VA WOMEN'S HEALTH RESEARCH NETWORK

Supporting Practice and Research Collaboration

Spotlight on Women's Health Cyberseminar Series

Bystander Intervention to Address Harassment in Healthcare Settings: State of the Evidence and Research at the Veterans Health Administration

Sponsored by the VA Women's Health Research Network

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Today's Speakers

Mark Relyea, PhD
Community Psychologist & Statistician,
VA Connecticut Healthcare System
Associate Research Scientist,
Yale School of Medicine
Speaker

Amy Drapalski, PhD
Associate Director of the Clinical Core,
VISN 5 Mental Illness Research,
Education, and Clinical Center
Adjunct Associate Professor,
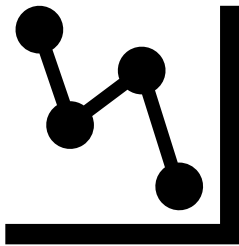University of Maryland School of Medicine
Speaker

Bystander Intervention to Address Harassment in Healthcare Settings: State of the Evidence

Mark Relyea, Ph.D
Veterans Health Administration (VHA)
Department of Veterans Affairs (VA)

Objectives

Harassment at VA

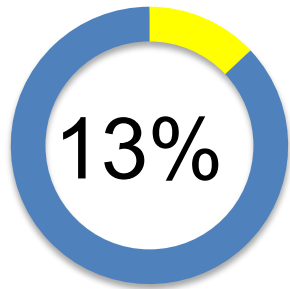State of the evidence for bystander intervention to address harassment
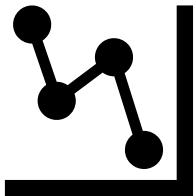
What we still need to know

Harassment is common

13% of women Veterans reported harassment in 2022

Harassment has decreased
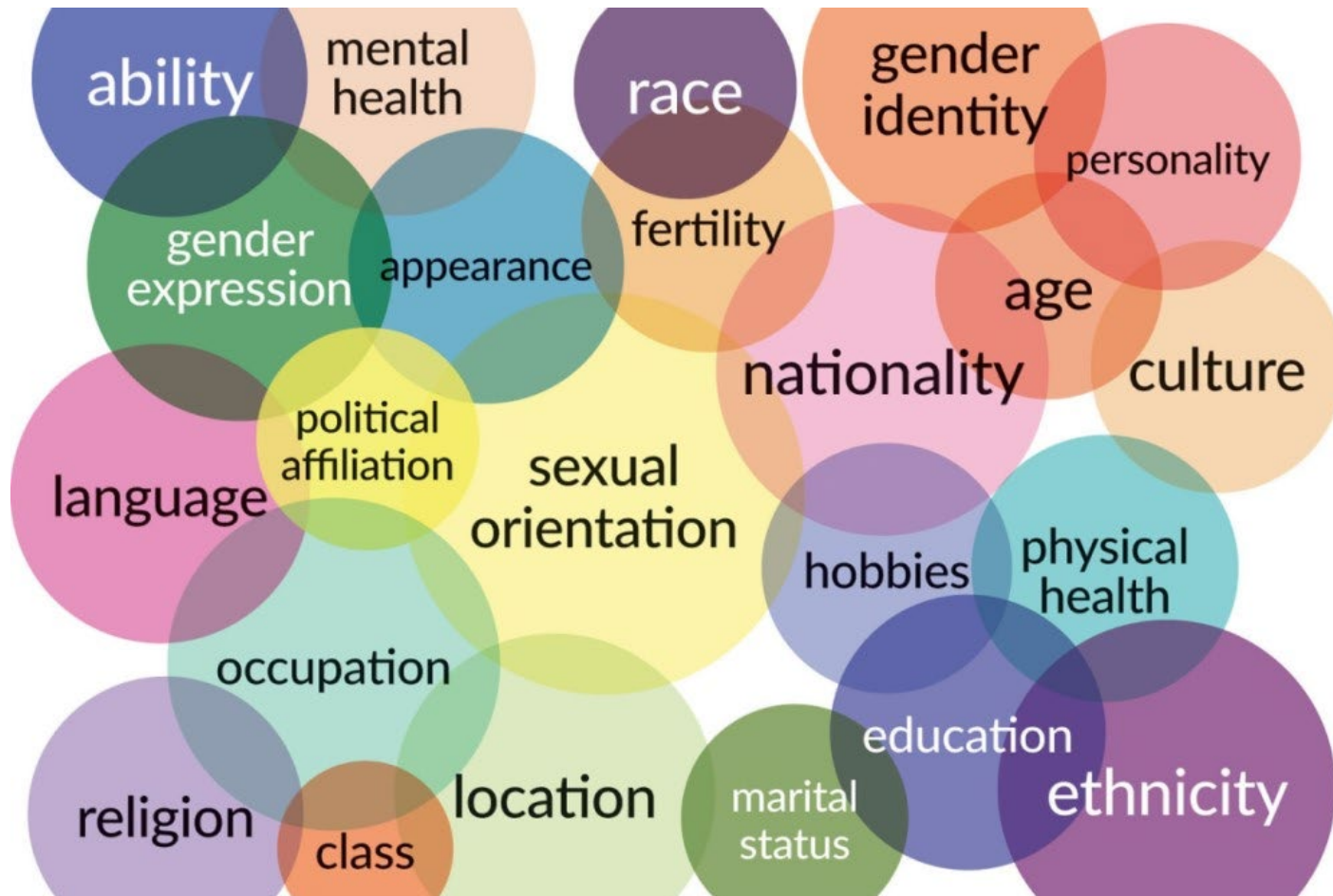
Down from 25% in 2017

