

## Dental Education in the Age of #MeToo: Patient Harassment of Students

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### Today's Speakers



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## Disclosure

All speakers agree that neither they nor members of their immediate family have any financial relationships with commercial entities that may be relevant to their presentation.

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## Goals of the Discussion

Identify	Discuss	Describe
inappropriate patient-student situations.	the potential impact on the student-victim.	strategies for effective intervention and support.

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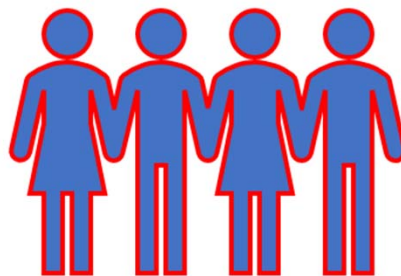
## Audience Chat

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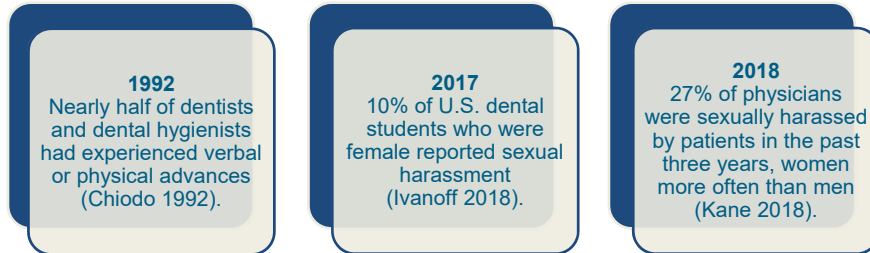
Have students reported concerns about harassment? If so, does any group experience more harassment than others?

## Dr. Emily Sabato: Why should we care about sexual harassment?

- Provider safety and welfare
- Links between happiness and learning
- Implications of gender stereotypes
- Implications of patient harassment on provision of care



## Is this really a thing?



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Dr. Jean O'Donnell

## Our Survey

U.S. and Canadian dental/hygiene students' and residents' experiences of sexual harassment by patients and their families.

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## Ethical considerations while developing survey

- Students are “protected subjects”
  - Must be free of all perception of coercion
  - FERPA privacy
- Topic could be emotionally distressing
  - Must be handled sensitively
- Universities have Title IX obligations
  - Are there potential ramifications to universities of reports by students in this survey?



## What is FERPA?

- Family Educational Rights and Privacy Act
- U.S. law that protects the privacy of students' education records.



## What is Title IX?

- Title IX of U.S. Education Amendments Act of 1972.
- "No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance."

## Solutions

### Protected subjects

- No direct contact between surveyors and students – email addresses not revealed
- Anonymous – identities of non-respondents is unknown

### Potentially upsetting topic

- Use a validated instrument shown to be effective for this purpose

### Title IX

- Consult with university Title IX office to see if it is a potential issue

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Developed survey based on Sexual Experiences Questionnaire

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IRB exemption approval from University of Pittsburgh

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Link to anonymous online survey + cover letter sent to dean of Academic Affairs or equivalent of every dental and dental hygiene school in USA and Canada

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Asked them to forward it to all their students

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One follow-up email via dean of Academic Affairs

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SEQ has been used since 1988—well validated.



Used in major and minor studies of sexual harassment in academia, employment, military, etc.



Examines sexual harassment from three perspectives:

Sexual coercion

Unwanted sexual attention

Gender harassment

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## Sexual Experiences Questionnaire (SEQ)

