

OPEN

Advancing Sexual Harassment Prevention and Elimination in the Sciences: “Every ... Health Organization Must Do Something Similar”

Jacky M. Jennings, PhD, MPH,* Suzanne M. Grieb, PhD,* Cornelis Rietmeijer, MD, PhD, MSPH, †
Charlotte A. Gaydos, DrPh, MS, MPH, ‡ Rima Hawkins, BA, PGDip, MBA, §
Rebecca C. Thurston, PhD, ¶ James Blanchard, MD, PhD, MPH, ||
Caroline E. Cameron, PhD, ** and David A. Lewis, PhD, FACHSHM ††††

Background: Sexual harassment is pervasive in science. A 2018 report found that the prevalence of sexual harassment in academia in the United States is 58%. An activity held at an international scientific congress was designed to advance sexual harassment prevention and elimination and empower binary and nonbinary persons at risk for harassment, discrimination, and violence. The objective is to describe the activity and outcomes to provide a promising model for other scientific communities.

Methods: A description of the plenary and key components as well as the data collection and analysis of selected outcomes are provided.

Results: Among 1338 congress participants from 61 countries, 526 (39%) attended the #MeToo plenary, and the majority engaged in some way during the plenary session. Engagement included standing for the pledge (~85%), participating in the question and answer session (n = 5), seeking counseling (n = 3), and/or providing written post-it comments (n = 96). Respondents to a postcongress survey (n = 388 [24% of all attendees]) ranked the plenary as number 1 among 14 congressional plenaries. In postanalysis, the written post-it comments were sorted into 14 themes within 6 domains, including: (1) emotional responses, (2) barriers to speaking out, (3) public health priorities, (4) reframing narratives about the issue, (5) allyship, and (6) moving the issue forward.

Conclusions: Scientific organizations, agencies, and institutions have an important role to play in setting norms and changing enabling policies toward a zero-tolerance culture of sexual harassment. The activity presented

offers a promising model for scientific communities with similar goals. The outcomes suggest that the plenary successfully engaged participants and had a measurable impact on the participants.

Sexual harassment is pervasive in the sciences. In 2018, a long-awaited report by the National Academies of Science, Engineering and Medicine (NASEM) found that the prevalence of sexual harassment in academia in the United States is 58%; women and women of color experience particularly high rates of harassment, as do people from gender-, sexual orientation-, and disability-based subgroups.^{1–3} Reports suggest that sexual harassment is prevalent in academic medicine and that the field of sexual health may be an environment where professionals are particularly vulnerable to sexual harassment.^{4–6} An article from 5 female researchers at Indiana University suggests that the culture within the sexual health field is particularly problematic because of the high potential for professional and personal boundaries to be crossed in a field where sex, sexual behaviors, and sexuality are frequently discussed.⁷

Against the backdrop of the NASEM report and the emergence of voices explicitly raising these issues within the sexual health field, an international scientific congress leadership group posed this question: “What can we do now to help move norms around sexual harassment in the sciences and specifically in our

From the *Center for Child and Community Health Research (CCHR), Department of Pediatrics, Johns Hopkins School of Medicine, Baltimore, MD; †Colorado School of Public Health, University of Colorado Denver, Denver, CO; ‡Division of Infectious Diseases, Johns Hopkins School of Medicine, Baltimore, MD; §United Kingdom Council for Psychotherapy (UKCP) Registered, College of Sex & Relationship (COSRT) Accredited Sex & Relationship Therapist, Traumatologist (EMDR Prac), London, United Kingdom; ¶Department of Psychiatry, University of Pittsburgh, Pittsburgh, PA; ||Department of Community Health Sciences, Max Rady College of Medicine, University of Manitoba, Winnipeg, Manitoba; **Department of Biochemistry and Microbiology, University of Victoria, Victoria, British Columbia, Canada; ††Western Sydney Sexual Health Centre, Western Sydney Local Health District, Parramatta, New South Wales; and †‡Westmead Clinical School, Faculty of Medicine and Health and Marie Bashir Institute for Infectious Diseases and Biosecurity, University of Sydney, Sydney, Australia

C.E.C. and D.A.L. contributed equally to the work.

Acknowledgments: The authors acknowledge the participants of the Sexually Transmitted Infection (STI) & Human Immunodeficiency Virus (HIV) 2019 World Congress and specifically those who attended the #MeToo plenary and contributed their anonymous voices.

