

Understanding Sexual Harassment, Sexual Assault & Rape Among Colleagues in the Surgical Workforce

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Sexual harassment, sexual assault and rape by colleagues in the surgical workforce, and how women and men are living different realities: observational study using NHS population-derived weights

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WPSMS

The Working Party on Sexual
Misconduct in Surgery

BREAKING THE SILENCE

Addressing Sexual
Misconduct in Healthcare



Sexual Harassment, Sexual Assault & Rape

16 Items

Sexual Harassment

Unwanted sexual talk or comments

(e.g., unwanted or inappropriate sexual remarks about you...)

Offer of promotion or other work-related advantage or advancement in exchange for a sexual favour

(e.g., offering a reward or special treatment if you cooperated sexually)

Sexual Assault

Being forced to partake in physical contact in exchange for training / career development

(e.g., an unwanted or uninvited hug, kiss on the cheek...or a more extreme or overtly sexual type of behaviour)

Touching of your body without consent, including any area of the body

(except genitals and/or breast tissue)

Rape

Rape in the workplace

Sexual Harassment, Sexual Assault & Rape

16 Items – **Being a Target** (Victim, Survivor)

Sexual Harassment

Unwanted sexual talk or comments

(e.g., unwanted or inappropriate sexual remarks about you...)

Offer of promotion or other work-related advantage or advancement in exchange for a sexual favour

(e.g., offering a reward or special treatment if you cooperated sexually)

Sexual Assault

Being forced to partake in physical contact in exchange for training / career development

(e.g., an unwanted or uninvited hug, kiss on the cheek...or a more extreme or overtly sexual type of behaviour)

Touching of your body without consent, including any area of the body

(except genitals and/or breast tissue)

Rape

Rape in the workplace

Sexual Harassment, Sexual Assault & Rape

16 Items – **Being a Target** (Victim, Survivor) + **Witnessing** (analogous items)

Sexual Harassment

Unwanted sexual talk or comments

(e.g., unwanted or inappropriate sexual remarks about you...)

Offer of promotion or other work-related advantage or advancement in exchange for a sexual favour

(e.g., offering a reward or special treatment if you cooperated sexually)

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Being forced to partake in physical contact in exchange for training / career development