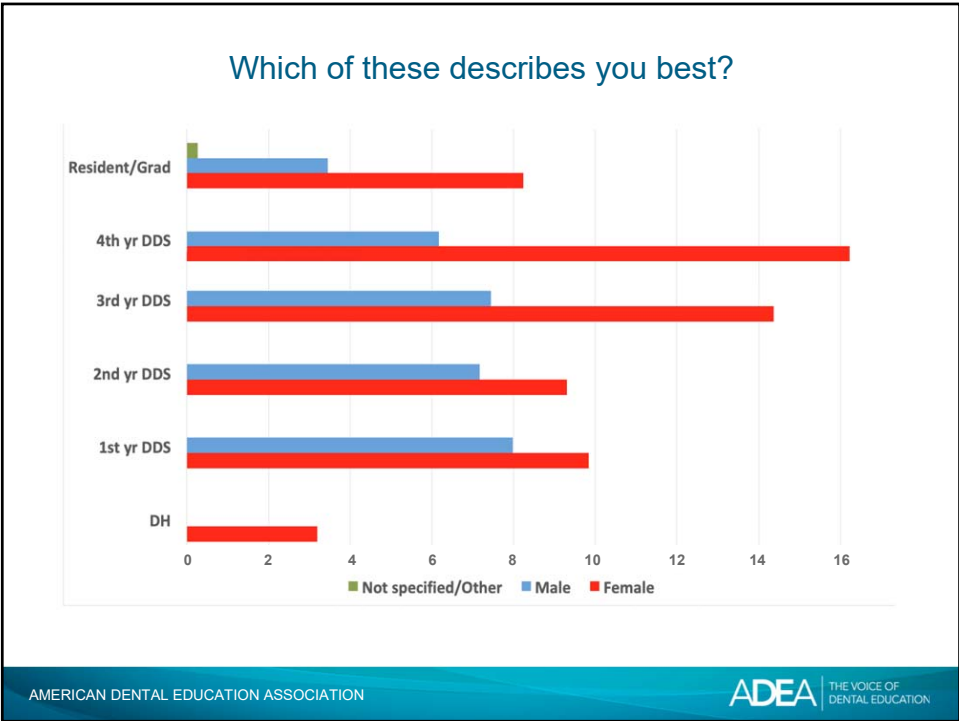
- 4 demographic questions
- 4 initial experience questions
- 13 Likert scale questions

*(SEQ adapted from Fitzgerald LF, et al. J Vocat Behav 1988 Apr 1;32(2):152-75)*

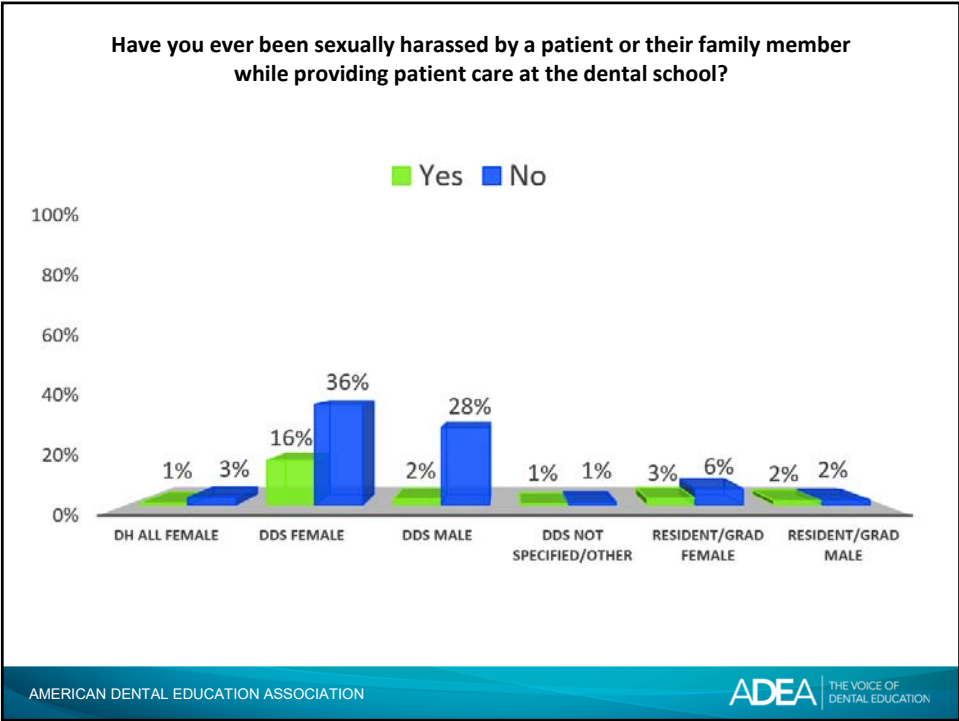
## Survey Results

- 381 accessed the survey.
- 350 answered one or more questions regarding harassment.
- 154 of the 350 responses did not identify their school.
- 20 schools identified.

