential to cause patient harm. Such events are called "sentinel" because they signal the need for immediate investigation and response.

Domestic violence is an often-reported source of harm and can be a big challenge to manage. DPSS has seen an increase in domestic violence reports with the Michigan Medicine expansion.

The most common type of report is an inappropriate interpersonal event that needs resolution.

### **Barriers and Recognized Gaps:**

There are several barriers to the appropriate management of SGBM within a large, complex organization like Michigan Medicine. Overall, more cohesive, informed, and supportive systems to effectively address SGBM within the organization are needed. Recognized gaps include:

1. **Siloed Efforts and Lack of Ownership:** Multiple teams are involved in SGBM work. Current efforts are fragmented, and activities are siloed. There is no single entity in charge of SGBM and no full-time position is dedicated to this work.
2. **Awareness and Reporting Issues:** There is a lack of awareness about the Equity, Civil Rights, and Title IX Office (ECRT) and understanding of reporting obligations to ECRT. Internal reporting structures may get in the way, with reports going through layers of processes. IROs, bystander, and upstander roles are not well recognized.
3. **Ambiguity and Complexity:** Unclear reporting processes, unofficial relationships, and the high-demand environment complicate the understanding and addressing of SGBM.
4. **Retaliation and Psychological Safety:** Fear of retaliation and compromised psychological safety prevent individuals from seeking support or reporting incidents. There are inconsistent responses and a lack of accountability for perpetrators.
5. **Barriers to Reporting:** Reporting is low due to skepticism about any meaningful action being taken, time constraints, burnout, and compassion fatigue. There is also a reluctance to implicate patients.
6. **Training Limitations and Education Needs:** PEAR resources for education and training are insufficient for such a large and complex organization. Organizational learning, Office for Health Equity and Inclusion (OHEI), and HR are understaffed to meet adequate needs for training. Comprehensive, ongoing training is needed on issues like domestic violence, child abuse, and harassment.

7. **Trauma-informed Care and Restorative Justice:** Trauma-informed care and advocacy resources for survivors are underfunded. Both SAPAC and OCWR are operating at capacity, yet the need for SGBM care is growing. A restorative justice approach is needed to mitigate harm.
8. **Cultural/Institutional Barriers:** The large and complex nature of Michigan Medicine makes policy discussions and implementation difficult. There is often a fear of retaliation and real or perceived power differentials, discouraging individuals from reporting incidents. Expectations for inpatients can be difficult. People who are required to respond do not know how to respond, so they accommodate the inappropriate behavior (behaviors are sometimes expected and not stopped).

### **Michigan Medicine Needs:**

The most pressing needs are the enhancement of support services and resources for handling sexual and gender-based misconduct (SGBM) and related workplace distress issues. Addressing these needs requires strategic planning, allocation of resources, cross-department collaboration, and a focus on training and cultural change within the institution. The key issues include:

1. **Under-Resourcing and Capacity Issues:** SAPAC is currently overwhelmed with an increase in cases from Michigan Medicine, indicating that the current capacity for advocacy and support services is not sustainable. This suggests an urgent need for increased staffing and resources to handle the rising demand effectively.
2. **Need for Specialized Advocacy Unit:** There is a critical need for an office at Michigan Medicine that can house an advocacy unit. This would allow for more specialized and sustained support for individuals facing these issues within the medical environment.
3. **Collaboration and Coordination:** There is a struggle with ownership and coordination of services, indicating the need for more integrated and collaborative approaches among different departments (e.g., DPSS, SAPAC, OCWR) to streamline processes and improve case management.
4. **Training and Education:** There is a significant need for ongoing, multi-level training (including for management) on identifying, addressing, and preventing misconduct and distress in a medical setting. Training should focus on recognizing bad behaviors and understanding the complexities of such incidents.
5. **Cultural and Trust Concerns:** There is a need for culture change within the institution to repair past harm, build trust and reduce the fear of retaliation, which would encourage more people to come forward and report SGBM incidents.
6. **Increased Staffing for Safety and Security:** The notes indicate a need for more detectives, investigators, and staff to handle the increased volume of incidents and ensure safety planning and security measures are adequately provided.

7. **Leadership Engagement:** Support is needed from senior leadership to do the work. Not everyone sees eye to eye on the approach. People need to know that ECRT should be part of the reporting process. We would like to address it on the front end before it becomes an issue.

### ***Stakeholder Interviews***

The subcommittee conducted eighteen interviews with stakeholders of all levels across the University of Michigan Medical School and the Michigan Medicine clinical enterprise, including the following departments and offices:

- Academic Affairs
- Basic Sciences
- Counseling and Workplace Resilience
- Clinical Affairs
- Human Resources
- Logistics and Support Services
- Patient Experience
- Patient Relations and Clinical Risk
- Segment leaders and staff

The interview results were coded into the following major categories:

- Policy issues
- Procedure and investigation issues
- Barriers to reporting
- Causes of misconduct
- Approaches to training and prevention
- Resources and support
- Leadership
- Miscellaneous

### ***Overview of Findings***

- **Significant Institutional/Structural Challenges in Addressing Existing Needs**

Academic medical institutions, by their inherent mission and structure, have enduring issues related to the perpetration of gender-based violence and general incivility. The institutions are hierarchical, decentralized by necessity, encompass countless distinct professional roles, experience constant cycling of community members, and are required to address incredibly complex, time-sensitive, and critical health care needs. All of these issues coalesce to create an environment that is prone to experience various forms of harm, which is not case-specific to Michigan Medicine, but to academic medical facilities across the country.

One participant stated, “At Michigan Medicine, every floor is a neighborhood, and every building is a city” which succinctly demonstrated the nuance, variety, and complexity of engaging in consistent practices within the institution.

- **Conflicting Perspectives Between Institutional Leadership & Frontline Staff/Management**

Interviews with key stakeholders demonstrated significant dissonance between the perceptions of Michigan Medicine leadership and unit-specific management and staff. Specifically, Michigan Medicine Leadership consistently reported the perception that the needs were being met in the community and that reporting processes were clear. The perception shared by frontline staff and unit level management consistently provided a picture of consistent recurring issues related to sexual and gender-based misconduct (SGBM)/incivility, confusion related to appropriate reporting processes, confusion around appropriate support services/referral pathways, and issues within units seeking to resolve needs within their own internal structures.

- **Burnout, Unrelenting Work Pace, & Fear of Retaliation**

Interview participants disclose that pervasive and consistent cultural issues within Michigan Medicine actively contribute to the needs related to SGBM/incivility within the institution. Frontline staff discussed a constant, unrelenting work pace that caused employees to feel that they could not access resources, training, and that their own needs would be pushed aside to meet institutional demands. Related, many participants stated that experiences of burnout were a significant issue across many units actively contributing to issues within the institution. Lastly, employees situated lower in the institutional hierarchy (e.g., Front line service staff) expressed fear of experiencing formal or informal retaliation for reporting concerns or needs, either from their direct supervisor or from the institution generally.

