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Sexual Harassment in Ophthalmology: A Survey Study

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Abstract

This anonymous survey identifies a sexual harassment prevalence of 59% among ophthalmologists responding through the Women in Ophthalmology listserv. The authors urge implementation of sexual harassment policies within our professional societies, accreditation councils and workplaces.

The #MeToo movement has raised awareness of sexual harassment in the workplace. The recent dismissal of the University of Southern California's medical dean highlights its impact on the highest levels of ophthalmology leadership. Sexual harassment interferes with education, job satisfaction, and mental health, and can constrain opportunities for professional advancement, with data in the medical community going back decades.^{1,2} The aim of the current study was to better understand the scope and prevalence of sexual harassment among ophthalmologists.

The authors developed a survey based on PubMed review from 1990 to 2017 (key words: sexual harassment and medicine) with University of Washington Institutional Review Board approval. Ophthalmologists and ophthalmologists in training in the United States or Canada were invited to participate in this anonymous online WebQ (Catalyst, Seattle, WA, USA) survey (Figure 1, available at www.aaojournal.org) in March 2018 through the Women in Ophthalmology listserv (including mostly female ophthalmologists and supporters). Participants entered a raffle for a \$150 gift card.

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This article contains online-only material: Supplemental material is available at <http://www.aaojournal.org>.

Among 1,671 emails sent, 698 were opened, from which 447 (27%, based on American Association for Public Opinion Research calculation) eligible participants responded (Table 1, available at www.aaojournal.org). In total, 265/447 (59%) respondents reported having experienced sexual harassment (See previously validated definitions¹ in Figure 1, available at www.aaojournal.org) during their ophthalmology career, and 47% noted at least one episode within the last 5 years. Respondents reported a median of 10 (interquartile range 4 to 20) sexual harassment experiences perpetrated by a median of 3 (interquartile range 2 to 7) harassers (Table 2). Excluding respondents harassed solely by patients, sexual harassment prevalence was 36%, consistent with that of the broader medical community.^{1,2} Among victims, 87% reported significant impacts on their professional lives. Almost a quarter felt their harassment experiences interfered with their ability to work, and 15% changed jobs or even careers as a result of their most significant harassment experience. Such impacts may contribute to known lower earnings, fewer industry ties, and fewer editorial positions among female ophthalmologists.³ We were disturbed to learn of three cases of attempted rape and one rape. In spite of high severity, few victims (15%) reported their most significant experience to an authority.

The majority of sexual harassment cases involved trainees. Two descriptions were particularly shocking:

- During my second year of my ophthalmology residency while rotating through the Program Director's subspecialty, the Program Director pinned me to the wall and told me to come to his house that weekend, while his wife was out of town. I did not go to his house. Subsequently, he completed a very negative evaluation of my performance on his rotation, much lower than any prior evaluation I had received to that date. I reported the sexual harassment to the Chairman of Ophthalmology, but so far as I know, nothing was done.
- I was told by my department chair more than once that unless I was willing to engage in sexual activity with him he would fire me from my residency program.

Several respondents described sexual harassment by department chairmen or residency program directors. Departments should consider a "professionalism mentor" role outside of department leadership to encourage reporting, especially when a supervisor is the perpetrator.

Private practice ophthalmologists (20%) and academic attending ophthalmologists (22%) were also victims, as demonstrated by the following example:

The last was on a social evening at a meeting and a very well known and published ophthalmologist started grabbing my breasts as soon as the light was turned off on the bus. I could not move to another seat because the bus was full and was too embarrassed to yell. I felt like I was dealing with an octopus, and was so stunned since I had admired his work. I was in my late 30's and he was in his late 60's at least.

Among all participants, 42% observed sexual harassment as a bystander (Table 1, available at www.aaojournal.org). Of these, 33% took no action. Bystanders who had personally

experienced sexual harassment were more likely to intervene ($P<0.001$). Bystander intervention is one of the only proven effective methods of sexual harassment prevention,⁴ and bystander education may increase bystander intervention. The following experience demonstrates that even bystanders with less power can effectively intervene:

Last year I had a male colleague describe a surgical case and in front of several men say “I kept pushing deep into the nucleus just like you would want it” referring to me as the person that would want it. A medical student spoke up and said, “I don’t think that is ok.”