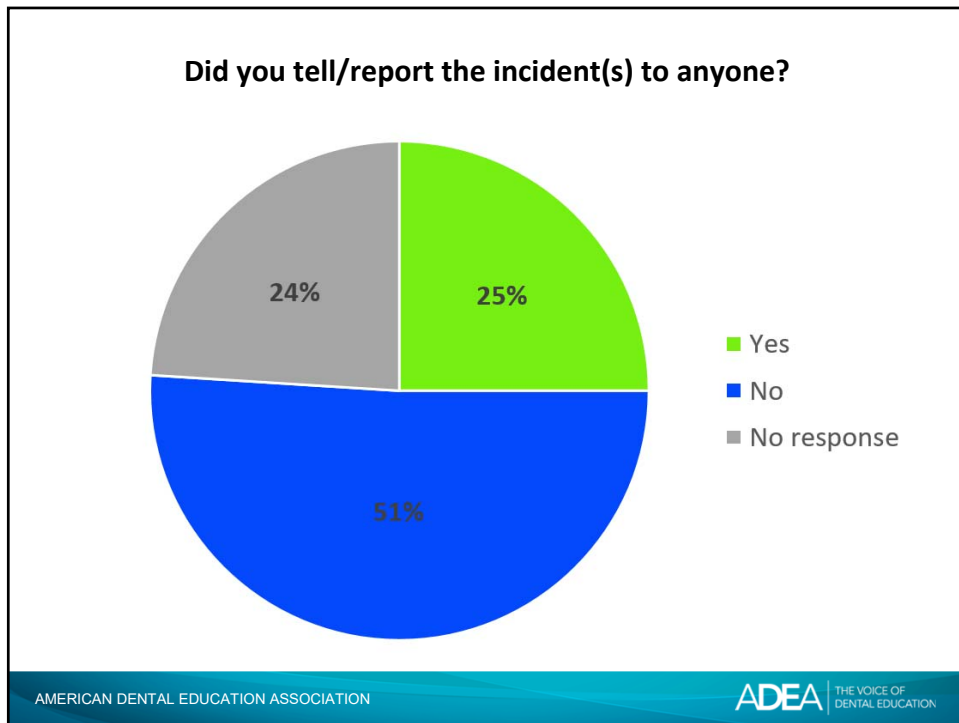




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## Sexual Harassment: What is it?

Dr. Sheela Raja

-  Bullying or coercion of a sexual nature
-  Unwelcome or inappropriate promise of rewards in exchange for sexual favors.
-  Behavior can range from mild to abuse and assault
-  Settings can vary—social, school, workplace, home

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## Most Frequently Reported Harassing Behaviors

Dr. Jean O'Donnell

Habitually told suggestive stories or jokes.

Treated “differently” because of sex or gender.

Frequently made sexist remarks.

Made crude and offensive sexual remarks.

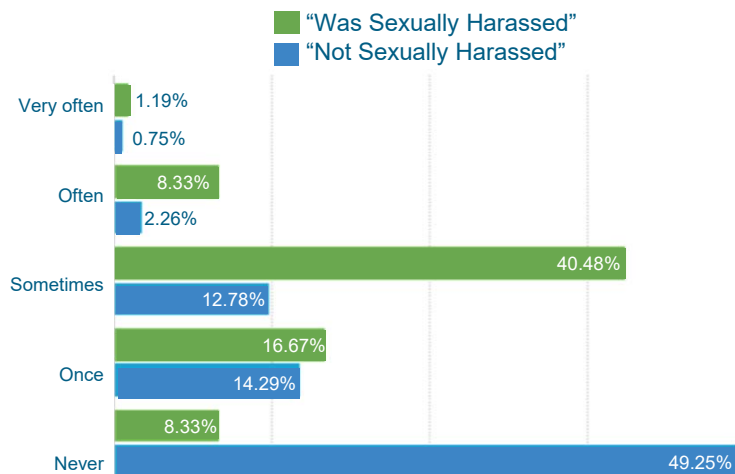
Gave unwanted sexual attention.