- **Confusion Related to Reporting & Available Resources**

Michigan Medicine is an intricate web of countless distinct but overlapping reporting processes that seek to meet institutional expectations, state laws, federal regulations, and professional standards. The community expressed significant confusion related to how to access reporting processes, which institutional entities had access to reported information, what was done with information once it was reported, and what appropriate follow-up entailed. To be clear, this confusion is not limited to processes related to U-M's Sexual & Gender-Based Misconduct processes but reporting processes across domains of practice/need.

Relatedly, follow-up and issues related to appropriate response were also addressed by participants. For example, flagging a patient who perpetrated harm and ensuring appropriate measures were introduced to prevent the recurrence of harm were a consistent issue reported across institutional spaces. In addition, multiple departmental leaders described frustration not knowing what was happening or understanding the timeline during the investigation of complaints against one of their faculty.

- **Institutional Barriers to Implementing Trauma-Informed Practices**

One interview participant stated, “The culture and environment of Michigan Medicine itself makes it impossible to implement trauma-informed care for patients or trauma-informed institutional responses for employees. Individual leaders or managers may try to do unit specific responses, but ultimately, they can’t be successful because the structure of the institution does not allow for it.” Significant and consistent harm is experienced within Michigan Medicine as an institution, which is understandable given the incredibly challenging environment that exists within it and also the challenging work that is undertaken. However, it is difficult to overstate the perception that the institution cannot be changed or improved to support individual and community well-being, related to SGBM and incivility, that interview participants consistently shared.

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## **Appendix II - Benchmarking Data**

A literature review was completed to synthesize existing research on SGBM in healthcare. This overview provides benchmarking data of the current state of knowledge, identified best practices, and highlights key research findings. There is robust scholarship on SGBM in healthcare, with scholars from University of Michigan and Michigan Medicine contributing substantially to ongoing conversation in the field. This research establishes the context for our recommendations and our work is informed by the existing body of knowledge.

### ***Reporting and Advocacy***

#### **No Wrong Door**

The "No Wrong Door" approach, implemented by the Manitoba government since 2018, aims to create an inclusive and accessible framework for addressing workplace harassment and fostering a respectful environment for all employees.<sup>1</sup> This strategy eliminates barriers to reporting inappropriate behavior by expanding the range of reporting contacts beyond Human Resources to include supervisors, management, Employee Unions, and external bodies such as the Manitoba Human Rights Commission and SAFE Work Manitoba. This allows employees to choose whom they are most comfortable reaching out to when reporting an issue.

Key components of this approach include the Respectful Workplace Policy, Code of Conduct, and standardized procedures for handling complaints. The government has made structural adjustments to support this initiative, such as introducing a Respectful Workplace Advisor and forming a centralized Investigations Unit within the Public Service Commission. This unit, operational since April 2021, ensures consistent procedures for intake, investigation, and resolution of complaints across the public service. It focuses on a trauma-informed approach,

especially in cases of sexual harassment, to reduce the repetition of traumatic retelling by complainants while maintaining confidentiality.

Efforts are ongoing to improve the triage process for complaints, with a team of the Investigations Unit, the Respectful Workplace Advisor, and HR Managers reviewing cases to decide the best course of action. Additionally, the government has committed to training initiatives, including trauma-informed investigation training, set to be launched in winter 2024.

The Manitoba government enforces a zero-tolerance policy for reprisal against those who report misconduct and supports ongoing resource development, including toolkits for new hires and leaders and regular communications through newsletters. This comprehensive approach aims to enhance transparency, consistency, and supportive response mechanisms, promoting a safe and respectful working environment.

## **The MUSC Model**

The MUSC Model for managing sexual harassment complaints integrates elements of grievance and ombudsperson models, emphasizing consistency, flexibility, and faculty leadership.<sup>2</sup> This model operates through the Office of Gender Equity (OGE), comprising seasoned faculty with expertise in handling sexual harassment and interpersonal violence, administratively aligned with the chief academic officer for effective coordination. Distinctly focusing on sexual harassment and gender inequity, OGE handles complaints across faculty, residents, and students, excluding them from typical work-related reporting channels to avoid conflicts of interest.

### **Key Features:**

- **Complaint Procedure:** Upon receiving a complaint, an initial interview is conducted, with complainants describing the incident and response options. Complaints can either not proceed, be redirected if they don't meet defined criteria, or move to a formal investigation triggered by a written complaint. Accused parties are informed within two days and contribute to the resolution process, which lasts up to ten working days focusing on mutually agreed solutions without face-to-face mediation.
- **Resolution Process:** If a resolution isn't met within 10 days, a hearing committee of senior faculty conducts a formal investigation. All proceedings and records are managed as confidential work products of the university general counsel.
- **Prevention Training:** OGE conducts interactive, in-person training sessions for students and staff, emphasizing legal aspects, behavioral expectations, and internal policies on sexual harassment. Tailored to different university audiences, these sessions address specific needs and reinforce non-retaliation and confidentiality principles.

## Outcomes:

- OGE handles approximately 68 formal complaints per year with a high-resolution success rate, achieving mutual agreements in 96% of cases. This model emphasizes prevention through education and aims for solutions aligning with both individual and institutional needs, while maintaining transparency, respect, and confidentiality.

## Moving Beyond Self-reporting

Moving beyond self-reporting challenges organizations to focus on institutional roles and responsibilities in their approach toward sexual harassment.<sup>3</sup> Here are the key points:

1. **Institutional Focus:** Research should concentrate on the institutional environment rather than blaming women for not reporting harassment. The emphasis should be on how students perceive the fairness and effectiveness of institutional responses (informal and formal organizational justice).
2. **Implications for Reporting:** Institutions should understand the potential negative repercussions that those who report harassment might face, such as being labeled as “troublemakers” or facing psychological harm. It's crucial for medical schools to consider these outcomes when developing harassment policies.
3. **Leadership Responsibility:** Deans and department chairs should set the tone for a zero-tolerance harassment environment. Visible support from leadership for anti-harassment policies can encourage reporting. Clear communication and protection from retaliation are essential.
4. **Improved Reporting Strategies:** Use independent investigators, keep complaint records separate from personnel files, require victim consent for access to their complaint records, and gather student feedback on policies through focus groups.
5. **Accreditation and Accountability:** Accreditation bodies like LCME should evaluate schools based on their actual environment rather than relying on self-study reports. Focus groups and independent assessments should be used to ensure a humane climate free from harassment.

Overall, the approach encourages institutions to take responsibility for creating a supportive environment for reporting sexual harassment and prioritizes institutional accountability and leadership in fostering a climate where harassment is not tolerated.

## **Taking the Onus off the Individual**

The burden of sexual harassment cannot be addressed solely by individuals.<sup>4</sup> Rather, the solution requires extensive changes within the cultures of institutions. Although these changes often start at the top, they require individuals to not only accept changes, but also embrace and adopt them to be sustainable. As systems and institutions are composed of individuals, individual behaviors therefore merit scrutiny. When one person stands silent in the face of harassment, they grant their permission for these actions to continue.