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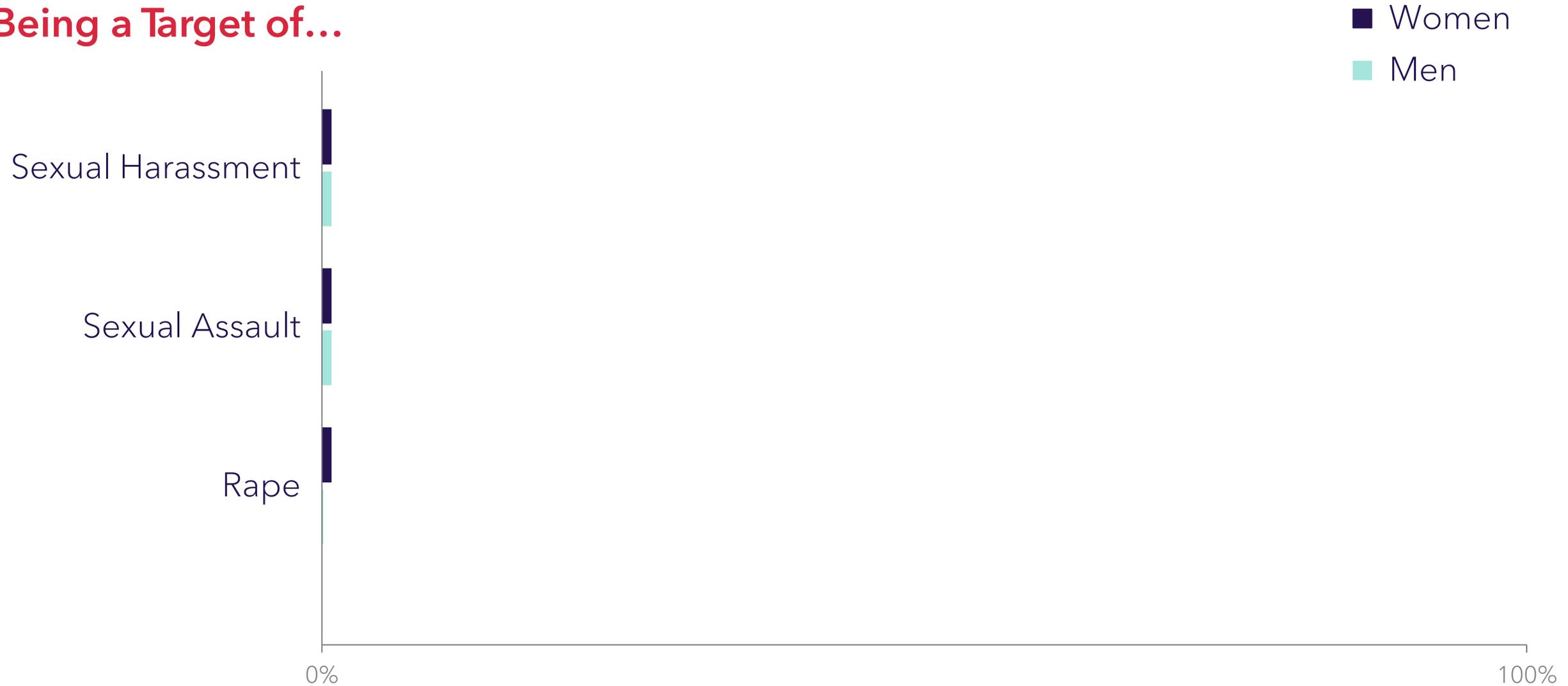
(except genitals and/or breast tissue)

Rape

Rape in the workplace

Sexual Harassment, Sexual Assault & Rape

Being a Target of...