Gender Harassment

Unwanted Sexual Attention

I'm guessing you aren't a Veteran. Are you waiting for your husband or something?

You're too pretty to be a Vet.

People are intersectional

ability · mental health · race · gender identity · personality · gender expression · appearance · fertility · age · culture · nationality · political affiliation · sexual orientation · language · hobbies · physical health · occupation · education · ethnicity · religion · class · location · marital status

Harassment is intersectional

Where it occurs

Waiting rooms	Residential/Acute units
Entryways/Exits	Elevators
Main lobby	Parking lot
Hallways	Cafeteria
Designated smoking areas	Gym
Group treatment meetings	

Consequences

Impact

Anxiety, anger, fear, depression, PTSD, lower safety and self-esteem, avoiding public places

Specific to women Veterans

Delayed or missed care

Feel less welcome at VA

Specific to Staff

Burnout, errors, lower productivity, lower satisfaction, absenteeism, intentions to leave

Impacts witnesses

Three Groups of Veterans who Harass

Individuals with cognitive or mental health challenges

Individuals who are not aware
- Generational/cultural/normative factors
- Not intended to be demeaning

Individuals who are aware and do it anyway
- Test boundaries, push envelopes
- More likely to target

Poster campaigns

Culture change initiatives

Stand Up to Stop Harassment Now! Video

White Ribbon Campaign

White Ribbon VA: A call to action

Messages from Leadership

Improving reporting

Supporting women Veterans

The legislation bearing her name, enacted by Congress in January 2021, provides more health care services and benefits enhancements to support women Veterans. The Deborah Sampson Act also mandates a comprehensive VA policy to end sexual harassment and sexual assault in VA facilities.

The legislation directs VA to assign points of contact (POCs) at facilities to receive reports of harassment and sexual assault by Veterans and visitors. The designated POCs in VA medical facilities are patient advocates.

Bystander training
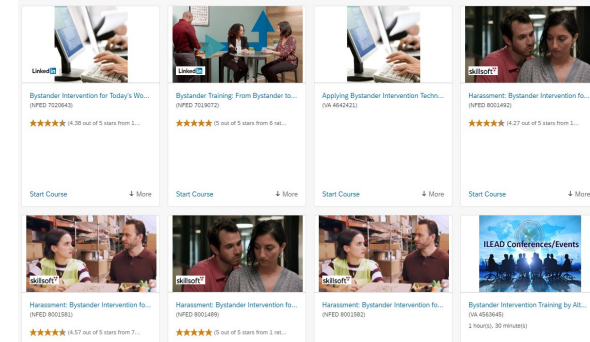
- The bystander approach views <u>everyone</u> as potential helpers
- Usually 1 to 2 session trainings to raise awareness, motivate intervention, teach strategies for intervening, and practice

"I wondered why somebody didn't do something. Then I realized, I am somebody."