## **Survivor Derived Recommendations**

Survivors described recommendations for tackling sexual harassment along five main themes: awareness, education, reporting, support, and accountability. The following is a description of the identified themes.<sup>5</sup>

**Awareness.** Participants described the need to “acknowledge” that the problem exists, “to believe” submitted reports, and to “recognize” when incidents are consistent with sexual harassment. This includes having “a true, unbiased and impartial ‘open door’ to complaints.”

**Education.** Participants describe the importance of defining norms of conduct in the workplace so to “make clear what is unacceptable,” establish “standards of behaviors.” This measure helps provide guard rails when “people aren’t good at using their judgment” or because of existing “ingrained” beliefs and “unconscious bias.” Reports of harassment are sometimes erroneously dismissed by seeking to clarify intent and by minimizing impact of the incidents. Education is needed to separate the intent of a perpetrator from the “perception” of the target, even for what may be considered as “subtle acts of harassment.” Leaders are recommended to act as “role models,” and to help “create psychological safety.”

**Reporting.** Reporting systems should adopt a “clear” and “confidential process” for “anonymous reporting” with no repercussions for those submitting the reports. “Increased transparency” is thought to promote confidence in the process. Reporting systems should be designed to ensure confidentiality while preventing the risk of retaliation toward those reporting.

**Support.** Providing support for those who come forward by “developing psychologically safe workplaces,” creating “support groups” with more “robust legal support and better access to mental health.” An important measure of support is to take accounts seriously and to investigate reports promptly and impartially.

**Accountability.** It is suggested that some “bad apples” are “tolerated” because of the generated revenue or because of their positions of “power.” This leads to perceptions of “sweeping complaints under the rug” when the perpetrators are in positions of influence in a department. Instead, having a “zero tolerance policy” to sexual harassment was frequently and

independently cited by participants. The zero-tolerance policy included “taking all complaints seriously,” and taking actions toward perpetrators such as administrative and professional sanctions, to not be “promoted,” or “allow [instigators] to remain in leadership” positions. It was felt that “no strategy will be effective as long as leaders (chairs) are allowed to lead unchecked and retaliate.”

### ***Education and Prevention***

#### **NASEM**

The recommendations from the National Academies report aim to transform academic environments, particularly in medicine and science, making them more diverse, inclusive, and respectful.<sup>6,7</sup> Here is a summary of the actions proposed:

1. **Create Supportive Reporting Mechanisms:** Academic institutions should develop systems that allow victims of harassment to report incidents without fear of retaliation. These systems should actively detect repeated inappropriate behaviors by individuals, even without formal complaints, which would make it easier for victims to come forward. This includes interim measures to protect victims and mechanisms to gather evidence of repeated issues.
2. **Mandatory Training:** All staff and students should undergo mandatory training that includes guidance on how to intervene as bystanders. Institutions should find ways to engage those resistant to such training, ensuring that the institutional culture changes positively.
3. **Zero Tolerance for Sexual Harassment:** Those found guilty of sexual harassment must face monitoring and sanctions, up to dismissal for severe offenses. Recruiting processes should carefully vet candidates, ensuring Michigan Medicine does not hire individuals with a history of such behavior. Committees should check state boards for sanctions and advocate for a national mechanism to flag repeat offenders.
4. **Eliminate "Locker Room Talk":** The academic medicine community should eradicate acceptance of sexually charged conversations in any all-male or any-gender settings. Zero tolerance policies for such behaviors should be in place, fostering a completely professional environment.
5. **Active Involvement by Professional Societies:** Societies like AAS, AAAS, and RACS should continue addressing harassment openly in their leadership meetings and annual conferences. They should enforce anti-retaliation policies to protect individuals who report harassment.
6. **Research on Harassment:** Due to the lack of comprehensive data, further research is essential. This would include understanding the prevalence and impacts of sexual harassment, outcomes of investigations, and assessing the effectiveness of intervention programs. This research will guide future policies and practices.

By taking these steps, institutions aim to encourage diversity and inclusion at all levels, fostering environments where all individuals, especially women and underrepresented minorities, can thrive without fear of harassment or discrimination.

## **Management Strategies for Perceived Safety**

This study examines perceived safety and strategies to address threatening situations and harassment within healthcare settings.<sup>8</sup> It focuses on both individual and institutional measures for managing such environments.

### **Individual Management Strategies:**

#### **1. Preventive Measures for Personal Safety:**

- Healthcare professionals use nonverbal communication, behavioral cues, and direct requests to counteract threatening situations.
- De-escalation techniques help by framing aggression as a reaction to the institution or situation rather than personally.
- Ignoring certain difficult patients and seeking assistance from colleagues, especially male ones, are common last resort techniques.

#### **2. Protection Against Workplace Harassment:**

- Building alliances among female colleagues provides self-protection, particularly against sexual harassment.
- Confronting peers and involving higher leadership to mediate when the harasser is a superior are approaches emphasized for addressing inappropriate behavior.
- The role of bystanders and teammates is crucial for validating experiences and providing support, especially for nurses who face more direct physical contact.

### **Institutional Management Strategies:**

#### **1. Guidelines and Policies:**

- Implementing a clear workplace policy against sexual harassment, which includes precise roles and expectations, is essential.
- Clear codes of conduct for patients and communication strategies to raise awareness are vital, especially to protect nursing staff.

#### **2. Commitment and Leadership:**

- A public declaration of a zero-tolerance policy against sexual harassment by medical leadership is advocated to shift workplace culture.
- Senior staff are expected to act as role models, promoting a fair and respectful culture.

### **3. Reporting and Complaint Procedures:**

- Accessible and well-communicated complaint procedures, including anonymous reporting systems, are necessary.
- Offering counseling and support encourages reporting while minimizing fear of career repercussions.

### **4. Training and Development:**

- Mandatory and voluntary training sessions on de-escalation and harassment are crucial for fostering a protective work environment.
- Addressing organizational factors like staff shortages and promoting gender equality are suggested long-term strategies.

The study highlights the importance of a combined individual and institutional approach, with robust policies, supportive leadership, and comprehensive training to improve perceived safety and handle harassment effectively. Creating a supportive organizational culture with gender equity is emphasized as a way to disrupt mechanisms that allow harassment to persist.

## **Positive Social Support**

There is a role for positive social support in reducing burnout, highlighting both established correlations and potential causal relationships. Studies show that stronger social support correlates with lower emotional exhaustion and higher personal accomplishment in various professions, such as counseling, teaching, and healthcare.<sup>9</sup> The research suggests that social connections can alleviate burnout by enhancing personal accomplishment levels. For example, reflecting on connections within online communities can have a beneficial impact similar to more intensive in-person interventions.

Solutions to burnout are still being explored, with individual interventions showing variable results and systems-based solutions needing more evidence. Linos et al. indicates that enhancing social support through online communities could be part of a larger strategy to combat burnout, particularly among physician mothers. While institutional changes are necessary to address root causes, fostering social connectedness online offers a feasible approach that can be easily scaled.

Engagement in online communities boosts trust, intimacy, community feeling, and decision-making skills. Even passive involvement can offer emotional support and knowledge. However, there are challenges, such as inappropriate behavior, information overload, and ethical issues.