Conflict of Interest and Sources of Funding: None declared.

Availability of Data and Material: With the appropriate approvals by the institutional review board and institutional data trust, data may be made available.

Ethics: The research involves only unidentifiable information, which was collected voluntarily and anonymously. The JHMI Institutional Review Board considered this nonhuman subjects research.

Author Contributions: All authors contributed to the study conception and design. Material preparation, data collection, and analysis were performed by S.M.G. and J.M.J. The first draft of the manuscript was written by J.M.J. All authors commented on versions of the manuscript, and all authors read and approved the final manuscript.

Correspondence: Jacky M. Jennings, PhD, MPH, Department of Pediatrics, School of Medicine, The Johns Hopkins University Bayview Medical Center, 5200 Eastern Avenue, Mason F. Lord Bldg, Center Towers, Suite 4200, Baltimore, MD 21224. E-mail: jennings@jhmi.edu.

Received for publication May 11, 2022, and accepted July 20, 2022.

Supplemental digital content is available for this article. Direct URL citations appear in the printed text, and links to the digital files are provided in the HTML text of this article on the journal’s Web site (<http://www.stdjournals.com>).

DOI: 10.1097/OLQ.0000000000001683

Copyright © 2022 The Author(s). Published by Wolters Kluwer Health, Inc. on behalf of the American Sexually Transmitted Diseases Association. This is an open-access article distributed under the terms of the Creative Commons Attribution-Non Commercial-No Derivatives License 4.0 (CCBY-NC-ND), where it is permissible to download and share the work provided it is properly cited. The work cannot be changed in any way or used commercially without permission from the journal.

field of sexual health towards a zero-tolerance culture?" A driver of this question was the idea that the congress members, a group of sexual health experts, have a responsibility to take leadership roles in addressing often-neglected issues of sexual harassment to (1) promote positive health and career outcomes among members, and (2) provide ethical, high-quality care for, conduct research with, and perform public health practice activities among their patients, participants, and community members, who have experienced sexual harassment, violence, and other forms of gender- and sexual orientation-based oppression and discrimination.

What emerged was the development and implementation of an activity, that is, a special plenary session, at an international sexual health scientific congress in 2019. The activity was designed to advance sexual harassment prevention and elimination and empower binary and nonbinary persons at risk for harassment, discrimination, and violence. The objective of this study was to describe the activity and outcomes to provide a promising model for scientific communities with similar goals. Through this activity and the sharing of the activity, the organizers and authors acknowledge the deep commitment and dedication of many others seeking to change enabling systems of power.

METHODS

Overview

A description of the plenary and key components as well as the data collection and analysis of selected outcomes are provided.

Plenary and Key Components

A plenary session, titled "The #MeToo Movement, Systems of Power and Sexual Health and Wellbeing," was dedicated to addressing sexual harassment at one of the leading international scientific congresses in the field of sexual health, the "Sexually Transmitted Infection (STI) & Human Immunodeficiency Virus (HIV) 2019 World Congress." The 70-minute activity was the equivalent of 2 plenary session time slots at the Congress and included the following 3 key components.

Introduction and Engagement Opportunities

The plenary session began with vision and objective statements (Fig. 1A) followed by a brief highlight of findings of the NASEM report to emphasize the significance of the problem within the sciences and specifically within medicine. To encourage participation, 3 opportunities for engagement were offered. Attendees were invited to stand and take a pledge as a way to immediately create a moment of reflection and action (Fig. 1B). Attendees were also invited to participate in a question-and-answer (Q&A) discussion after the last speaker in a typical congress forum (i.e., a large open format and central aisle microphones). Finally, attendees were invited during the plenary to post anonymous written comments on white boards placed throughout the plenary venue. The latter, a common social design method, was offered as a means for equitable feedback, that is, for those who might feel less empowered or able to step forward in the Q&A and provided information for postplenary data analyses.

The #MeToo Movement's 2019 Public Service Announcement Campaign

After the introduction, the #MeToo movement's 2019 Public Service Announcement (PSA) campaign was introduced. The PSAs were developed by the founder of the #MeToo movement, Tarana Burke,⁸ and included a collection of the voices and stories of survivors of sexual violence and abuse in the form of YouTube videos.⁹ Four videos were shown at the plenary representing diverse voices in terms of gender, sexual orientation, race, and ethnicity. Before showing the videos, the chair cautioned attendees that the content of the videos might be triggering of traumatic events. Attendees were advised that there was an onsite qualified therapist to provide a facilitated support session if needed. The therapist was available in a quiet, private room adjacent to the plenary room.