When to Intervene

Before — **Change social norms** that support harassment

During — **Intervene** in harassment

After — **Support** those impacted

(Source: Banyard, 2015; Katz, 1995)
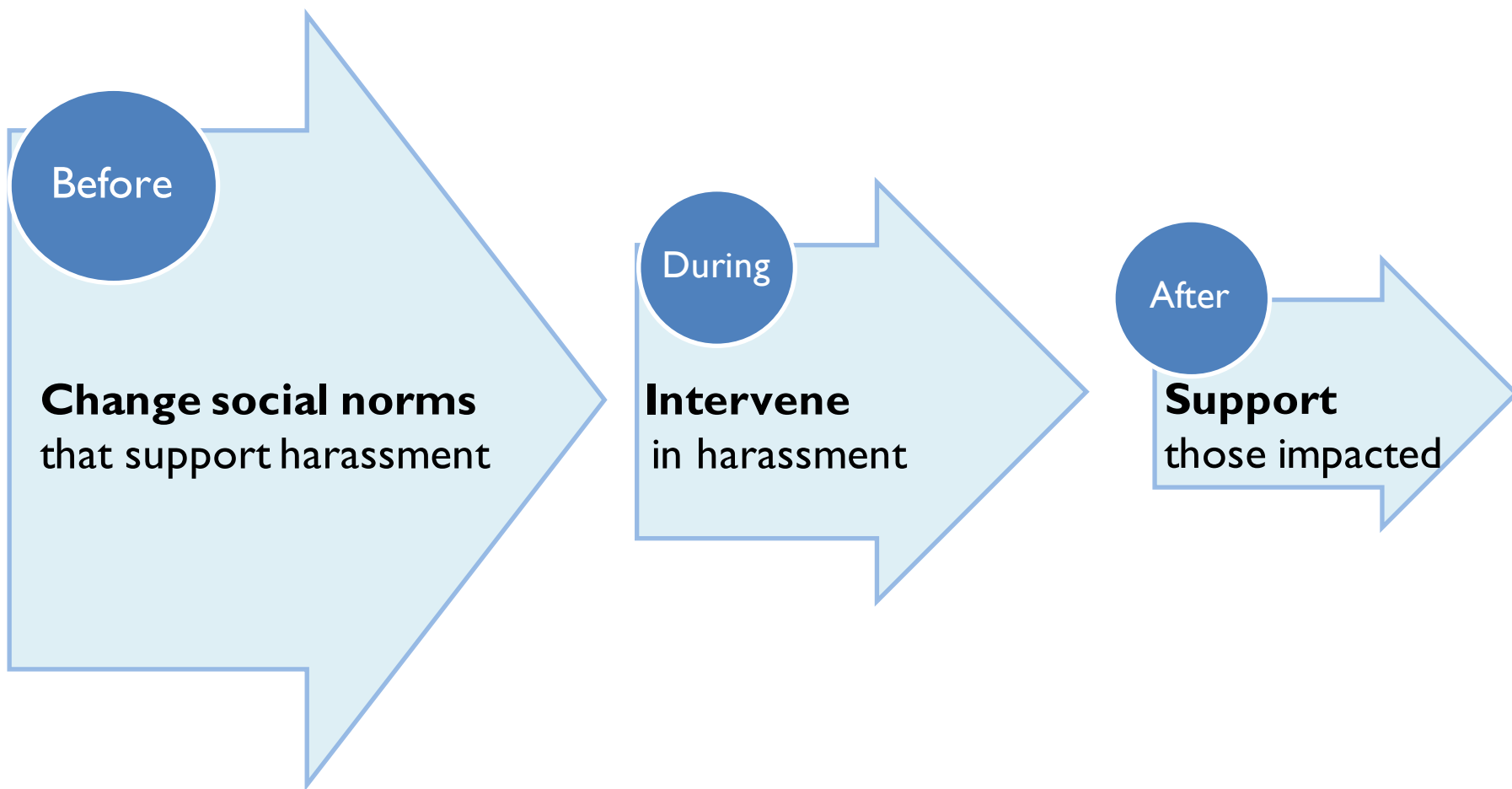
In theory how does this work?