This survey’s study limitations include low male and non-white representation. While males may be victims of sexual harassment, the rate is known to be low (4%).² The known intersection between race and gender in sexual harassment could not be adequately investigated. This study also does not address other forms of gender discrimination, which certainly deserve attention but were beyond the scope of this survey. Finally, those who have had sexual harassment experiences may be more likely to join Women in Ophthalmology and/or have an interest in this survey. Nonetheless, many of the described experiences should spark outrage, even if we felt that they were infrequent.

We commend the American Academy of Ophthalmology’s CEO David Parke II, MD for endorsing a zero tolerance sexual harassment policy,⁵ now in place for Academy events. A more broad Academy sexual harassment policy would be a critical next step. Nonetheless, much more is needed on the local level, including creating robust structures for managing complaints, punishing and rehabilitating offenders, and supporting victims. Mandatory departmental sexual harassment policy enforcement for residency accreditation should be considered.

While opportunities to address this problem persist on a policy level, knowing that sexual harassment is prevalent in ophthalmology also gives victims and bystanders the courage to speak up on an individual level. How we choose to address the problem of sexual harassment now will shape the future of our profession. If we care about the successful education of our trainees, mentorship, science, and patient care, we must take action.

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Invitation Email**Dear Ophthalmologists,**

As recently highlighted in an [article](#) written by David Parke II, MD in the January 2018 issue of EyeNet Magazine, sexual harassment is a problem in ophthalmology, as it is in many industries. Sexual harassment is defined by the U.S. Equal Employment Opportunity Commission as "unwelcome sexual advances or conduct of a sexual nature which ... creates an intimidating, hostile, or offensive work environment". We invite you to participate in a very important anonymous 10-15 minute online survey about sexual harassment in ophthalmology by ****Day, Date****.

What is the purpose of this survey?

This is the first survey study investigating the prevalence, impact and outcomes of sexual harassment in the ophthalmology community in order to better characterize the severity of this problem and identify potential areas of future research and education.

Who is eligible to participate?

If you are an ophthalmologist or ophthalmologist in training having worked or trained at least partially in the United States, you are eligible to participate. You do not need to have experienced sexual harassment.

Are there risks to participating in this survey?

This survey contains sensitive questions regarding your experiences with sexual harassment. Some participants may feel anxiety and discomfort. Click [here](#) for resources related to sexual assault.

Is this survey confidential?

All information will be confidential. We are not asking you to provide us with your name, address, or information that could directly identify you in the sexual harassment survey. We ask that you avoid providing any identifiable information in your responses. There may be a risk of disclosure if you choose to provide identifiable information in response to open-ended questions.

If you wish to be in the raffle, then you will be asked to provide your email address in a different survey. Your email will **not** be linked to your responses.

Do I have to participate in this survey?

Participation is voluntary and you can withdraw at any time.

Who should I contact if I have questions about my rights as a research volunteer?

If you have any questions about your rights as a research volunteer or feel you have been harmed by participating, contact the staff in the University of Washington Human Subjects Division 206-543-0089.

Please click on the link below to participate before the **deadline ***Day, Date*****.
******Link to Survey****(Clicking on this link constitutes consent to participate)**

We hope that this work helps to increase awareness of sexual harassment in our professional community as a first step toward improving the training and work environment for men and women in ophthalmology. We want to thank WIO for allowing us the opportunity to survey this group. Please feel free to contact us with further questions. Thank you for your help!

Sincerely,

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Survey Instrument

1. Are you an ophthalmologist or ophthalmologist in training having spent at least some of your education/training/profession in the United States or Canada?
 - a. Yes (go on to #2)
 - b. No (Sorry – You are not eligible to complete this survey. Thanks for your time. End of Survey.)
2. This survey contains sensitive questions regarding your experiences with sexual harassment that may bring back memories associated with feelings of anxiety and discomfort. Are you comfortable with proceeding?
 - a. Yes (go on to #3)
 - b. No (Thanks for your time. End of Survey.)
3. Thinking back to your ophthalmology career since you started medical school until now, have you ever experienced any of the following behaviors within the ophthalmology community in the United States or