Two Expert External Speakers

After the PSAs, 2 expert speakers gave talks representing advocacy in investigative journalism related to sexual harassment and excellence in research documenting the health impacts of sexual harassment. The first speaker Irin Carmon, an investigative journalist, was selected because of her work related to the #MeToo

A Vision & Objective: Statements

Vision: To engage participants and the organizations they represent in taking responsibility and action to eliminate sexual harassment, sexual violence and other forms of gender- and sexual orientation-based oppression, and discrimination in all systems including the workplace, family, government, health care, schools, and faith institutions.

Objective: To join together in a learning and response session regarding the impacts and implications of sexually harassment in the sciences. Sexually harassment is defined for this session as gender harassment, unwanted sexual attention, and sexual coercion.

B Pledge

All attendees were invited to stand and take a pledge as follows:

I will take responsibility for:

- Creating a zero-tolerance culture toward sexually harassing behavior including gender harassment, unwanted sexual attention, and sexual coercion;
- Promoting civil and respectful education, training, and work environments for every person regardless of age, gender, race, ethnicity, sexual orientation, gender identity or socioeconomic circumstances;
- Stepping up and confronting those whose behaviors and actions create sexually harassing environments.

Figure 1. Vision, objective, and pledge of the #MeToo movement, systems of power, and sexual health and well-being plenary, STI & HIV 2019 World Congress, Vancouver Canada.

movement.¹⁰ In 2017 and 2018, Ms. Carmon, along with a *Washington Post* team, broke the news of sexual harassment and assault allegations against the journalist Charlie Rose, as well as the role of CBS and its leadership in covering up the behavior.^{11,12} The second speaker was Dr. Rebecca Thurston, who is a Professor of Psychiatry and Director of the Women's Biobehavioral Health Laboratory at the University of Pittsburgh. Dr. Rebecca Thurston was selected because of her scientific research quantifying chronic health-related impacts associated with sexual harassment and assault.^{13,14}

Data Collection and Analyses

Descriptive analyses were conducted on selected outcomes of the plenary as a means to quantify the impact. A count of plenary attendees and monitoring of participation was conducted, including an assessment of the proportion of attendees engaging in the pledge, participating in the Q&A session, and posting comments on the white boards. A postcongress survey sent to all congress attendees asked respondents to rank the plenary sessions, and these data were compiled. In addition, the post-it notes were collected and analyzed after the congress. The text from each post-it was entered by a research assistant into a Word document, a word cloud was generated, and the text was analyzed using an iterative, constant comparative approach to identify domains and themes.^{15,16} Two researchers with guidance from a medical anthropologist independently reviewed the comments from each post-it and created a preliminary coding framework via open coding. The codes identified were discussed and reconciled by the 2 researchers to create the initial coding framework. The researchers independently applied the codes to the text and then, together, reviewed their coding to assess consistency between coders. Discrepancies in coding were resolved through consensus. The coded text was then reviewed with the medical anthropologist to develop the final hierarchical theme structure.

RESULTS

The congress included 1338 attendees from 61 countries. The #MeToo plenary session was attended by approximately 39% (526) of participants, and the majority (>85%) stood for the pledge. Respondents to a postcongress survey (n = 323 [24% of attendees]) ranked the plenary as the number 1 plenary among 14 plenaries provided at the congress.

During the Q&A session, 2 leaders, the International Union Against Sexually Transmitted Infections President and the International Society for Sexually Transmitted Diseases Research President-Elect, stood up and stated that their organizations pledged to take responsibility for sustained action against sexual harassment. Two other participants came forward and offered comments validating the importance of the plenary and topics raised. The fifth participant who came forward was a leader among First Nations of Canada, who stated how important the topic was for her personally and for the broader community of First Nations of Canada.¹⁷

During the plenary session, 3 individuals utilized the onsite therapist. For 2 of the 3, it was their first time sharing their experiences. The disclosures were managed appropriately by the therapist, and the individuals were provided with advice on follow-up care.