Therefore, developing burnout interventions via online communities should follow best practices, with clear guidelines and monitoring. More research is needed to optimize these communities' structure and compare their efficacy against in-person support systems.

## **Unprofessionalism in Medical School**

Binder et al. discusses various instances of unprofessionalism identified at a medical school over the past decade and highlights strategies to address such behaviors.<sup>10</sup> Unprofessional conduct observed included lack of respect, inappropriate language, noncooperation, sexual harassment, and discrimination. Specific cases illustrate these behaviors, such as public criticism among faculty, inappropriate outbursts, sexual harassment, and culturally insensitive actions. Challenges in addressing these issues include unclear standards for professional behavior, cultural differences, false allegations, and a tendency for supervisors to avoid conflict rather than address performance issues directly.

To address unprofessional behavior, the institution employs strategies like early intervention, counseling, and remediation. Formal actions can include referring incidents to the Office of Faculty Affairs, Title IX officers, and, in severe cases, implementing sanctions or requiring participation in training or anger management programs. Preventative measures include educational programs focusing on harassment prevention and open communication, as well as efforts to create a supportive work environment. Binder et al. emphasizes the importance of confronting issues early to avoid escalation and to ensure alignment with institutional policies.

## ***Harassment Categories***

### **Harassment from Patients**

The prevalence and impact of patient-perpetrated sexual harassment (SH) towards healthcare providers is alarmingly high, and particularly affects women and trainees across medical settings. A recent study revealed that a significant majority of healthcare providers, especially women, experience SH from patients, with 94% of female physicians reporting such incidents.<sup>11-</sup>  
<sup>13</sup> This harassment is linked to adverse outcomes for providers, such as decreased productivity, slowed career advancement, mental health issues, and increased burnout.<sup>14</sup> Female trainees are notably more affected than female attendings, highlighting a vulnerability among junior staff.

A study on Veterans Affairs (VA) hospitals revealed that a majority of providers experienced SH from patients, though perceptions of institutional support and response were mixed.<sup>15</sup> The survey indicated that VA's organizational climate around SH was seen as less supportive compared to other types of harassment.

Barriers to addressing SH include fear of jeopardizing patient-provider relationships, time constraints, mental health issues, and power dynamics in patient care.<sup>16</sup> Reporting is further hindered by unclear definitions of what constitutes harassment, fears of retaliation, and lack of trust in institutional response systems.<sup>17</sup> Facilitators for reporting include mentorship, clear organizational responses, and explicit cultural expectations.

Underreporting of SH is common due to perceived unimportance of incidents and skepticism about productive outcomes, particularly among female providers.<sup>12</sup> The study recommends implementing zero tolerance policies, bystander intervention training, clear definitions, and support systems to ensure safety and support for those experiencing SH. Despite these efforts, complete prevention may be difficult due to factors like medical conditions in patients leading to SH. Consequently, institutions must prioritize training, create supportive environments, and ensure mechanisms for counseling and support are readily accessible.

### **Online Harassment**

Online harassment is a growing concern as it is increasingly reported in various settings.<sup>18</sup> Online harassment is defined as harm inflicted through electronic means, such as computers or phones, and presents unique challenges compared to traditional bullying. The Faculty of Medicine & Dentistry (FoMD) at UAlberta has developed an institutional approach that emphasizes psychological safety, professionalism, and supportive interventions for dealing with harassment.

UAlberta's strategy involves setting clear expectations for professional behavior, integrating psychological safety priorities, and offering comprehensive support for harassment victims, bystanders, and even the harassers. Leaders are trained on psychological safety and intervention methods, helping align institutional norms with professional ideals. The article highlights the importance of structured responses to harassment, the empowerment of individuals to address harassment, and the systematic training of leaders to handle these issues effectively.

Furthermore, the piece references the University of Manitoba's pioneering anti-racism policy, emphasizing that professionalism can complement broader institutional efforts against racism. Limitations in UAlberta's approach include the reliance on leaders like Chairs for interventions, addressed through consistent institutional support and leadership training. Overall, the article outlines the necessity of institutional commitment to creating safe and respectful environments in academia and beyond.

### **Gender-based Misconduct**

Gender-based misconduct and its impact, particularly in academic and professional settings is a critical issue that must be addressed.<sup>19</sup> Key factors include:

1. **Gender Harassment and Impact:** Gender harassment, even without sexual advances, can be as harmful as sexual coercion.<sup>20</sup> It often involves insults and put-downs, which can be difficult to report but have a cumulative detrimental effect on well-being. Such harassment is often rooted in contempt rather than sexual interest, emphasizing the need for institutions to discourage disrespect and foster a culture of respect.
2. **Institutional Responses:** Institutions are encouraged to actively promote respectful cultures by setting clear expectations, providing leadership training, and implementing policies that discourage contemptuous behavior. This includes evaluating interpersonal conduct during hiring and appraisals and withholding perks from repeat offenders. Respectful workplace programs and anti-harassment training that is interactive and tailored to specific audiences are recommended for effectiveness.
3. **Challenges in Reporting and Support:** Many women face barriers to reporting sexual misconduct, including feelings of shame and self-blame, along with logistical issues such as limited-service hours. Supportive reactions from friends and family, along with a supportive campus environment, can influence the likelihood of seeking help.
4. **Resources for Survivors:** University resources, like survivor advocates and peer support, are crucial but underutilized.<sup>21</sup> Effective recovery from sexual assault is linked to the availability of trauma-informed care and supportive networks. Improved visibility and training for these resources are needed.
5. **Professional Implications:** In professional environments, especially among physicians, there are high rates of burnout which correlate with experiences of gender harassment and unwanted sexual attention. The hierarchical nature of medical institutions can exacerbate the issue, as those in higher positions might be shielded from consequences, whereas less powerful individuals may struggle to report misconduct.
6. **Diversity and Inclusion:** There's a recognition of incomplete research on the harassment experiences of women of color and sexual and gender minorities, who reportedly face higher rates of misconduct compared to their heterosexual or white counterparts. Addressing these gaps is vital for understanding and mitigating harassment equitably.

Clancy et al. call for systemic changes in how institutions handle and prevent sexual harassment, emphasizing the need for broader diversity in leadership and genuine, accountable efforts to create an inclusive and respectful environment.

### ***Populations Experiencing Harm in Medicine***

## Staff

One vital group of stakeholders that need attention is academic health center (AHC) staff.<sup>22</sup> This group is frequently excluded from research related to the environment for women in academic medicine. As such, it is difficult to cite staff-related statistics because it is likely these statistics have not been published or do not exist. If the incident is perpetrated by a physician, the value society places on the word of physicians often prohibits staff from reporting. Concerns related to job security are especially acute for staff, since their households are often wholly dependent on their income; disparities in socioeconomic status between perpetrators and victims also exacerbate reluctance to report.

## Trainees

The issue of sexual harassment in academic health centers (AHCs) particularly affects vulnerable populations such as medical students, residents, fellows, postdocs, and junior faculty.<sup>23</sup> These individuals are often dependent on superiors for career advancement, leading to a fear of retaliation and a reluctance to report harassment. The 2016 AAMC GQ reported that 27% of students did not report serious behaviors due to fear of reprisal. Female trainees experience higher rates of harassment than males, with 83% reporting incidents compared to 44% of males.<sup>24</sup> Despite most residents believing their programs would support them if they reported harassment, only 43% are aware of institutional support.