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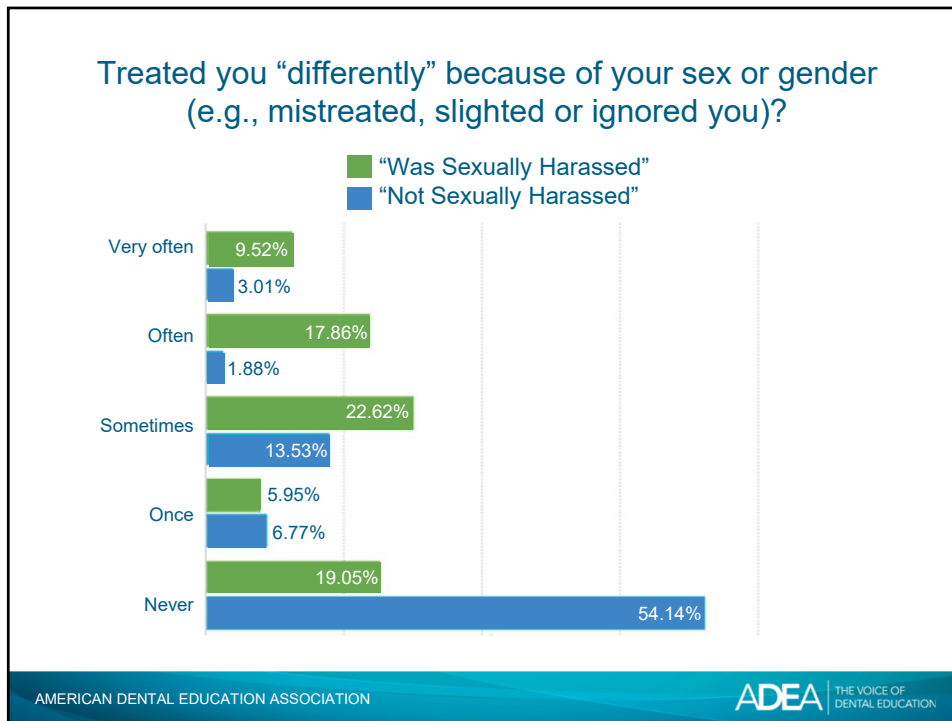
### Habitually told suggestive stories or offensive jokes?



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Dr. Sara Gordon:

**More women than men responded to the survey.**

- Women and men are approximately equal in number in dental school
- Is this because:
  - More women are harassed than men?
  - Men may be less likely to admit being harassed?
  - Women tend to respond more to surveys than men? (Porter 2005)

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## Cumulative effect expected