Through people intervening to address harassment

Through changing social norms

Through preventing harassment among those who went through a training

Does it work?

Evidence from high school and college studies on bystander programs

Many studies:

Reduce harmful attitudes towards violence or gender
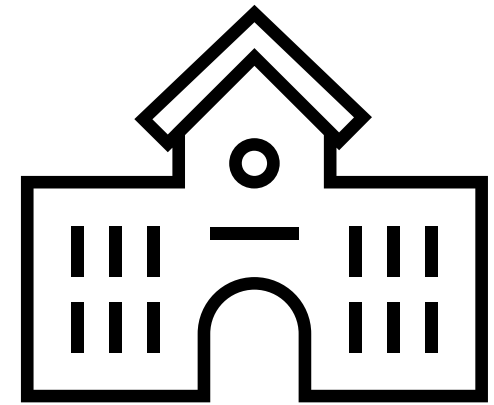
Increase awareness, intentions and self-efficacy to intervene, and bystander behaviors

Few studies:

Reduced interpersonal violence

Reduced harassment (*in high schools)

Evidence from healthcare settings

Methods and Content

- Similar length and content to school programs
- Focus on discrimination, bias, mistreatment, and microaggressions and less on sexual harassment
- Convenience samples
- Focused equally or mostly on responding to patient harassment toward staff
- Seldom measure problematic attitudes
- Evaluated with single arm pre to post test
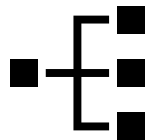
Impact

From pre to post test,
increased knowledge, awareness, self-efficacy and intentions to intervene

Evidence for Behavior change
Few studies measured impact – all without control groups

York et al. (2021): Bystander program on bias and microaggressions

> **Found no behavioral changes**

Tyson et al. (2024): Bystander program on discrimination and harassment toward identifying characteristics (e.g., gender, ethnicity)

> **At 9-18 month follow-up, only 18% (n = 27) said they had opportunity to respond, of which 85% intervened and 15% reported they did not act.**

Hock et al. (2020): Training on how to respond to and intervene in patient harassment.

> **At 3 week follow-up, 65% (n = 15) reported experiencing or observing harassment and 67% (n = 10) addressed it, most often addressing harassment they experienced**

Evidence at VHA

Original article

Evaluating Bystander Intervention Training to Address Patient Harassment at the Veterans Health Administration

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[j] University of Central Florida College of Medicine, Orlando, FL
[k] New England Geriatric Research and Clinical Center, VA Boston Healthcare System and Harvard Medical School, Boston, Massachusetts

Major Findings

66%
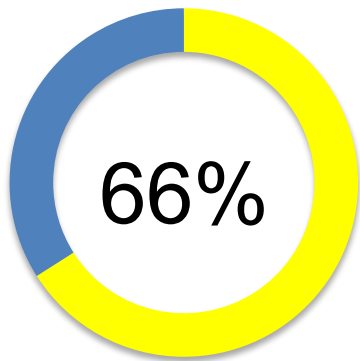
Witnessed harassment of women Veterans in past year

32%
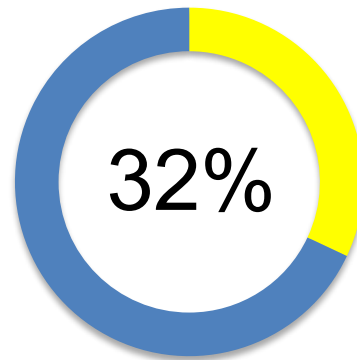
reported *ever* intervening to stop patient harassment

Pre to Post

Increased awareness, self-efficacy, and intentions to intervene, decreased barriers to intervening