The study suggests several actions to address the issue:

1. **Acknowledge the problem's scope:** Institutions should conduct anonymous climate surveys to understand harassment within their own environments.
2. **Develop organizational policies:** Implement zero-tolerance policies, ensure confidentiality, outline reporting procedures, and protect against retaliation. Inform trainees about support programs and provide anti-harassment training.
3. **Bystander training:** Equip colleagues to recognize, intervene, and report harassment effectively. Successful programs, like Cornell University's "Intervene" and the American Astronomical Society's "Astronomy Allies," can serve as models.
4. **Encourage reporting:** Create an environment that promotes reporting through anonymous, confidential ways. Address environments with historically high harassment levels, as male and resident subgroups indicated less likelihood to report incidents even if others do.

Overall, the study emphasizes the need for institutional recognition, education, and clear reporting mechanisms to combat sexual harassment in medical training environments.

## **Patients**

The issue of sexual misconduct by physicians, which can range from "grooming" behaviors to sexual assault.<sup>25</sup> Even minor violations can lead to more severe misconduct if unreported. In 2019, state medical boards reported 251 disciplinary actions for sexual misconduct, though the actual number might be higher due to varying terminology used by boards.

The Federation of State Medical Boards (FSMB) encourages better categorization of disciplinary actions and has proposed using practice monitors instead of chaperones during patient encounters. These monitors would be trained to intervene in unsafe situations and report inappropriate behavior.

Improving public access to licensure and disciplinary data is essential for informing the public. There is an ethical and sometimes legal duty for physicians to report colleagues' misconduct, with non-compliance potentially leading to disciplinary actions. Early education about professional behaviors may reduce future misconduct.

Investigators of sexual misconduct need to understand trauma and its effects, as survivors often experience guilt and confusion about events. Statutes of limitations for reporting sexual misconduct vary greatly and should be reconsidered to allow more time for victims to come forward. Procedures should be in place to reduce re-traumatization during the complaint process, with training for board members and staff on trauma and implicit biases related to gender, race, and ethnicity to ensure fair treatment of survivors.

## **Child Patients**

The issue of child sexual abuse (CSA) in healthcare settings is a globally preventable problem that is underreported.<sup>26</sup> Studies show varying prevalence, with up to 25% of girls and 10% of boys affected. Victims of abuse by healthcare professionals (HCPs) are a subset of all CSA victims, and literature on this specific issue is sparse. Prevention strategies focus on internal measures to reduce perpetrators' opportunities, such as establishing clear rules, increasing perceived effort and risk for offenders, and setting explicit training standards.

Key recommendations include:

1. Employment candidates in pediatric facilities should be screened for prior abuse cases.
2. Pediatricians should be trained in conducting and discussing genital examinations, maintaining patient modesty, and using appropriate draping and privacy.
3. All healthcare facility staff should be trained in staff-patient boundaries, the use of chaperones, and their duty to report any abuse.
4. Institutions should have policies for managing and reporting complaints and educate staff about proper boundaries.

5. Additional training should cover sexual abuse dynamics, characteristics of victims and perpetrators, grooming strategies, and prevention methods.
6. Chaperone use should be communicated to patients and documented. Families should be informed about reporting concerns, and a non-family chaperone should be used when possible.
7. Pediatricians, HCPs, and institutions are mandated reporters for suspected child abuse and must report concerns to child protective services or law enforcement.
8. Institutions should have procedures for managing, investigating, and reporting abuse allegations while ensuring confidentiality and support for accused employees. They must cooperate with authorities and not transfer problematic staff without appropriate warnings. Victims should receive specialized assessment and treatment.

These measures aim to enhance the safety of children in healthcare settings and ensure responsible handling of any allegations of abuse.

### **Identity-based Misconduct**

A comprehensive definition is needed of sexual harassment comprising three components: gender harassment, unwanted sexual attention, and sexual coercion. Gender harassment involves hostile or objectifying behavior based on gender, unwanted sexual attention refers to unwelcome advances or physical contact, and sexual coercion entails pressuring individuals into sexual compliance by offering job perks or threatening job security. This model, grounded in Fitzgerald et al.'s work, defines sexual harassment as unwanted and threatening sex-related behavior at work.

There are three distinct forms of identity-based harassment: gender policing harassment (negative treatment for not adhering to traditional gender roles), heterosexist harassment (derogatory treatment for deviating from heterosexual norms), and racialized sexual harassment (mistreatment at the intersection of race and gender).<sup>27</sup> Key findings indicate cisgender women face more gender policing harassment, LGBTQ+ individuals encounter more heterosexist harassment, and underrepresented minorities, Asian Americans, and cisgender women report higher rates of racialized sexual harassment.

There are low reporting rates of harassment and frequent negative experiences for those who do report, with a significant portion encountering institutional minimization and retaliation. Despite some positive institutional responses, many reporters note inaction as a common issue. The study suggests that harassment thrives in organizations dominated by cisgender men, where abusive behavior is overlooked. It emphasizes the need for institutional change that focuses on creating respectful cultures and reducing reliance on reporting systems, which often burden those who have been harassed. Leaders are encouraged to address these organizational factors to effectively prevent harassment.

## **Women in Medicine**

Universities play a critical role in developing and advancing female scientists and faculty. University culture often mirrors broader societal norms but requires specific improvements in faculty recruitment, tenure, and promotion processes to better support gender equality. While federal anti-discrimination protections are valuable, there is a need for departmental and institutional accountability, suggesting the use of measurable metrics, such as female faculty recruitment rates, to enforce gender protections.<sup>28</sup>

Transparency and accountability are essential factors in handling sexual harassment cases within universities. Confidentiality must be balanced with ensuring justice and accountability on campus. Currently, only high-profile cases receive public attention, leading to gossip instead of open dialogue. To address gender inequities effectively, universities need to measure, report, and discuss these issues transparently, even if it requires delays for legal actions. Proposed legislation for increased accountability among top university administrators is expected to prompt discussions about what such accountability should entail.

University leaders must implement formal and interpersonal accountability measures to foster cultural change and achieve diversity goals. This intentional commitment can advance the role of women in leadership both within and outside the university.

## **URM Women in Medicine**

The 2018 National Academies of Science, Engineering, and Medicine study highlights the widespread issue of sexual harassment in academic science and medicine, finding that over 50% of women faculty and staff report harassment, with gender harassment being most common. Women in academic medical centers face harassment not only from colleagues but also from patients and their families. Underrepresented minority women in medicine experience added discrimination due to intersecting race and gender biases, often feeling unsafe and experiencing verbal racial harassment more frequently than their peers.<sup>29</sup>

There are significant mental health impacts on minority women who face racial and sexual harassment, including symptoms of depression, stress, anxiety, and decreased job satisfaction. Latina women report that harassment is particularly distressful when coupled with race-based discrimination, leading to job withdrawal and mental health declines. Black women find harassment more distressing when it involves perpetrators of a different race. More research is needed to understand intersectionality's impact on the health, satisfaction, and productivity of underrepresented minority women. Overall, sexual harassment seems more severe in environments tolerant of such behavior. Recommendations include changing the culture and climate within institutions to prevent and effectively address harassment.