Chiodo (1992): 44% of clinicians sexually harassed verbally, 23% physically

Kane (2018): 27% of physicians sexually harassed in past 3 years, women > men

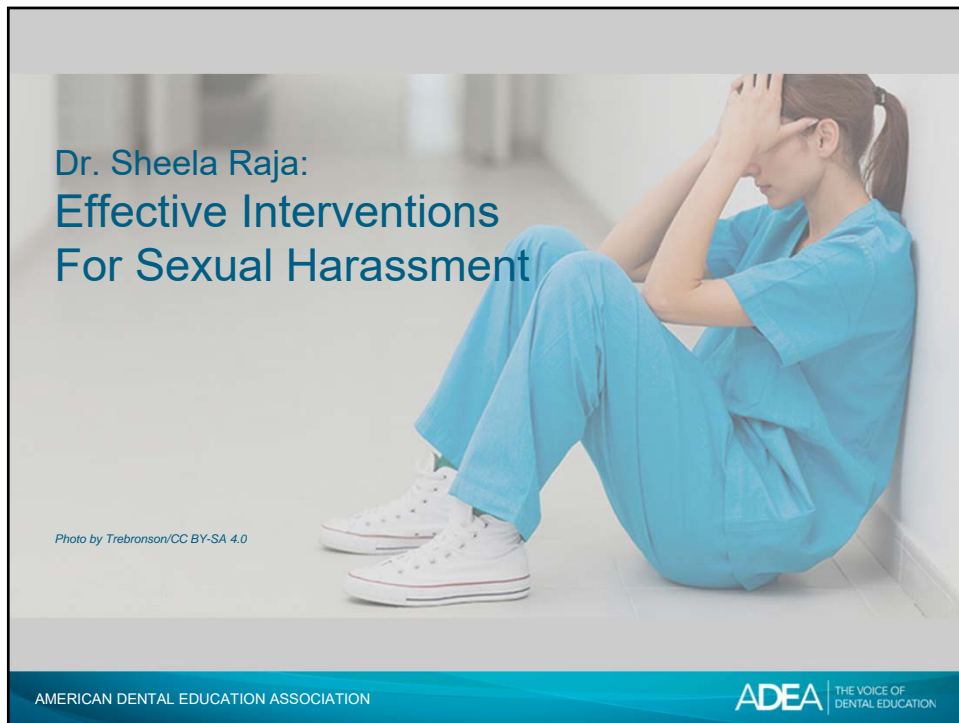
More years as clinician = more opportunities for harassment

Time brings experience in dealing with harassers

Does seniority make clinicians less vulnerable to this type of attack?

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Have you been involved in a clinical situation where a patient is harassing a student? If so, what did you do?



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## Sexual Harassment: Contributing Factors

- Hierarchical structure.
- Male-dominated environment.
- A climate that tolerates transgressions — particularly when they are committed by those with power.

Source: <https://hbr.org/2018/11/sexual-harassment-is-rampant-in-health-care-heres-how-to-stop-it>

## Sexual Harassment: Impact

- Increased risk of anxiety, depression, and post-traumatic stress (prior stressors increase the risk).
- Links to increased blood pressure (20% increase in heart disease risk), higher levels of blood fat levels, poorer sleep quality.

Source: <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2705688>

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What do you think are student barriers to reporting?

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What do you think are faculty barriers to reporting?

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## Sexual Harassment: Barriers to Reporting

A survivor's ability to report what happened is impacted by:

- victim-blaming.
- prior experiences of violence or marginalization.
- complexities of identity (e.g. citizenship, race/ethnicity, age).
- normalization of sexual harassment.
- lack of effective responses.
- retaliation from harasser and others.

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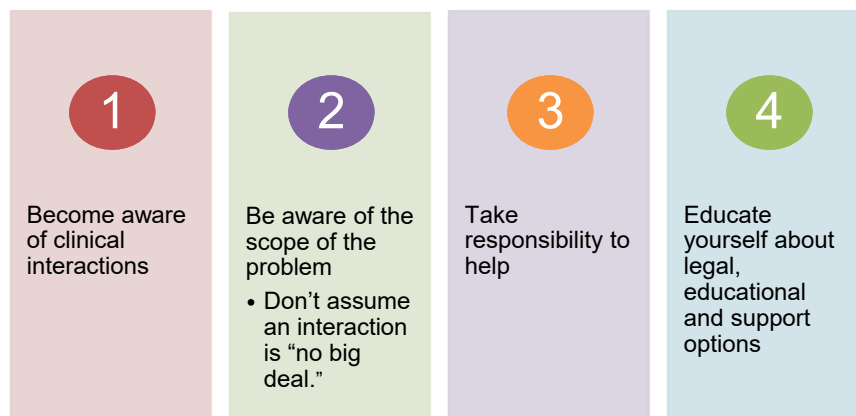
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## Sexual Harassment: Barriers to Reporting