- Canada (including academic, research, clinical, conferences, interviews and work-related social settings)?
- Offensive comments (e.g., repeated comments on one's anatomy; jokes or remarks derogatory to one's sex)
- Unwanted attention (e.g., persistent unwanted flirtation, gifts, notes, emails)
- Unwelcome verbal advances (e.g., expression of sexual interest or inquiries)
- Unwanted, persistent invitations
- Unwelcome explicit proposition
- Offensive displays (e.g., sexual pictures, cartoons)
- Offensive body language (e.g., repeated leering; standing too close)
- Unwanted physical advances (e.g., unwelcome kissing, pinching, patting, or fondling)
- Sexual bribery or blackmail (e.g., offers of a better grade, promotion, or other advantage in exchange for sexual favors; threats of punishment for refusal of favors)
- a. Yes
- b. No (go to #19)
4. Among all experiences you have had in the ophthalmology community starting in medical school until now in the United States or Canada (including academic, research, clinical, conferences, interviews and work-related social settings) please mark all that apply.
- a. Offensive comments (e.g., repeated comments on one's anatomy; jokes or remarks derogatory to one's sex)
- b. Unwanted attention (e.g., persistent unwanted flirtation, gifts, notes, emails)
- c. Unwelcome verbal advances (e.g., expression of sexual interest or inquiries)
- d. Unwanted, persistent invitations
- e. Unwelcome explicit proposition
- f. Offensive displays (e.g., sexual pictures, cartoons)
- g. Offensive body language (e.g., repeated leering; standing too close)
- h. Unwanted physical advances (e.g., unwelcome kissing, pinching, patting, or fondling)
- i. Sexual bribery or blackmail (e.g., offers of a better grade, promotion, or other advantage in exchange for sexual favors; threats of punishment for refusal of favors)
- j. Other (please describe):
5. Approximately how many total times have you had such experiences?
6. How many harassers?
7. What was your role at the time these behaviors occurred? (select all that apply)
- a. Medical Student
- b. Resident
- c. Fellow
- d. Research Fellow
- e. Academic Attending
- f. Private Practice Ophthalmologist
- g. Other (please explain)
8. What was the position of the harasser at the time these behaviors occurred? (select all that apply)
- a. Medical Student
- b. Resident
- c. Fellow
- d. Academic attending at same academic institution
- e. Academic attending at a different academic institution
- f. Private practice ophthalmologist at the same practice
- g. Private practice ophthalmologist at a different practice
- h. Patient
- i. Patient's family member
- j. Ophthalmic technician
- k. Hospital or practice administrator
- l. Other (please explain)
9. Where did the behavior(s) take place? (select all that apply)
- a. At the workplace
- b. At a scientific/medical conference
- c. At a work-related social event
- d. At a job/residency/fellowship interview
- e. Other (please explain):
10. When did these behaviors take place? (select all that apply)
- a. Within the last 5 years
- b. 6-10 years ago
- c. 11-20 years ago
- d. 21-30 years
- e. >30 years ago
11. What region of the United States did the harasser(s) reside at that time? (select all that apply)
- a. United States West
- b. United States Midwest
- c. United States South
- d. United States Northeast
- e. Canada
- f. Unknown
12. What was the approximate age of the harasser(s)? (select all that apply)
- a. 21-30 years old
- b. 31-40 years old
- c. 41-50 years old
- d. 51-60 years old
- e. 61-70 years old
- f. >70 years old
- g. I don't know