There were 96 post-it comments placed on the white boards and used to generate a word cloud (Fig. 2). Some post-its included a single idea, whereas others included multiple ideas. The comments were sorted into 14 themes within 6 domains: (1) emotional responses, (2) barriers to speaking out, (3) public health priorities, (4) reframing narratives about the issue, (5) allyship, and (6)

moving the issue forward (see Supplemental Materials, <http://links.lww.com/OLQ/A851>, for the set of all comments).

Domain 1: Emotional Responses

Theme 1: Feeling Sad, Angry, and Frustrated

The plenary session and #MeToo discussion evoked many emotions from the participants, including feeling of sadness, anger, and frustration. This emotion was evoked by the plenary speakers and by the PSAs: "Holding back tears when listening to the stories of survivors. Respect and empathy for all those who speak up/for all those who do not feel safe speaking up."

Theme 2: Feeling Inspired and Grateful

In addition to emotions of sadness, anger, and frustration, however, participants also felt grateful. One commenter wrote, for example, "Gratitude from a survivor." Several participants were thankful that the issue was being addressed in this setting: "Can't thank you enough for bringing this topic to this congress. #MeToo." and, "Thank you. Every sexual health organization must do something similar."

Domain 2: Barriers to Speaking Out

Theme 3: Macro-Level Hierarchies, Historical Reinforcement, and Normalization

Participants largely focused on the historically reinforced and normalized hierarchies existing within the medical and public health workplace environment as a barrier to speaking out about sexual harassment. These comments questioned the effect on a person's employment security and potential advancement if they shared experiences of harassment by colleagues: "It's so hard to know how to break through the barriers when students tell me of abuse by senior clinician-academics but don't want to do more or say more because of fear of repercussions and I concur—their fears are justified as the system remains so strong. And I have been there myself, too fearful to speak up." While some felt that the #MeToo movement was beneficial in illuminating these hierarchies and risks, there was also concern that it may have the unintended consequence of reducing opportunities for women "as workplaces will worry over harassment charges if hiring women."

Domain 3: Public Health Priorities

Theme 4: Recognizing the Physical Impacts of Trauma

As one participant commented, "Trauma lives in the body." Comments on the physical impacts of trauma resulting from sexual harassment centered on issues of sleep: "Sexual violence and assault often occur at night especially for children—intuitively understandable why sleep does not occur naturally as adults."

Theme 5: Normalizing Conversations About Harassment in Health Care, Workplaces, and Schools

Improving and normalizing discussions related to sexual harassment was noted as a priority within health care, workplace, and school settings. Many participants felt that beginning these conversations in school is critical, and normalizing conversations about consent and harassment needed to start at a young age: "Preventing sexual assault and harassment starts by teaching children openly about relationships & sexuality from primary school onwards. Teaching them on how to communicate with each other and to express wishes and boundaries and respect them is so important!"