- Potential repercussions to disclosure
  - Culture of "blaming the victim"
  - Loss of important patient procedures
  - Perception that patient management skills are inadequate
- Perpetrator known to victim
  - Discomfort seeing the perpetrator again
  - Fear of retaliation
- Experiences minimized or ignored
  - Instructor brushes off incidents
  - No clear system for resolution
  - Poor training of faculty and staff
- Myths and misconceptions
  - Normal/innocent flirtation
  - Not harmful or dangerous
  - Cultural or religious context

## Sexual Harassment: Interventions Become an Active Bystander



## Sexual Harassment: Interventions Intervene Safely

<b>Share</b>	Share your concern. This is especially true in potentially dangerous situations.
<b>Ask</b>	Ask the student how things are going.
<b>Provide</b>	Provide an opportunity for student to leave a situation temporarily.
<b>Document</b>	Document the situation.
<b>Reassign</b>	Reassign the student as needed.
<b>Dismiss</b>	Dismiss the patient if needed.
<b>Learn</b>	Learn from incidents to impact long-term policy. Create clear clinic expectations.

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## Q&A



Sara C. Gordon, D.D.S., M.S.



Jean O'Donnell, D.M.D., M.Ed.



Sheela Raja, Ph.D.



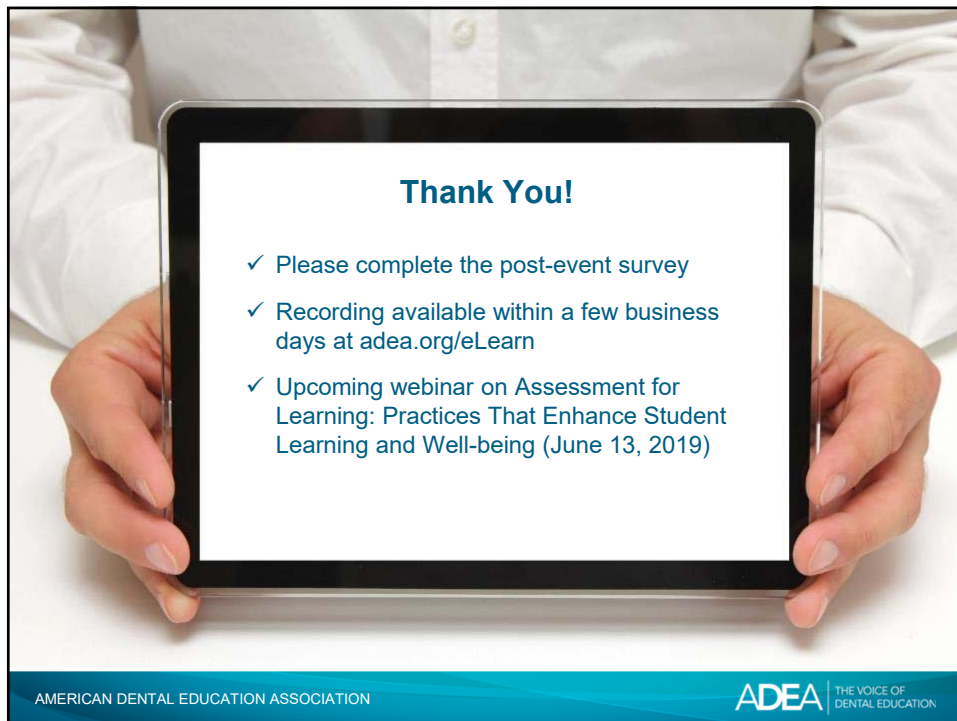
Emily Sabato, Ed.D., M.S.Ed.




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# Acknowledgment

*Special thanks to Ms. Eileen Martinez,  
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compiling the survey results.*

# Sexual Experiences Questionnaire (SEQ)

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## Start of Block: Default Question Block

Q1 Sexual Experiences Questionnaire (SEQ) – Shortened Version (adapted from Fitzgerald LF, et al. J Vocat Behav 1988 Apr 1;32(2):152-75) We will be asking you various questions related to sexual harassment by patients or their family members. Some of these questions may be sensitive, but please be assured that your responses will be completely anonymous and cannot be associated with you.