Staff Perceptions of Training

<u>Acceptable</u>

Majority found training relevant and appropriate in length

<u>Most useful parts of training</u>

- Learning to intervene
- Group discussion
- Effective facilitation
- Information on harassment

<u>Suggestions for Improvement</u>

- More training for supervisors, staff, and Veterans
- More role-playing
- Leadership support
- Ways to report anonymously

Harassment Veteran Feedback Project (Review of last week's cyberseminar)

- Women Veterans reported the majority of sexual harassment (74%) and gender harassment (63%) were not seen by staff
- When staff did see, staff often did not help
- Women Veterans reported staff both saw harassment and tried to help in 6% of sexual harassment and 12% of gender harassment

Why aren't staff intervening?
Findings from 2016 qualitative research with clinicians

Patient factors

- Fear of impacting patient dynamics
- Patient characteristics (e.g., age, cognitive issues) that might impact behavior or intentionality

Individual factors

- Ambiguity defining harassment
- Trouble identifying when it was appropriate to intervene
- Concern about provoking conflict among patients

Organizational factors

- Perceived organizational tolerance for harassment
- Lack of known policies
- Insufficient leadership support
- Competing priorities

Why aren't staff intervening?
Findings from 2018 quantitative research with 271 staff

Barriers to noticing harassment:

- Too busy to notice harassment
- Others appearing unconcerned
- Not having skills to intervene
- Unsure of VA policies on intervening

Barriers to intervening:

- Too busy to notice harassment
- Fear of being reported to the patient advocate

Can training reduce barriers?
Changes from pre to post

Barriers to noticing harassment:

- Too busy to notice harassment
- Others appearing unconcerned
- Not having skills to intervene
- **Unsure of VA policies on intervening**

Barriers to intervening:

- Too busy to notice harassment
- Fear of being reported to the patient advocate

Other changed barriers:

- **Skills deficits**
- **Less likely to intervene with older Veterans**
- **Apprehension about reporting**

Summary of the Evidence

Promising

- Programs can increase awareness of harassment and change attitudes toward intervening

- Programs may get staff to intervene on their own behalf

Challenges

- Most harassment toward patients goes unseen

- Organizational barriers may not be impacted by training

- Unclear if programs can increase intervening

- Unclear if intervening is necessary for programs to decrease harassment

What we still need to know

<u>Basic research:</u>

- What factors are associated with committing harassment?

- Are Veterans willing to intervene with other Veterans?

- Does intervening impact rates of harassment at facilities?

- Where has intervening had negative impacts?

- What forms of intervention are seen by patients as helpful and which are seen as inadequate or harmful?

- How do providers respond when patients disclose harassment?

- What impact do provider reactions and reporting systems have on Veterans?

<u>Research on Interventions</u>

- Impact on harmful behaviors and attitudes, helping behaviors, social norms

- Whether programs decrease rates of harassment at facilities

- Understanding how long effects last

- Moderators of program efficacy

- Implementation research

- Evaluation of acceptability and outcomes of training Veterans

- Identifying novel ways to educate staff and Veterans

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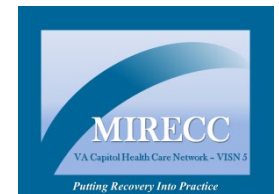# Bystander Activation Intervention to Address Gender-Based Harassment at VA

VA HSR CYBERSEMINAR "SPOTLIGHT ON WOMEN'S HEALTH"

AMY DRAPALSKI, PHD

VISN 5 MENTAL ILLNESS RESEARCH, EDUCATION AND CLINICAL CENTER

Intervention Development Framework

The GBH bystander activation intervention was developed via an iterative process combining:

- social ecological bystander principles
- prior research on harassment
- knowledge gained and materials developed via photovoice and focus groups
- consultation and feedback from members of the GBH intervention development research team including from two Veterans (a woman and a man) and a steering committee (SC) comprised of key stakeholders

Bystander Education Materials

Focus Groups/Interviews

- 2 focus groups with women Veterans (n=11)
- 1 focus group and 4 interviews with men Veterans
- 6 interviews with staff
- Focused on gaining feedback on bystander education materials to inform how to best adapt them for a VA setting