## **Physician Mothers**

In physician mothers, a link has been found between burnout and experiences of negative social interactions, particularly sexual harassment.<sup>30</sup> Significant levels of emotional exhaustion, depersonalization, and reduced personal accomplishment among respondents, with burnout are strongly associated with harassment by both patients and colleagues. These findings mirror other research on the detrimental effects of harassment on physician mental health.

47% of physician mothers report high emotional exhaustion levels, which aligns with broader national findings on physician burnout. The issue is particularly pressing given the increasing proportion of women in medicine and the added stresses from the COVID-19 pandemic. Sexual harassment rates reported by physician mothers match those found in other studies on women physicians. Notably, harassment by patients impacts physicians significantly, equating the emotional toll to an extra 22 hours of work per week.

There is a need for systematic approaches by hospitals and health systems to address gender harassment from patients and families to safeguard the well-being of the physician workforce. This reflects a growing recognition of physician burnout as an epidemic, highlighting an urgent need for targeted interventions.

## **Medical Students**

Many medical students experience harassment during their years of study. The widespread nature of harassment in medical education, the significant impact on students' mental health and engagement, and the need for institutional accountability and targeted interventions are needed to create a safer learning environment:

### **1. Perceptions and Experiences:**

- Female students often perceive receiving less or negative attention compared to male peers, and many experience unwanted sexual attention in clinical settings.<sup>31</sup>
- Sexual harassment is prevalent, with 36.6% of students reporting harassment by faculty/staff and 38.5% by fellow students. Women and multiracial students face higher odds of harassment.

### **2. Impact of Harassment:**

- Harassment correlates with increased academic disengagement, depression, and PTSD symptoms. Female students and those identifying as racial or sexual minorities are particularly affected.<sup>32</sup>

### **3. Cultural and Institutional Issues:**

- Students believe perpetrators face no consequences, leading to underreporting and the use of personal coping strategies. Female students sometimes blame themselves or excuse perpetrators.
  - Both men and women report experiencing gender discrimination and sexual harassment (GD/SH), though women report higher rates in most settings, especially in core clerkships and specific specialties like general surgery and obstetrics-gynecology.
- 4. Differences in Perceptions:**
- GD/SH is perceived to be most prevalent in academic medical centers, followed by community hospitals, and least in outpatient settings.<sup>33</sup>
  - There's a noted difference in perception between male and female students regarding the prevalence of GD/SH across various specialties and environments.
- 5. Narratives and Concerns:**
- Students express concerns about handling harassment from peers, faculty, and patients, often highlighting the hostile environments in specific specialties.
  - Male students also report experiences of GD/SH, sometimes indicating feelings of reverse discrimination, particularly in specialties like pediatrics and obstetrics-gynecology.
- 6. Recommendations for Change:**
- The studies underscore the need for a multidimensional approach to reduce harassment, emphasizing cultural change within institutions and increased discussion and training on handling inappropriate behavior from patients.

## Healthcare Workers

The data on healthcare workers reveal a pervasive issue of misconduct and harassment within the profession:

- 1. Prevalence of Harassment:**
- 70% of participants reported experiencing some form of misconduct in their work settings. Verbal harassment, including degrading and sexualized speech, was the most common form, reported by 62% and 25% of participants, respectively.<sup>34</sup>
  - Nonphysical misconduct was perceived as harassing by 76% of individuals, more frequently by women (83%) than men (61%). Physical misconduct was deemed harassing by 89% of those who experienced it, with no significant differences between genders.<sup>34</sup>
- 2. Perpetrators:**

- Women indicated that perpetrators of harassment were predominantly male. This was true for both nonphysical (85% of perpetrators) and physical harassment (95% of perpetrators). Colleagues were often reported as perpetrators by both men and women, with women more likely to identify superiors as perpetrators. Strong hierarchical structures within departments were linked to harassment for both men and women.
- 3. Cultural and Systemic Issues:**
- The assumption that sexual harassment is a niche problem involving few perpetrators is contradicted by findings showing 60%–80% of the workforce, both male and female, experienced incidents in the past year. The culture within many organizations appears to tolerate, if not encourage, harassment, with insiders being the main perpetrators, except in emergency rooms where patients and families are also significant sources.<sup>35</sup>
- 4. Impact on Victims:**
- Sexual harassment is associated with lower mental health, job satisfaction, and feelings of safety among both male and female workers. Although causality cannot be established, recurring patterns indicate significant physical, mental, and occupational consequences.
- 5. Need for Systemic Change:**
- The data highlight sexual harassment as a severe occupational hazard, warranting intervention at the institutional level. Prevention requires considerable resources, akin to those allocated for other occupational risks like radiation poisoning. Employers have a legal and ethical obligation to protect their workforce from harassment, necessitating a shift from addressing individual cases to implementing broader institutional changes. Without collective action, the issue may persist, adversely affecting the healthcare profession in the long term.

## **SGBM Harms in Medicine**

Sexual harassment has significantly negative career-related outcomes for men and women in medicine. Overall, the findings stress the significant negative impact on career progression, mental health, and job satisfaction, emphasizing the need for systemic change in professional environments. Key findings include:

### **1. Career Progression Barriers:**

- 70% of women and 41% of men view sexual harassment as a barrier to career advancement. Additionally, 61.3% of women feel their gender negatively affects their career progression, compared to 12.5% of men.
  - Women more often report fewer opportunities for advanced training than male colleagues, while more men feel they have additional opportunities compared to female peers.<sup>5</sup>
2. **Support for Leadership:**
    - Fewer women (31.5%) feel supported to pursue leadership roles compared to men (44.5%), with more women (24.3%) feeling actively discouraged.
  3. **Experiences of Unfair Treatment:**
    - A significant disparity exists in perceptions of unfavorable treatment based on gender, with 68.9% of women vs. 14% of men reporting such treatment.
    - Women (87.8%) are far more likely to have their clinical abilities doubted compared to men (8.2%).
  4. **Intent to Leave:**
    - Similar proportions of men (44.9%) and women (54.1%) indicate their intent to leave their workplace, often citing the work environment as a contributing factor.
  5. **Emotional and Cognitive Impact:**
    - Sexual harassment leads to emotional burdens such as stress, anxiety, and decreased trust in leadership. It is also mentally taxing, distracting from clinical duties and academic work.<sup>36</sup>
  6. **Behavioral and Career Impact:**
    - Harassment results in behavioral changes, such as modifying communication styles to avoid backlash. It can lead to career setbacks, with participants turning down opportunities or considering career changes due to harassment.
  7. **Perception of Harassment:**
    - Sexual harassment affects job satisfaction, safety, and turnover intentions, highlighting the broader systemic issue that needs institutional interventions.