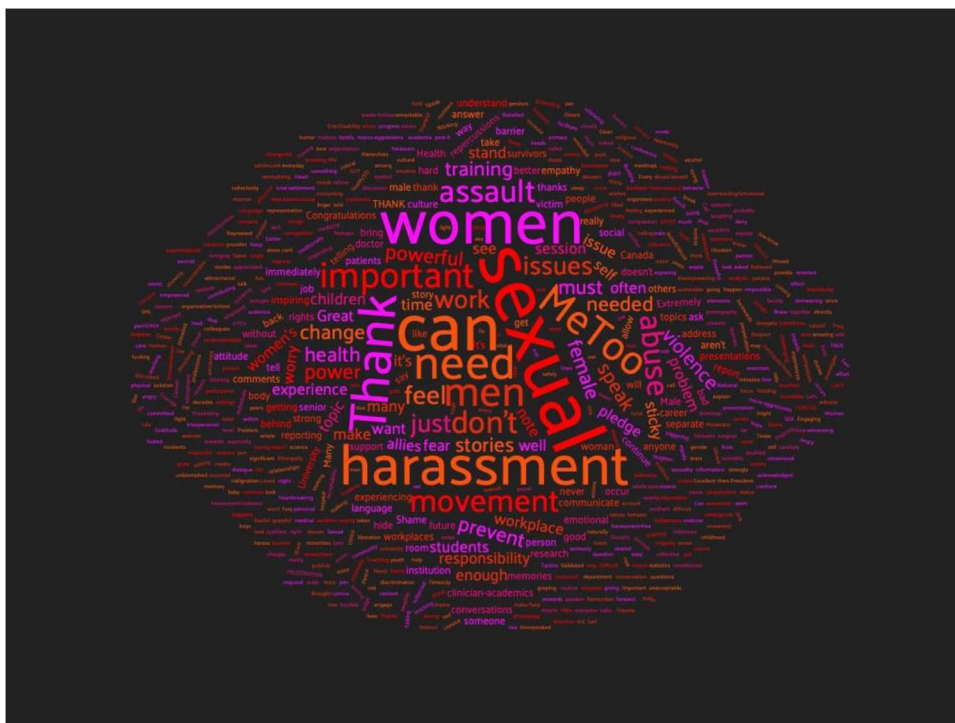


Figure 2. Word cloud of anonymous post-it comments provided during the #MeToo movement, systems of power, and sexual health and well-being plenary, STI & HIV 2019 World Congress, Vancouver, Canada (n = 96).

Theme 6: Ensuring Justice for Specific Population Subgroups

Another public health priority that emerged focused on providing voice and ensuring justice for particularly vulnerable groups, noting that “health and human rights are closely linked.” Particular subgroups identified included Indigenous populations and persons with disabilities.

Domain 4: Reframing Narratives

Theme 7: Acknowledging Intersectionality

“Remember,” commented one participant, “this is an intersectional issue. There needs to be more strong representation from ethnic/racial minorities in these conversations.” Although everyone can be affected by sexual harassment, the unique ways in which people’s identities influence their lived experience, including occurrences of other type of harassment and discrimination, must not be obscured in the ongoing efforts to address the problem.

Theme 8: Empowerment Versus Victimization

An additional way in which participants discussed reframing the narrative focused on empowerment during these conversations. In the comments, participants used words such as “proud,” and “power,” and “powerful women.” As an example, one commenter wrote: “‘Courage’ is a good word for #MeToo movement.”

Theme 9: Validating Survivors

Some participants discussed the idea that they often do not see themselves as a victim, or survivor, because harassment is so normalized within our society. One commenter wrote: “Don’t see self as victim → don’t trust gut...I went through that, it’s just what happens.” As more people vocalize their experience with harassment

as part of the #MeToo movement, there was some concern noted that this normalization and devaluation of a person’s experience may be heightened. However, other commenters noted that experiences with harassment are real and must be recognized as such: “Please never say ‘well why didn’t you just...’”

Domain 5: Allyship

Theme 10: Accountability

Participants commented on the need for everyone to hold others accountable to dismantle the prevalent culture of harassment. Comments included, “We are the problem but we are the solution,” and “We all need to take responsibility.” Others provided concrete examples of holding others accountable. One participant wrote, “Stop laughing off offensive or demeaning comments. Call out the person immediately, in the setting where it occurred. We don’t have to take it!”

Theme 11: Solidarity

Support and recognition of the need for discussions related to harassment and the promotion of change was evident in many of the post-its. One participant wrote, for example, “We are from Indonesia join(ing) to fight against social, sexual, physical abuse/assault from, partner(s), religious leader(s), health care provider(s), family...” Another participant wrote, “Sad, angry, helpless, empowered, committed to the pledge!” A post-it written by a male participant said, “As a man I commit to call this out within my circle of influence.” Several other post-its included the hashtags #MeToo and #TimesUp.

Theme 12: Intersectionality, Gender, and Inclusivity

Although many post-its commented on the important roles men play as allies for women, others noted that we must include

everyone in these conversations and movements for change: “The more we engage & communicate with men & women the better we can remove violence towards women/men/children. We need to look at everyone!” In addition, another participant commented that men are not the only people harassing and abusing women, and this should not be left out of conversations: “In our focus on men we are missing calling our female harassers and sexual abusers...men + women called to account equals the answer...”

Domain 6: Moving the Issue Forward

Theme 13: Research, Education, and Training

Participants recommended ideas for needed research and for the language researchers use. Concrete ideas for needed research included continued investigations regarding the motives of perpetrators of sexual harassment to better understand why this occurs so frequently. More generally, another commenter noted that researchers must critically examine the language used: “The 3rd most common way that women acquire HIV in Canada is through FORCED SEX. Let's not hide behind passive language about ‘modes of HIV exposure’ being ‘heterosexual sex’.” Others focused on the need for additional opportunities for education and trainings to prevent sexual harassment and violence against women, including trainings on how to communicate about these issues in a way that is safe and promotes open dialogue without defensiveness and how adults with children can “foster a harassment-free culture for females.” The need for education was also discussed for children, recognizing that these conversations must start early and be part of regular conversation.