Photonarrative (PV) Development

2 Individual Meetings

- Meeting 1:
  - Reviewed the purpose of the photonarratives (PV)
  - Discussed messages, images, experience they might want to include
  - Provided instructions on how to take photographs
  - Discussed important things to consider and rules for taking photographs
- Between meetings
  - Took photographs
- Meeting 2:
  - Reviewed and discussed photographs taken
  - Chose up to 3 photographs that best reflected their experiences
  - Developed accompanying captions with facilitator assistance

Optional Group Meetings

- Viewed photonarratives
- Feedback elicited on which PVs most clearly illustrated key concepts

Photonarrative Example

Would you believe me if I told you both pairs of footwear belong to the same person? All Veterans have served and earned their place in the VA. Everyone deserves their own space and to feel comfortable when they are waiting to be seen by their health care providers. Although everyone comes from different backgrounds, we all deserve to be respected no matter what shoes we're in

– Anonymous

Photonarrative Example

When you feel like your back is against the wall there are people there to help.

You can overcome any obstacle placed in your way.

Don't let the bad experience stop your growth.

-LLD

Intervention Development

Identified key content/information

Developed draft outline for the intervention.

Workgroups helped collect/develop materials:

1) harassment resources and 2) information; and 3) options for potential platforms, 4) demonstrating the 4D's, and 5) displaying photonarratives

A draft intervention was developed & edited in an iterative process.

Once finalized, narration was recorded and embedded.

This initial version was shown to a stakeholder group.

Feedback was used to make further revisions/improvements prior to testing.

Initial Pilot Intervention

- 30-minute video with slides and voiceover

- Educational information on:
  - Gender-Based Harassment
  - Bystander Intervention (4Ds)

Bystander Intervention

1. **Direct**: respond directly to the harasser; call out behavior

2. **Distract**: provide a harmless distraction

3. **Delay**: check in afterwards to offer assistance/support

4. **Delegate**: ask a 3rd party for help

Harassment

BEHAVIOR
- Catcalls / Whistles
- Staring / Leering
- Invading/encroaching on personal space
- Being followed down a hallway/to a clinic
- Intentionally brushing knees, hands, or other body parts

LANGUAGE
- Telling suggestive jokes
- Persistent unwanted flirting/dating requests
- Reading/watching suggestive materials around others
- Calling women Veterans "Sweetie" "Honey" or "Baby"

You're too pretty to be a Veteran

You'd look a lot prettier if you smiled

Women aren't real Veterans

You don't belong at the VA. You didn't see any action

Smile, honey

I can make you go straight

Your husband is a lucky man. I hope he treats you good

Where's your husband? What branch is he in?

I like the way those jeans fit you

You have great legs

Initial Pilot Intervention

Practice intervening

- Presented with 2 different scenarios
- Asked to describe what they would do/say to intervene using each of the 4D's

Photonarratives

conveying keys aspects of harassment were interspersed throughout to remind viewers of women Veterans' real-life experiences with harassment at VA and its impact(s)

Would you believe me if I told you both pairs of footwear belong to the same person? All Veterans have served and earned their place in the VA. Everyone deserves their own space and to feel comfortable when they are waiting to be seen by their health care providers. Although everyone comes from different backgrounds, we all deserve to be respected no matter what shoes we're in

– Anonymous

When you feel like your back is against the wall there are people there to help.

You can overcome any obstacle placed in your way.

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-LLD

Initial Pilot Intervention

- Information on reporting (e.g. who, how)

- Additional resources
  - Resources that provide additional information and examples of how to intervene
  - Resources to learn more about what VA is doing to address harassment

Pilot Testing

35 Veterans and 1 VA staff member

Procedures

- Brief baseline assessment
- Viewed the intervention
- ~25-30 min qualitative interview
- Sent a link 2 weeks later to complete a follow-up assessment

Measures

- Aspects of bystander intervention (awareness, perceived responsibility to, knowledge regarding, and confidence in the ability to intervene)
- Intent to intervene

Acceptability

- Many participants said that the intervention was informative and educational, brought awareness to the problem, and simplified the message regarding intervening.