### ***How SGBM is managed by other Medical Institutions***

#### **Mayo Clinic's Approach**

At Mayo Clinic, the process for managing harassment allegations involves a structured approach that includes collaboration among various departments such as Human Resources, Legal, and the Personnel Committee. This process is supported by detailed policies that define harassment, outline investigative procedures, and prescribe responses to substantiated cases.<sup>37</sup>

## **Key Components of Mayo Clinic's Approach:**

### **1. Collaborative Framework:**

- Allegations are handled by HR investigators in collaboration with departmental leadership, the Legal Department, and the Personnel Committee, which includes physician leaders and legal counsel.

### **2. Investigation Process:**

- Reports of harassment are assigned to trained HR investigators.
- If there is a threat, the accused may be placed on administrative leave, and both parties are offered support services.
- Interviews and evidence collection are conducted, with opportunities for the accused to respond.
- Findings are reviewed by leadership, and decisions are made based on the severity of misconduct.

### **3. Corrective Actions:**

- Actions range from coaching and warnings to termination, based on the severity of the infraction.
- A review panel of peers evaluate cases involving physicians and scientists before a final decision.

### **4. Education and Prevention:**

- Mayo emphasizes education on mutual respect and the intolerance of harassment during new-hire orientations.
- Regular training for supervisors and an internal awareness campaign are in place to inform staff about harassment policies.

### **5. Reporting and Outcomes:**

- Less than 50% of harassment incidents are reported, with about 57.5% of investigated claims being substantiated.
- Corrective actions vary, with some cases involving termination of employment.

### **6. Cultural and Systemic Impact:**

- Harassment results in psychological and organizational harm, including high turnover and costs related to recruitment and training.
- A strong case is made for addressing harassment to maintain organizational health and competitiveness.

Mayo Clinic seeks to create a supportive environment by encouraging transparent relationships, particularly in supervisory roles, and banning romantic or sexual relationships between faculty and students due to power dynamics. The institution's policies and processes aim to ensure harassment is dealt with consistently and fairly, promoting a positive workplace culture.

## University of Alberta Approach

The University of Alberta (UAlberta) Faculty of Medicine and Dentistry (FoMD) has implemented comprehensive measures to manage harassment, emphasizing psychological safety, inclusivity, and institutional culture change.<sup>18</sup> Below is a summary of their approach:

### 1. Leadership Development:

- FoMD aims to train leaders in handling harassment compassionately and consistently. Leaders undergo skill development programs focused on psychological safety and workplace wellbeing.

### 2. Intervention Framework:

- Using a graduated intervention model inspired by the Vanderbilt Model of Professionalism Intervention, FoMD applies four levels of interventions based on the severity and pattern of the behavior:
  - **Level 1:** Informal conversations for isolated incidents.
  - **Level 2:** Non-punitive interventions for apparent behavior patterns.
  - **Level 3:** Individualized coaching plans for persistent behaviors.
  - **Level 4:** Formal disciplinary processes if necessary, involving external bodies like the College of Physicians and Surgeons of Alberta.

### 3. Reporting Mechanisms:

- Multiple avenues are available for reporting harassment, including an online system. This approach, similar to the "no wrong door" policy, ensures flexibility and safety for reporters.
- Anonymous and third-party reporting options are encouraged.

### 4. Combating Harassment:

- Education initiatives empower individuals to deal with harassment directly. Resources guide recipients, bystanders, and the accused in responding appropriately.
- Specific attention is given to racial harassment, with the development of the FoMD Anti-Racism Policy and exploring tailored interventions for racial issues.

### 5. Coaching and Accountability:

- Coaching plans are employed for staff identified as having harassing behavior. Plans involve reading, reflection, and temporary withdrawal from their roles for introspection and learning.
- Persistent or severe cases are reported to formal disciplinary bodies.

### 6. Cultural Shift and Policy Development:

- FoMD promotes a just culture by embedding psychological safety and professionalism in its strategic goals, acknowledging the need for ongoing development in tackling insidious environment-based forms of harassment.

**7. Response to Online Harassment:**

- The institution addresses online harassment, such as questioning professional credentials on forums, by providing support through existing structures and fostering an inclusive culture.

FoMD's structured approach aims for broad-based cultural change, emphasizing reporting, education, and comprehensive intervention strategies while developing specific responses for racial and gender-based harassment.

**VA Approach**

The VA approach to handling harassment emphasizes creating a non-tolerant organizational climate, implementing effective systems for reporting and corrective actions, minimizing harm to those reporting harassment, simplifying reporting processes, and ensuring accountability.<sup>12</sup> Here are the key components of this approach:

**1. Organizational Climate:**

- Well-designed reporting systems are essential for signaling that harassment is not tolerated, improving the organizational climate by backing up the seriousness of harassment with consistent actions.

**2. Corrective Actions:**

- Responses to harassment should focus on stopping the behavior rather than punishing the perpetrator, and be proportional to the misconduct. This might include educating patients or making facility-level changes in "hotspot" areas for harassment, like altering physical layouts or increasing oversight.

**3. Minimizing Harm to Reporters:**

- Encourage anonymous reporting, validate experiences, and support individuals through resource referrals. Give them control over their reporting experience to avoid feelings of powerlessness and provide follow-ups to demonstrate that reports are taken seriously.

**4. Facilitating Reporting:**

- Simplify and encourage reporting by offering multiple mechanisms, both personal and impersonal, for filing reports. Ensure harassment policies are clear, accessible, and well-publicized to foster a supportive environment for reporting.

**5. System Accountability:**

- Collect and share data on harassment reports and actions to promote transparency and accountability. Interpret reporting trends carefully: an increase in reports might indicate better system trust rather than more harassment incidents.

This comprehensive framework highlights the VA's commitment to addressing harassment through systematic, supportive, and transparent processes, fostering a culture where harassment is not tolerated.

## **NIH Recommendations**

The NIH approach to handling harassment involves several key strategies aimed at changing organizational culture, enhancing training, and ensuring leadership accountability.<sup>38</sup> Here's a summary of their approach:

### **1. Cultural Change and Awareness:**

- NIH aims to foster a zero-tolerance culture towards harassment by tracking and publicizing anonymized sanctions. This is intended to address perceptions that harassment reports are not taken seriously.

### **2. Witness and Bystander Training:**

- The institution is enhancing witness or bystander training to normalize the reporting of harassment incidents. This includes educating employees on their responsibility to report such incidents and increasing awareness about available resources.

### **3. Addressing Reporting Barriers:**

- To encourage reporting, NIH is improving education on resources available for reporting harassment and obtaining support. They recognize that many employees do not report incidents due to fear of negative career impacts or skepticism about the effectiveness of reporting.

### **4. Safe and Civil Workplace:**

- NIH is committed to creating a trusted environment, focusing on civility and effective communication. They plan to train supervisors and managers to treat employees fairly and model appropriate discussions about harassment.

### **5. Leadership Accountability:**

- Annual performance evaluations for supervisors now include critical elements linking behaviors to the NIH anti-harassment policy. This is part of a performance management system backed by federal laws, tying merit awards and career progression to proper conduct.

### **6. Tailored Approaches:**

- Each of NIH's 27 Institutes and Centers (ICOs) is required to develop a specific anti-harassment plan that addresses unique findings relevant to their microculture.