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Q2 Which of these describes you best?

- ☐ First year predoctoral dental student (1)
- ☐ Second year predoctoral dental student (2)
- ☐ Third year predoctoral dental student (3)
- ☐ Graduating year predoctoral dental student (4)
- ☐ Resident or graduate dental student (5)
- ☐ Dental hygiene student (6)
- ☐ None of the above (7)

*Skip To: End of Survey If Which of these describes you best? = None of the above*

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Q12 Name of institution (*NOTE: this information is for determining response rates only and will not be publicly disclosed*):

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Q3 Please select your age range:

☐ 20-29 (1)

☐ 30-39 (2)

☐ 40-49 (3)

☐ 50-59 (4)

☐ 60+ (5)

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Q4 Please indicate your gender:

☐ Male (1)

☐ Female (2)

☐ Other (3) \_\_\_\_\_

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Page Break

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Q5 Have you ever been sexually harassed by a patient or their family member while providing patient care at the dental school?

☐ Yes (1)

☐ No (2)

*Skip To: Q12 If Have you ever been sexually harassed by a patient or their family member while providing patient... = No*

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Q6 Please describe your harassment.

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Q7

How many different patients or patients' family members have engaged in this behavior?

☐ One (1)

☐ More than one person in separate incidents (2)

☐ More than one person on one occasion (3)

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Q8 Did you tell/report the incident(s) to anybody?

☐ Yes (1)

☐ No (2)

*Skip To: Q12 If Did you tell/report the incident(s) to anybody? = No*

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Q9 Who did you tell/report the incident(s) to? (select all that apply)

- ☐ Faculty (1)
- ☐ Administrator (Dean, for example) (2)
- ☐ Police (3)
- ☐ Significant Other (4)
- ☐ Other Family Member (5)
- ☐ Classmate (6)
- ☐ Friend not in my dental school (7)

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Q10 If you told/reported the incident(s), please describe the consequences of the report/s (if any) to you, to your institution, and to the person/s who harassed you.

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Q12 Read each of the situations listed and then check the box that matches how often you have had this experience. Some questions may appear repetitive, but please answer them despite this. While providing patient care at the dental school, have you ever been in a situation where any patient or patient family member.....

	Never (1)	Once (2)	Sometimes (3)	Often (4)	Very Often (5)
Habitually told suggestive stories or offensive jokes? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Made unwanted attempts to draw you into a discussion of personal or sexual matters (e.g., attempted to discuss or comment on your sex life)? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Made crude and offensive sexual remarks, either publicly (e.g., in the patient care area), or to you privately? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treated you "differently" because of your sex or gender (e.g., mistreated, slighted, or ignored you)? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gave you unwanted sexual attention? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Displayed,  
used, or  
distributed  
sexist or  
suggestive  
materials (e.g.,  
pictures,  
stories, or  
pornography)?  
(6)

☐☐☐☐☐

Frequently  
made sexist  
remarks (e.g.,  
suggesting that  
women are too  
emotional to be  
scientists or  
that men  
should not be  
the primary  
caretakers of  
children  
because they  
are not  
nurturing?) (7)

☐☐☐☐☐

Attempted to  
establish a  
romantic  
relationship  
with you  
despite your  
efforts to  
discourage this  
person? (8)

☐☐☐☐☐

“Put you down”  
or was  
condescending  
to you because  
of your sex or  
gender? (9)

☐☐☐☐☐

Continued to  
ask you for a  
date, drinks,  
dinner, etc.,  
even though  
you have said  
“no”? (10)

☐☐☐☐☐

Made you feel like you were being subtly bribed with some sort of reward or special treatment to engage in sexual behavior? (11)

☐☐☐☐☐

Made you feel subtly threatened with some sort of retaliation for not being sexually cooperative? (12)

☐☐☐☐☐

Touched you (e.g., laid a hand on your bare arm, put an arm around your shoulders) in a way that made you feel uncomfortable? (13)

☐☐☐☐☐

End of Block: Default Question Block

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