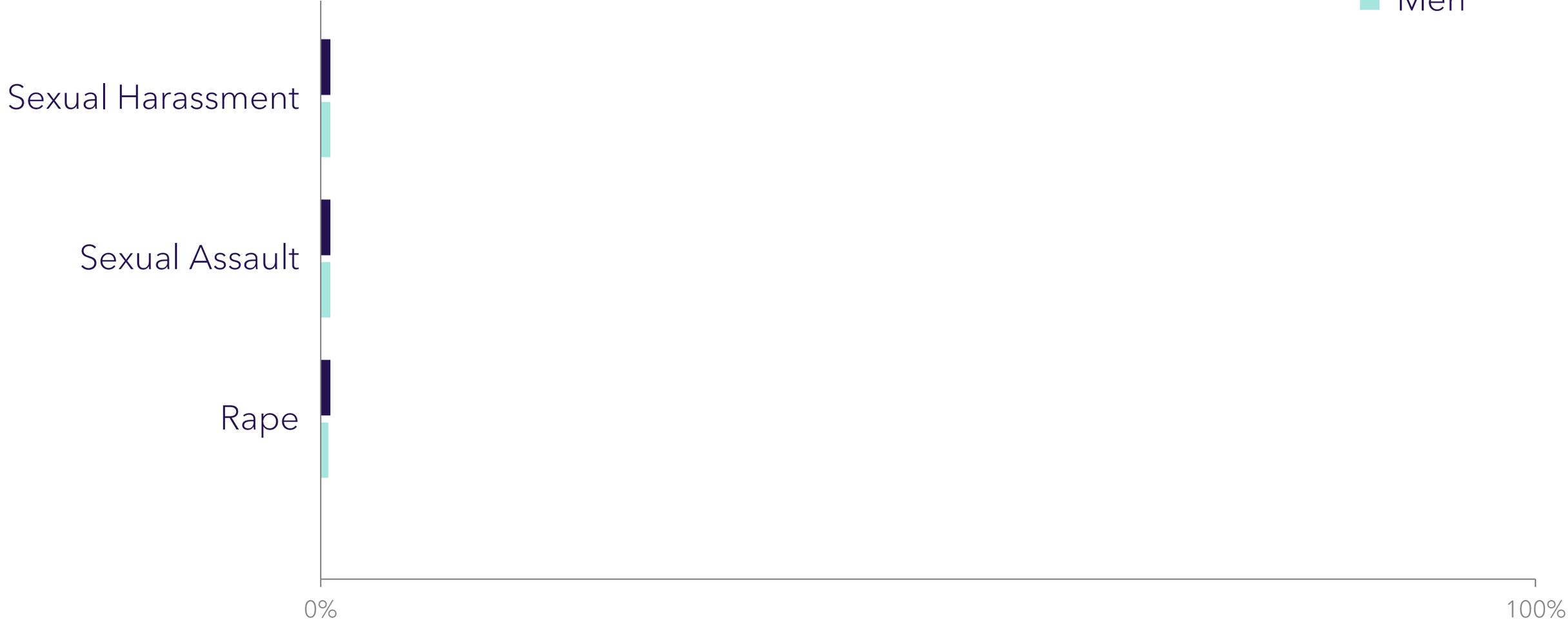


Sexual Harassment, Sexual Assault & Rape



Witnessing...

- Women
- Men



Addressing the Issue

**Are they adequately addressing issues
of sexual harassment and assault in our profession?**

General Medical Council

NHS Trusts

British Medical Association

Health Education England

Royal Colleges

Addressing the Issue

Are they adequately addressing issues
of sexual harassment and assault in our profession?