13. For the following questions, consider the most significant experience (can involve recurrent events from a single harasser). Did you perceive at the time of the encounter(s) that the harasser had power over you with regard to any of the following? (select all that apply)
- Grades
 - Recommendations
 - Promotions
 - Future job prospects
 - Research opportunities
 - Did not perceive that the harasser had power over me
 - Other? (please explain)
14. Did you report the harassment to anyone at your place of work or to law enforcement or other authority?
- Yes (go to #15, then #17)
 - No (go to #16)
15. What was the outcome of reporting the harassment? (select all that apply)
- The harassment stopped.
 - The harasser faced no known punishment or negative consequence.
 - The harasser faced an appropriate punishment or negative consequence.
 - The harassment continued but with a reduction of severity.
 - The harassment continued with the same severity.
 - I don't know.
 - Other (please explain)
16. What were barriers to reporting the harassment? (select all that apply)
- Fear of retaliation
 - Embarrassment and/or shame
 - No known reporting option
 - Didn't feel upset enough by the experience
 - Concern for consequences to the harasser
 - Concern about being blamed
 - Did not want to be labeled
 - Fear of not being believed
 - Assumption that reporting would have no impact
 - Did not want to think about the experience further
 - Did not recognize the experience as sexual harassment at the time
 - Was afraid that the act of reporting would not be kept confidential
 - Mistreatment stopped
 - Other (please explain)
 - Not applicable
17. Did your harassment experience have any of the following impacts? (select all that apply)
- Interfered with ability to work
 - Created an intimidating, hostile, or offensive work environment
 - Made me uncomfortable
 - Sense of humiliation
 - Increased anxiety in the workplace or professional setting
 - Avoidant behavior
 - Impaired research opportunities
 - Negative impact on career opportunities
 - Changed jobs
 - Left career
 - Other (please explain)
 - No significant impacts
18. Feel free to share more details about any of your sexual harassment experience(s). Please avoid any potentially identifiable information regarding harassers and victims including names, schools, universities, etc.:
19. Have you ever witnessed any of the following toward another ophthalmologist/trainee/medical student within the ophthalmology community in the United States or Canada (including academic, research, clinical, conferences, interviews and work-related social settings)? (select all that apply)
- Offensive comments (e.g., repeated comments on one's anatomy; jokes or remarks derogatory to one sex)
- Unwanted attention (e.g., persistent unwanted flirtation, gifts, notes, emails)
- Unwelcome verbal advances (e.g., expression of sexual interest or inquiries)
- Unwanted, persistent invitations
- Unwelcome explicit proposition
- Offensive displays (e.g., sexual pictures, cartoons)
- Offensive body language (e.g., repeated leering; standing too close)
- Unwanted physical advances (e.g., unwelcome kissing, pinching, patting, or fondling)
- Sexual bribery or blackmail (e.g., offers of a better grade, promotion, or other advantage in exchange for sexual favors; threats of punishment for refusal of favors)
- Yes
 - No (go to #22)
20. How did you respond to witnessing these behaviors? (select all that apply)
- I intervened during the event to express disapproval to the harasser.
 - I intervened during the event in a neutral way (such as distracting the harasser or calling the victim away) to stop the harasser.
 - I spoke to the victim to provide words of support/empathy following the event.
 - I spoke to the perpetrator following the event to express disapproval.
 - I reported the event to a supervisor.
 - I did not take any action.
 - Other: Please describe.

21. Feel free to share more details about what you witnessed. Please avoid any potentially identifiable information regarding harassers and victims including names, schools, universities, etc.:
22. What is your gender?
- Male
 - Female
 - Non-binary/third gender
 - Prefer to self-describe:
 - Prefer not to say
23. What is your age?
- 21-30 years old
 - 31-40 years old
 - 41-50 years old
 - 51-60 years old
 - 61-70 years old
 - >70 years old
24. Which of the following best represents your racial or ethnic heritage? (select all that apply)
- White Non-Hispanic
 - Black or African American
 - Asian/Pacific Islander
 - Hispanic or Latino
 - Native American or Alaska Native
 - My racial/ethnic identity is not listed here
25. Please click on the submit responses button.

Thanks for participating! Please click [here](#) to enter your email address if you wish to participate in a raffle for a \$150 Target gift card. Your email address will not be linked to the survey and your identity will remain anonymous. Participating in the raffle is completely optional.

Figure 1.

Invitation email and survey instrument. Invitation email including link to online anonymous survey instrument was sent to the Women in Ophthalmology email listserv in March 2018.

Table 1.