Theme 14: System-Level Attitudes

Moving forward also requires addressing the system-level attitudes that normalize and reinforce a culture of sexual harassment against women as well as other subgroups. Participants promoted continued conversation to increase awareness and felt that the #MeToo movement offered an opportunity for real systemic change: “As a baby boomer I feel a sense of *deja vu* as we witness the emergence of the #MeToo movement since the issues of harassment were initially brought to light in the 60's–70's. In the women's liberation movement... Principally due to the increase of women in traditionally male professions such as medicine, law, and academia, [female symbol] have been subjected to more overt and insidious abuse. With #MeToo, we can finally make real cultural change.”

DISCUSSION

The overarching goal of the described activity was to foster the movement of norms around sexual harassment in the sciences toward a zero-tolerance culture to improve the career and health outcomes of those experiencing harassment. The analysis of selected outcomes of this activity suggests that the plenary was successful in the engagement of congress attendees and had a meaningful and measurable impact on the plenary participants. In addition, the outcomes suggest that victims will participate when given safe and supportive spaces that center on victims' experiences. Moreover, the data suggest that there is potentially a low investment-to high impact outcome for this type of activity and that inclusive leadership matters when it comes to getting professional communities to invest in activities like a #MeToo plenary session at an international congress. Given the outpouring of comments and feedback, it is clear that there is a need for much more of this type of work and that having support systems in place, like an on-site qualified therapist, is critical.

By sharing a description of the activity, our vision is that others may consider fielding a similar activity. The authors are not aware of similar forums hosted by international scientific congresses in medicine. This activity offers a model for increasing awareness and behavior change in a professional and safe learning setting on the topic of sexual harassment in science. In addition, this is a model for how institutions and academic or scientific communities may make space for engagement and, by doing so, demonstrate their supportive values regarding antiharassment, victim support, gender equity, and so on, and advance positive cultural organizational change. The model may be applicable to any scientific community seeking to advance sexual harassment prevention and empower binary and nonbinary persons at risk for harassment, discrimination, and violence.

This activity was intentionally fielded at a leading international scientific congress in sexual health for several reasons. One, the field of sexual health may be particularly vulnerable to sexual harassment given the high potential for professional and personal boundaries to be crossed in a field where sex, sexual behaviors, and sexuality are frequently discussed.⁴ Two, agencies such as the organizing bodies of the scientific congress can have a tremendous effect on changing cultural norms. There have been a few US scientific agencies that have been leaders in changing norms. For example, the National Science Foundation mandated in 1989 that committees and scientific meetings that received National Science Foundation funding had to have female representatives on the committee and female speakers at the meeting.¹⁸ This initiative was in part due to the efforts of the female assistant director. Three, by promulgating this activity at a leading international scientific congress, the activity had the potential to have a diaspora and multiplier effect as individuals returned to their respective institutions and communities across the world after the congress. Inclusion of multiple related events at such an international conference could have an additive effect and allow a narrower focus on at-risk individuals (i.e., early career female scientists). For example, at this meeting, there was another session titled “Sexual Harassment in Sexual Health Professions: Breaking Silence and Making Solutions,” hosted by the American Sexually Transmitted Disease Association.

There are several limitations to our work. We did not directly survey participants to determine the prevalence of sexual harassment before or during the meeting. Although a high proportion of overall meeting attendees participated in the plenary, they may have represented a biased sample of all attendees, that is, those more sympathetic to sexual harassment and/or those who may have experienced sexual harassment. We also do not know whether the audience included perpetrators or enablers of sexual harassment, and whether the plenary had any impact on them. Another limitation is that we did not conduct a follow-up survey, say after a year, to determine downstream positive effects for conference attendees of the #MeToo plenary.

In summary, sexual harassment is pervasive in the sciences and the time has come to begin to significantly advance sexual harassment prevention and elimination.^{2,19–21} Scientific organizations, agencies, and institutions have an important role to play in setting norms and changing enabling policies toward a zero-tolerance culture of sexual harassment. The activity presented offers a promising model, which may be applicable and adaptable to other scientific communities. The outcomes suggest that the plenary successfully engaged participants and had meaningful and measurable impact on the participants.