% Yes *

General Medical Council

NHS Trusts

British Medical Association

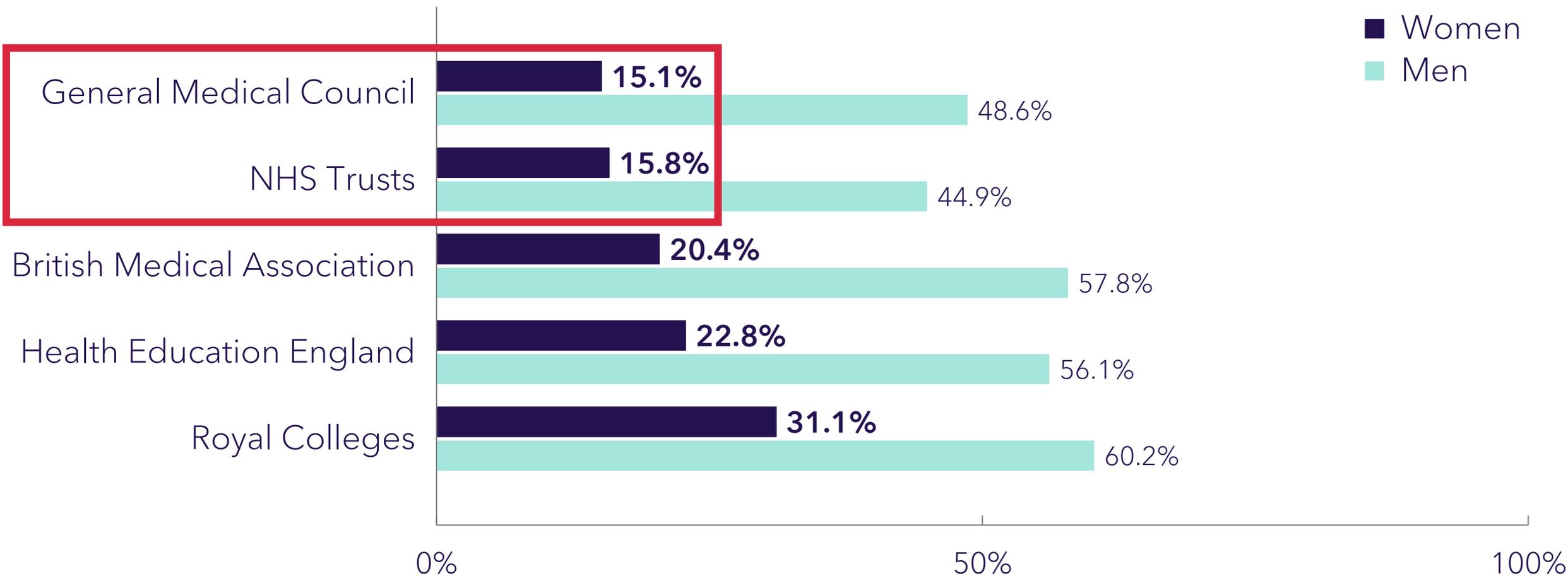
Health Education England

Royal Colleges

Addressing the Issue

Are they adequately addressing issues of sexual harassment and assault in our profession?

■ Women
■ Men



Addressing the Issue

Are they adequately addressing issues of sexual harassment and assault in our profession?

	% Yes*		Gender Diff.		Mean Evaluation (s.d.)	
	Women	Men	<i>P</i>	<i>d</i>	Women	Men
General Medical Council	15.1 %	48.6 %	< .001	.64	2.80 (1.90)	4.07 (1.91)
NHS Trusts	15.8 %	44.9 %	< .001	.64	2.89 (1.83)	4.12 (1.84)
British Medical Association	20.4 %	57.8 %	< .001	.66	3.18 (1.86)	4.47 (1.87)
Health Education England	22.8 %	56.1 %	< .001	.60	3.18 (1.91)	4.39 (1.93)
Royal Colleges	31.1 %	60.2 %	< .001	.48	3.55 (1.95)	4.53 (1.95)

1 (No, Absolutely Not) – 7 (Yes, Absolutely)

& N/A; Don't Know, or Not Applicable

* Any value above scale's midpoint

List of Potential Reasons for Not Reporting

Lack of confidence in fair outcome

Didn't think anything would happen

Perpetrator/s in position of power

No witnesses

Didn't want to rock the boat

Fear of repercussion from institution/s

Fear of repercussion from perpetrator/s

Fear of not being believed

Fear of damage to own reputation

Fear of being accused of "overreacting"

Worried about career development (e.g., impact on ARCP; Annual Review Competency Progression)

Worried about impact to mental health and well-being

Worried about ARCP (Annual Review Competency Progression) or other measure of career progression

Other reason (please describe, if you wish): _____

Didn't know how to report it

Seemed normal or 'acceptable' within the work culture

Didn't seem serious enough

Lack of adequate reporting systems (confidential, supportive, etc.)

Reporting Incidents ?

Top Reasons for Not Reporting (most frequently cited)

Among Targets (Victims, Survivors)

Fear of being accused of "overreacting"

Fear of damage to own reputation

Didn't think anything would happen

Among Witnesses

Seemed normal or 'acceptable' within the work culture

Didn't seem serious enough

Fear of damage to own reputation

He said, "Talking about sexual misconduct at work", laughed and squeezed my breast twice with his fingers. The other junior male colleague looked away.

This supervisor repeatedly asked me out for dinner in person, via text and also called me out of work hours despite my refusing each time. I began to dread going to work for fear of repeats of these unwanted advances.

All the female doctors who enter the department are warned about him. Some of us would even flirt back but it was disgusting and made you feel disgusted. He put the flat of his hand against my abdomen and stroked it as he walked past. It made me feel sick but I pretended it didn't happen. There's no way I would ever name him. He is a senior consultant with friends across the country.

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All the female doctors who enter the department are warned about him. Some of us
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senior consultant with friends across the country.

The incident came out as the perpetrator was the subject of an investigation by the trust. When I was interviewed, the panel asked me, "If it was that distressing, why didn't you report it?" with a tone of disbelief. The perpetrator saw me in the corridor afterwards and said, "It's your word against mine — who are they going to believe, me or a silly little girl?"

ces.

