

Women Veterans' Experiences with Harassment at VA: What Do We Know and What Has Been Done?

In 2022, 13% of women Veteran primary care users said that they experienced harassment at Veterans Affairs (VA) healthcare facilities during the past six months. Experiences included sexual harassment (e.g., catcalling, leering, comments on body and appearance) and gender harassment (e.g., making women feel unwelcome at VA, denigration of women's Veteran status). VA has implemented multiple national anti-harassment campaigns in recent years, including social marketing, leadership pledges to address harassment, and bystander intervention training for staff and Veterans. Research on effective interventions for addressing harassment in healthcare settings is in early stages, and more work is needed to evaluate and inform VA's anti-harassment efforts.

Key Findings

Some women Veterans experience harassment at VA healthcare facilities

- The VA Women's Health Practice-Based Research Network conducts annual surveys of women Veterans' experiences of sexual and gender harassment at VA¹
- The proportion of women Veteran primary care users who experienced sexual and/or gender harassment at VA during the past six months decreased from 25% in 2017 to 13% in 2022²
- Men Veterans are the most frequent perpetrators of both sexual and gender harassment²
- Other common perpetrators include men VA staff (identified by 25% of women Veterans who experienced sexual harassment and 31% of those who experienced gender harassment in 2022) and women VA staff (identified by 27% of those who experienced gender harassment in 2022)²

Harassment negatively impacts women Veterans' experiences of and access to VA care

- Women Veterans who experience harassment at VA are more likely to report delaying or missing needed care³
- Women Veterans who experience harassment are less likely to report feeling welcome and more likely to report feeling unsafe at VA³
- Women Veterans who are younger, identify as LGBTQ+, have trauma histories, or have mental health diagnoses (e.g., depression, PTSD) are more likely to experience harassment and suffer negative impacts^{3,4}
- More work is needed to understand how harassment affects other Veteran subgroups (e.g., individuals from racial and ethnic minoritized groups)

Multiple factors contribute to harassment of women Veterans at VA, including:^{5,6}

- Male-majority patient population
- Military gender norms that carry over to VA
- High prevalence of other forms of harassment (e.g., patient harassment of VA staff)⁶
- Historical lack of clear, uniform policies and procedures for reporting and addressing harassment
- Restrictions on limiting care to disruptive patients
- Use of VA facilities as a social space by men Veterans
- Fear of retaliation (from patients or staff) for addressing harassment

Addressing harassment of women Veterans requires ongoing, multifaceted interventions

- VA has implemented several national anti-harassment campaigns, including staff and Veteran trainings, social marketing, and leadership pledges to end harassment
- Interviews and focus groups with Veterans, VA staff, and experts in addressing harassment show that improving culture related to harassment of women requires long-term efforts^{5,6,10}
- Veteran, VA staff, and expert recommendations for addressing harassment include increasing staff capacity to address harassment they experience or witness, improving support to victims/targets of harassment, and strengthening policies for reporting harassment^{5,6,8}

Bystander intervention shows promise for addressing harassment of women Veterans at VA

- Bystander intervention training—teaching staff and Veterans who witness harassment to intervene (e.g., by interrupting or reporting the behavior)—is a major component of VA’s anti-harassment efforts
- Bystander intervention training raises staff awareness that harassment of women Veterans is a problem and increases their intention to intervene in harassment⁹
- Ongoing research is needed to evaluate and tailor bystander intervention training at VA¹⁰

Select VA Research and Quality Improvement Projects Focused on Harassment

NEW: Designing a novel post-incident intervention to address patient harassment of staff in primary care settings (Karissa Fenwick, PhD, MSW; HSR funded Jan 2023- Dec 2024). This study will use data from VA providers, staff, and leaders to develop an intervention for responding to sexual harassment from patients and supporting affected primary care staff. For more information: Karissa.Fenwick@va.gov

ONGOING: Harassment Veteran Feedback Project (Susan Frayne, MD, MPH; OWH sponsored 2017- present). This project collects annual data on women Veterans’ experiences of harassment and perceptions of VA’s response to it via brief surveys administered at primary care and/or women’s health clinics at participating WH-PBRN facilities. For more information: Susan.Frayne@va.gov

COMPLETED: Bystander activation intervention to address gender-based harassment (Amy Drapalski, PhD; HSR funded Dec 2020- Nov 2022). This study used interviews with Veterans and staff and photo narratives illustrating women Veterans’ experiences of harassment at VA to develop a bystander intervention and evaluate its use in VA settings. For more information: Amy.Drapalski@va.gov

References

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10. Fenwick KM et al. [Staff and patient perspectives on bystander intervention to address patient-initiated sexual harassment in Veterans Affairs healthcare settings](#). *Women’s Health Issues*. 2021;31(6):576-85

For More Information:

- **VA research on harassment:** Karissa Fenwick, PhD, LCSW (Karissa.Fenwick@va.gov)
- **VA Assault and Harassment Prevention Office:** <https://vaww.stop-harassment.med.va.gov/Default.aspx>
- **VA Women’s Health Research Network:** WHRN@va.gov

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