Demographics and characteristics associated with sexual harassment in the ophthalmology community, as reported by respondents in this survey study. N (%)^{*}

Survey respondent demographics N=447	
Age	
21–30 years old	31 (7)
31–40 years old	168 (38)
41–50 years old	120 (27)
51–60 years old	76 (17)
61–70 years old	43 (10)
>70 years old	9 (2)
Racial or ethnic heritage[†]	
White Non-Hispanic	279 (62)
Black or African American	25 (6)
Asian/Pacific Islander	121 (27)
Hispanic or Latino	18 (4)
Native American or Alaska Native	5 (1)
My racial/ethnic identity is not listed here	20 (4)
Gender	
Female	442 (99)
Male	3 (1)
Non-binary/third gender	1 (0.2)
Prefer not to say	1 (0.2)
Characteristics of sexual harassment	
Specific sexual harassment experiences[†] N=265	
Offensive comments	206 (78)
Unwanted attention	154 (58)
Unwelcome verbal advances	118 (45)
Unwanted, persistent invitations	49 (18)
Unwelcome explicit proposition	38 (14)
Offensive displays	59 (22)
Offensive body language	102 (38)
Unwanted physical advances	94 (35)
Sexual bribery or blackmail	15 (6)
Other	29 (11)
Victim's role[†] N=265	
Medical Student	137 (52)
Resident	217 (82)
Fellow	63 (24)
Research Fellow	17 (6)
Academic Attending	59 (22)

Private Practice Ophthalmologist	53 (20)
Other	10 (4)

Perceived impacts^{†‡} N=265

Interfered with ability to work	61 (23)
Created an intimidating, hostile, or offensive work environment	101 (38)
Made me uncomfortable	216 (82)
Sense of humiliation	69 (26)
Increased anxiety in the workplace or professional setting	100 (38)
Avoidant behavior	113 (43)
Impaired research opportunities	20 (8)
Negative impact on career opportunities	42 (16)
Changed jobs	17 (6)
Left career	4 (2)
No significant impacts	35 (13)
Other	16 (6)

Barriers to reporting^{†‡} N=225

Fear of retaliation	102 (45)
Did not want to be labeled	108 (48)
Assumed reporting would have no impact	120 (53)
No known reporting option	94 (42)
Embarrassment or shame	75 (33)
Didn't feel upset enough by the experience	81 (36)
Was afraid reporting would not be confidential	70 (31)
Did not want to think about the experience further	40 (18)
Concern for consequences to the harasser	33 (15)
Concern about being blamed	46 (20)
Fear of not being believed	49 (22)
Did not recognize sexual harassment at the time	58 (26)
Mistreatment stopped	28 (12)

Outcome of reporting^{†‡} N=40

The harassment stopped	8 (20)
The harasser faced no known punishment	22 (55)
The harasser faced an appropriate punishment	6 (15)
The harassment continued but with reduction of severity	2 (5)
The harassment continued with the same severity	4 (10)
I don't know	2 (5)
Other	13 (33)

Bystander responses[†] N=186

I intervened during the event to express disapproval to the harasser	25 (13)
I intervened in a neutral way	51 (27)
I provided support/empathy to the victim following the event	92 (49)
I spoke to the perpetrator following the event express disapproval	16 (9)

I reported the event to a supervisor	14 (8)
I did not take any action	61 (33)
Other	9 (5)

* Percentage represents proportion of those who selected that answer among all respondents for that section.

[†] Allows for more than one response per participant, therefore sum of values exceeds total N for that section and sum of percentages exceeds 100.

[‡] For most significant experience.

Table 2 .Characteristics of sexual harassers according to victims responding to this survey. N (%)^{*}

Approximate age	
21–30 years old	73 (28)
31–40 years old	93 (35)
41–50 years old	130 (49)
51–60 years old	137 (52)
61–70 years old	93 (35)
>70 years old	32 (12)
Role	
Medical Student	28 (11)
Resident	78 (29)
Fellow	37 (14)
Academic Attending	225 (84)
Private Practice Ophthalmologist	49 (18)
Patient	118 (45)
Patient's family member	41 (15)
Ophthalmic technician	15 (6)
Hospital or practice administrator	9 (3)
Other	30 (11)
Region where harasser resided	
United States West	61 (23)
United States Midwest	94 (35)
United States South	70 (26)
United States Northeast	124 (47)
Canada	10 (4)
I don't know	3 (1)

^{*} Percentage represents proportion of victims (N=265) who selected that answer. Respondents could choose more than one answer to account for multiple harassers and harassment episodes, therefore sum of values exceeds 265 and sum of percentages exceeds 100.