All the female doctors who enter the department are warned about him. Some of

The incident came out as the perpetrator was the subject of an interview, which was very distressing, with a lot of disbelief. The aftermaths and who are they go

happen. They would ever narr senior consulta across the

He is known as inappropriate with female trainees, who are told they will get good operating numbers if they go in his theatre if "they can cope with his behaviour". He has never been sanctioned for this, even though everyone in the department knows about it.

All the female doctors who

I asked more than five different victims of this man if they were prepared to give written statements and they didn't feel they could. The perpetrator remains in the organisation.

*appropriate with female
if they will get good
go in his theatre if "they
ur". He has never been
though everyone in the
ows about it.*

All the female doctors who

I asked mo

Interactions with
the opposite sex are

*When I needed senior support overnight with unwell patients, this was refused by seniors, as they thought I had been the one to report (**the perpetrator**) for sexual misconduct. I wasn't the one who reported him.*

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y will get good
his theatre if "they
He has never been
gh everyone in the
about it.

All the female doctors who

*I asked more
different victims
if they were p
written statem
didn't feel th
perpetrator r
organ*

*Interactions with
the opposite sex are
routinely used to
advantage. I'm unsure
if it can be regarded
as harassment when
the affected individual
allows it and benefits
from it.*

*riate with female
ey will get good
in his theatre if "they
". He has never been
ugh everyone in the
s about it.*

Implementation and Investigation

We ask the Department of Health and Social Care (DHSC) and accountable organisations to support:

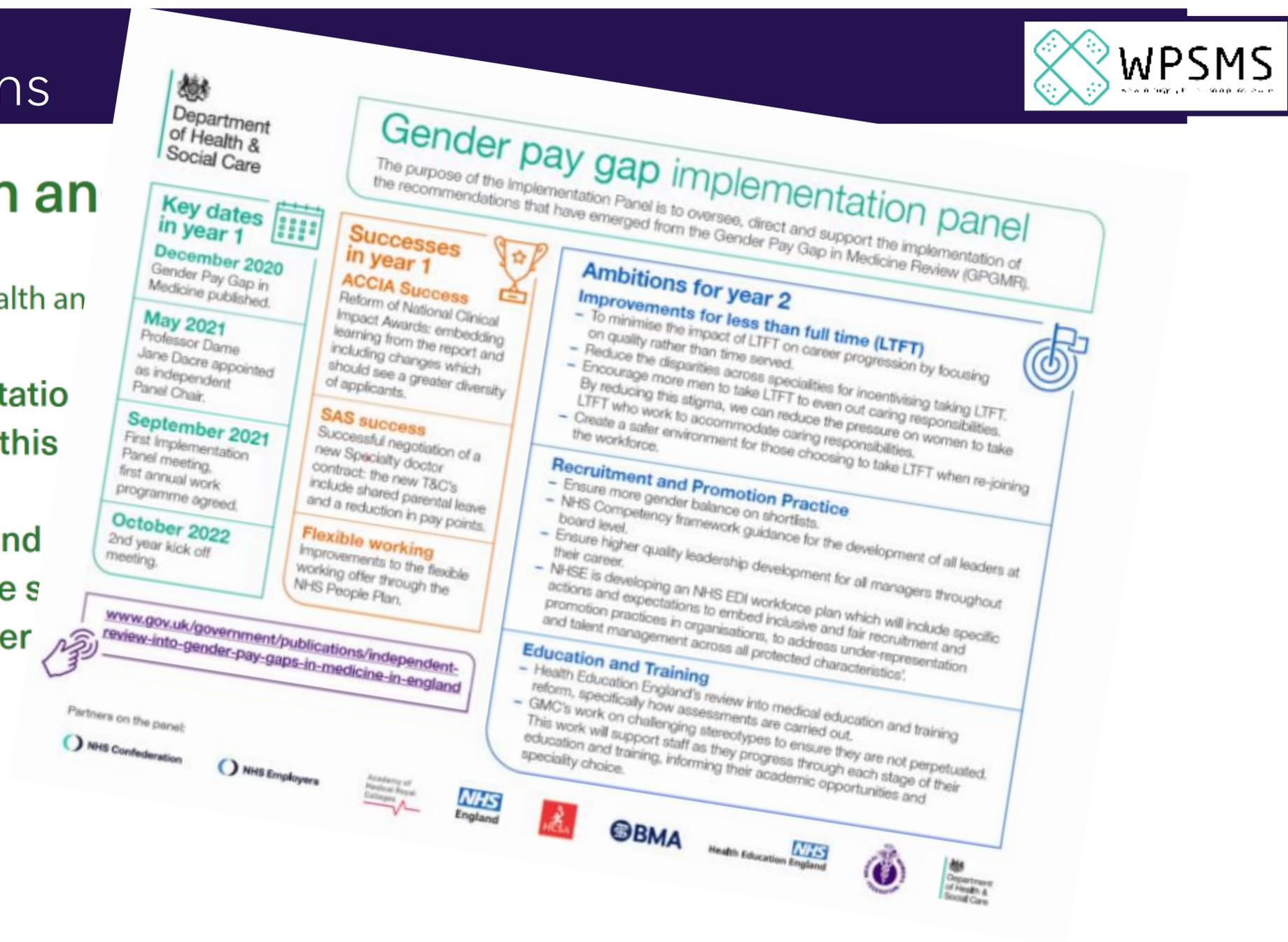
1. **A National Implementation Panel to oversee progress by organisations on the recommendations in this report.**
2. **Reform of reporting and investigation processes of sexual misconduct in healthcare, to improve safety and confidence in raising concerns and to ensure investigations are external, independent and fit for purpose.**