Through these measures, NIH aims to reduce harassment, promote a supportive work environment, and hold leaders accountable for maintaining high standards of conduct.

### **AMC Review of Harassment Policies**

The evaluation of policies at top medical centers regarding sexual harassment by patients towards physicians revealed key insights:<sup>39</sup>

#### **1. Policy Availability and Sharing:**

- Out of 50 institutions, 28 responded to the survey.
- Four institutions reported having no applicable policies, while six had policies but did not share them. Eighteen institutions shared one or more relevant documents.

#### **2. Types of Policies:**

- The review identified 38 unique documents across 24 institutions: 8 sexual harassment policies, 14 inappropriate behavior policies, 7 patient rights/responsibilities policies, 8 employee workplace safety documents, and 1 flyer.

#### **3. Behaviors Addressed:**

- The following behaviors were explicitly mentioned in at least one policy: sexual harassment (75%), physical assault/violence (58%), verbal harassment/intimidation (50%), and discrimination (54%).

#### **4. Response to Inappropriate Behavior:**

- Seventeen institutions described a formal response to inappropriate behavior, and one included a response team to support harassment victims.

#### **5. Specific Mention of Patient Harassment:**

- 14 institutions (59% of those with policies) addressed sexual harassment from patients towards physicians.
- Seven policies applicable to 11 institutions included patients among those potentially involved in harassment incidents. Only one policy specifically addressed sexual harassment by patients in the context of treating staff.

Overall, the study highlights a lack of comprehensive policies directly addressing harassment by patients, indicating a need for clearer guidelines and support mechanisms in medical centers.

## **Just Culture Approach**

A Just Culture focuses on establishing a fair and supportive work environment where individuals can safely discuss issues and participate in maintaining safety and reliability.<sup>40</sup> Here are the key elements of the Just Culture approach:

### **1. Safety and Support:**

- It allows individuals to feel safe to express weaknesses or concerns and seek help when quality and safety are at risk.
- Employees are encouraged to monitor and assist each other, redistributing workloads to maintain a safe and reliable environment.

### **2. Accountability:**

- Workers know they are accountable for their actions but are not blamed for systemic issues beyond their control.
- They are responsible for fostering a psychologically safe environment without fear of penalty for underreporting concerns.

### **3. Respectful Workplace:**

- The culture promotes mutual respect, where everyone feels respected in every interaction.
- Leadership plays a crucial role in modeling and ensuring understanding of individual accountability.

### **4. Assessment of Behavior:**

- James Reason's "Unsafe Acts" algorithm helps distinguish between individual and systemic responsibility by asking key questions:
  - Did the employee intend harm?
  - Was the employee impaired?
  - Did the employee knowingly increase risk?
  - Would another employee act similarly in the same situation?

If the answers indicate a systemic origin, the issue is organizational, not individual.

### **5. Commitment to Good Citizenship:**

- Employees are responsible for supporting transparency and open communication, committing to "good citizenship."
- Hospitals may enforce "red rules" that are non-negotiable, such as participating in pre-procedure briefings.

Overall, a Just Culture enhances accountability, communication, and mutual respect, creating a supportive environment conducive to high reliability and safety in healthcare settings.

### **Zero Tolerance Framework**

The Zero Tolerance framework aims to eradicate sexual harassment in the workplace through an intersectional and holistic approach that emphasizes cultural change and accountability.<sup>41</sup>

Key principles include:

**1. Intersectional Lens:**

- Emphasizes addressing the complex interplay of social categories (e.g., race, gender, ethnicity) in creating a harassment-free environment. Recognizes interconnected systems of oppression and invites collaborative strategies from various social justice movements.

**2. Communication Practices:**

- **Vices:** Identifies behaviors that sustain discrimination, such as arrogance, closed-mindedness, and an over-reliance on virtue signaling. Organizations must track harassment reports effectively to foster transparency.
- **Virtues:** Encourages practices like humility and proactive listening to resist injustices and support marginalized voices in effectively addressing harassment.

**3. Complicating Blame and Responsibility:**

- Encourages nuanced consideration of incidents by analyzing social, organizational, and individual factors. Warns against simplistic "zero-tolerance" policies that may overlook the underlying organizational climate.

**4. Reflection and Imagination:**

- Advocates for creating reflective spaces that involve diverse voices to reimagine work climates and ensure sustained cultural change. Emphasizes intentional diversity to foster innovative solutions.<sup>42</sup>

This approach calls for systemic, intersectional strategies rather than relying solely on compliance or public declarations of support to eradicate sexual harassment. It underscores the value of diversity and shared responsibility in creating transformative change within organizations.

### **Strategies to Reduce Harassment in Healthcare Settings**

To effectively reduce sexual harassment (SH) in healthcare settings, a comprehensive strategy is required.<sup>43</sup> Here are the key strategies:

1. **Leadership Commitment:**
  - Top leadership must prioritize prevention and respond appropriately to incidents by encouraging the reporting of harassment and valuing those efforts. Offenders should face prompt investigation and consistent disciplinary actions based on severity.
2. **Effective Reporting Systems:**
  - Establish robust systems that provide victims and witnesses avenues to report incidents. Ensure that those responsible for handling complaints are well-trained, unbiased, and have the necessary authority and resources.
3. **Comprehensive Training:**
  - Regular training programs should educate healthcare professionals (HPs) on policies, expectations, and preventive measures against inappropriate behavior. Respect in the workplace training can foster an environment valuing inclusivity and mutual respect.
4. **Individualized Action Plans:**
  - Develop plans to protect HPs from harassment by patients, peers, or superiors. This includes nonverbal communication, setting boundaries, and seeking assistance if harassment persists. Building alliances with coworkers and involving leaders in mediation can help ensure personal safety.
5. **Zero Tolerance Policy:**
  - Implement a strict policy against SH to protect HPs and improve patient care quality.
6. **Public Discussion and Governance:**
  - Sexual misconduct should be part of public discourse, moving beyond professional colleges and education boards to involve medical regulators. Policies need strengthening by local systems and should include disciplinary actions or prosecution when necessary.

Overall, these strategies emphasize the need for an organizational culture that does not tolerate harassment, supported by strong leadership and clear, consistent procedures.

## **Harassment in Medical Culture**

Sexual harassment within medical culture is a persistent issue that is often mishandled or minimized when reported by medical students. Complaints are frequently treated as isolated incidents, with responses offering individual solutions like counseling or sick leave, rather than addressing systemic issues. The medical environment, characterized by discussions of intimate

matters and physical contact, can make it easier for harassment to occur and for victims to overlook inappropriate behaviors.<sup>44</sup>

Efforts to tackle harassment are seen as needing both upstream social and systemic changes, but these are not often prioritized. Interim solutions, like bystander training, have shown some success. This training encourages witnesses to intervene or challenge inappropriate behavior, especially when it comes from individuals in positions of power. While this approach is not a comprehensive solution, it represents a step towards addressing the problem. The focus should shift from acknowledging the existence of harassment to actively implementing solutions.<sup>44</sup>

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