REFERENCES

1. National Academies of Sciences, Engineering, and Medicine. Sexual Harassment of Women: Climate, Culture, and Consequences in Academic Sciences, Engineering, and Medicine. A Consensus Study Report of The National Academies of Sciences, Engineering, and Medicine. Washington, DC: The National Academies Press, 2018.
2. Choo EK, Byington CL, Johnson NL, et al. From #MeToo to #TimesUp in health care: Can a culture of accountability end inequity and harassment? *Lancet* 2019; 393:499–502.
3. Issen L. University systems allow sexual harassers to thrive. *Nature* 2017; 551:7.
4. Jagsi R. Sexual harassment in medicine—#MeToo. *N Engl J Med* 2018; 378:209–211.
5. Fnais N, Soobiah C, Chen MH, et al. Harassment and discrimination in medical training: A systematic review and meta-analysis. *Acad Med* 2014; 89:817–827.
6. Jewett C. Women in medicine shout #MeToo about sexual harassment at work. *The Washington Post*. March 18, 2018. Available at: https://www.washingtonpost.com/national/health-science/women-in-medicine-shout-metoo-about-sexual-harassment-at-work/2018/03/16/81673f82-0c37-11e8-8b0d-891602206fb7_story.html?noredirect=on&utm_term=.4edc30d2a3a9. Accessed January 21, 2019.
7. Herbenick D, van Anders SM, Brotto LA, et al. Sexual harassment in the field of sexuality research. *Arch Sex Behav* 2019; 48:997–1006.
8. Tarana Burke. Me too [Internet]. 2022. Available at: <https://metoomvmt.org/get-to-know-us/tarana-burke-founder/>. Accessed July 14, 2022.
9. Me Too Movement. Terry. 2019. Available at: https://www.youtube.com/watch?v=cJ_SO6oxY_8. Accessed January 21, 2019.
10. Irin Carmon. Journalist. Available at: <http://irincarmon.com/>. Accessed June 15, 2018.
11. Carmon I, Brittain A. Eight women say Charlie Rose sexually harassed them—With nudity, groping and lewd calls. *The Washington Post*. November 20, 2017. Retrieved December 30, 2018. Available at: https://www.washingtonpost.com/investigations/eight-women-say-charlie-rose-sexually-harassed-them-with-nudity-groping-and-lewd-calls/2017/11/20/9b168de8-caec-11e7-8321-481fd63f174d_story.html. Accessed January 21, 2019.
12. Brittain A, Carmon I. Charlie Rose's misconduct was widespread at CBS and three managers were warned, investigation finds. *The Washington Post*. May 3, 2018. Retrieved December 30, 2018. Available at: https://www.washingtonpost.com/charlie-roses-misconduct-was-widespread-at-cbs-and-three-managers-were-warned-investigation-finds/2018/05/02/80613d24-3228-11e8-94fa-32d48460b955_story.html. Accessed January 21, 2019.
13. Rebecca C. Thurston, PhD. Available at: <https://www.psychiatry.pitt.edu/about-us/our-people/faculty/rebecca-c-thurston-phd>. Accessed June 15, 2018.
14. Thurston RC, Chang Y, Matthews K, et al. Association of sexual harassment and sexual assault with midlife women's mental and physical health. *JAMA Intern Med* 2019; 179:48–53.
15. Bernard HR, Wutich A, Ryan GW. *Analyzing Qualitative Data: Systematic Approaches*. Thousand Oaks, CA: SAGE Publications, Inc., 2016.
16. Boeije H. A purposeful approach to the constant comparative method in the analysis of qualitative interviews. *Quality Quantity* 2002; 36: 391–409.
17. Gadacz R. First Nations [Internet]. *The Canadian Encyclopedia*. February 7, 2006. Available at: <https://www.thecanadianencyclopedia.ca/en/article/first-nations>. Updated August 6, 2019. Accessed July 14, 2022.
18. Witze A. 'We're in one of the cataclysmic times of change': First female NSF director on discrimination and COVID-19. *Nature* 2020; 584:180.
19. Marin-Spiotta E. Harassment should count as scientific misconduct. *Nature* 2018; 557:141.
20. Dzau VJ, Johnson PA. Ending sexual harassment in academic medicine. *N Engl J Med* 2018; 379:1589–1591.
21. Downs JA, Reif LK, Hokororo A, et al. Increasing women in leadership in global health. *Acad Med* 2014; 89:1103–1107.