- Suggestions were made to enhance/ improve the intervention including:
  - Production aspects
  - Adding/tweaking aspects of scenarios; adding video testimonials
  - Considering different versions

Acceptability

- Many participants preferred using a direct approach to responding to harassment.

- However, several said that the intervention taught/reminded them of alternative approaches, which could be useful in situations where direct is not the best option.

- Others felt less comfortable intervening directly, but could see themselves using other, less direct strategies to intervene.

Preliminary Results

Bystander Intervention in Harassment	Baseline M±SD	Follow-Up M±SD	t-value	Effect size
Noticing Harassment/ Awareness	**8.83±2.12**	**10.26±2.95**	**-3.64**	**0.67*****
Recognizing It's an Emergency	13.56±1.93	13.29±1.74	0.81	-0.14
Responsibility to Help	12.28±2.46	12.11±2.25	1.01	-0.07
Knowing How to Help	**11.53±2.18**	**12.51±1.70**	**-2.93**	**0.45****
Confidence in Ability to Help	16.97±2.37	17.46±2.25	-1.41	0.20
Sexual Harassment Myth Endorsement Scale	12.28±5.13	11.54±4.91	1.45	-0.14
Intent to Help Scale	**93.61±12.57**	**96.74±12.89**	**-2.23**	**0.25***
Bystander Behavior Self Efficacy Scale	-28.00±15.53	-30.60±15.0	1.39	-0.17

***p<.001, **p<.01, *p<.05

Additional Suggestions for Addressing Harassment

- One commonly cited aspect of addressing harassment was the need for clear messaging that it is unacceptable

- Many stressed the importance seeing employees, leadership, etc. stepping in and addressing harassment in real-time.

- Others indicated the need to make the consequences of engaging in harassing behavior clear

Additional Suggestions for Addressing Harassment

- Several suggested the need for information about who to contact to report and get support.

- Others indicated the need to increase awareness through broad messaging using a variety of methods including:
  ◦ newsletters/outreach
  ◦ social media campaigns
  ◦ a website with information/resources
  ◦ information distribution at appts
  ◦ electronic message boards
  ◦ posters throughout the facility (entrances, bathroom stalls, waiting areas, hallways, cafeteria, etc.)

Conclusions

- The intervention was acceptable to participants

- There were several suggestions for improvement.

- Initial results suggest that this intervention could be helpful in increasing:
  - awareness of harassment
  - bystander knowledge of options for responding
  - intent to intervene when harassment is observed

Next Steps

- Further revise the intervention to make it more relatable and acceptable

- Sharing results and discussing with relevant people/ programs to inform next steps

- Explore ways to improve the perception of culture at VA facilities

- Further evaluate the intervention via a randomized controlled trial and implementation considerations

What can you do to address harassment now?

If unsure what to do, seek out additional training/consultation

Step up/step in when you see or hear about a Veteran experiencing harassment

Know how who/how to report harassment at your facility

Know available resources to support someone who has been harassed

Display VA harassment campaign materials in your office/program

What can systems do to address harassment now?

Engage colleagues and/or Veterans in a discussions about harassment and brainstorm ways to address it

Consider if procedures and the environment could be modified to reduce/address harassment concerns.

Connect with others in your facility to promote awareness about gender-based harassment and policies for addressing it.

Acknowledgements

A special thanks to the Veterans and staff who contributed to the development of the intervention and took part in the study!

Get Involved!
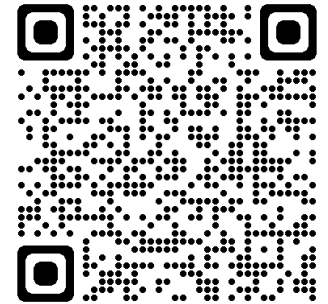
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- ✓ **Contact** Adriana Rodriguez, PhD, WHRN Consortium Program Manager, at Adriana.Rodriguez3@va.gov or Jessica Friedman, PhD, Jessica.Friedman@va.gov with ideas for future cyberseminars focused on women's health.

VA WOMEN'S HEALTH
RESEARCH NETWORK
Supporting Practice and Research Collaboration