Recommendations

Implementation and

We ask the Department of Health and

1. A National Implementation recommendations in this
2. Reform of reporting and healthcare, to improve s investigations are exter



Department of Health & Social Care

Gender pay gap implementation panel

The purpose of the implementation Panel is to oversee, direct and support the implementation of the recommendations that have emerged from the Gender Pay Gap in Medicine Review (GPGMR).

Key dates in year 1

- December 2020**
Gender Pay Gap in Medicine published.
- May 2021**
Professor Dame Jane Dacre appointed as independent Panel Chair.
- September 2021**
First Implementation Panel meeting, first annual work programme agreed.
- October 2022**
2nd year kick off meeting.

Successes in year 1

- ACCIA Success**
Reform of National Clinical Impact Awards: embedding learning from the report and including changes which should see a greater diversity of applicants.
- SAS success**
Successful negotiation of a new Specialty doctor contract: the new T&C's include shared parental leave and a reduction in pay points.
- Flexible working**
Improvements to the flexible working offer through the NHS People Plan.

Ambitions for year 2

Improvements for less than full time (LTFT)

- To minimise the impact of LTFT on career progression by focusing on quality rather than time served.
- Reduce the disparities across specialties for incentivising taking LTFT.
- Encourage more men to take LTFT to even out caring responsibilities. By reducing this stigma, we can reduce the pressure on women to take LTFT who work to accommodate caring responsibilities.
- Create a safer environment for those choosing to take LTFT when re-joining the workforce.

Recruitment and Promotion Practice

- Ensure more gender balance on shortlists.
- NHS Competency framework guidance for the development of all leaders at board level.
- Ensure higher quality leadership development for all managers throughout their career.
- NHSE is developing an NHS EDI workforce plan which will include specific actions and expectations to embed inclusive and fair recruitment and promotion practices in organisations, to address under-representation and talent management across all protected characteristics.

Education and Training

- Health Education England's review into medical education and training reform, specifically how assessments are carried out.
- GMC's work on challenging stereotypes to ensure they are not perpetuated. This work will support staff as they progress through each stage of their education and training, informing their academic opportunities and speciality choice.

www.gov.uk/government/publications/independent-review-into-gender-pay-gaps-in-medicine-in-england

Partners on the panel:

- NHS Confederation
- NHS Employers
- Academy of Medical Royal Colleges
- NHS England
- HCPLA
- BMA
- Health Education England
- NHS
- Department of Health & Social Care

Recommendations

Policies and Codes of Conduct

We call for:

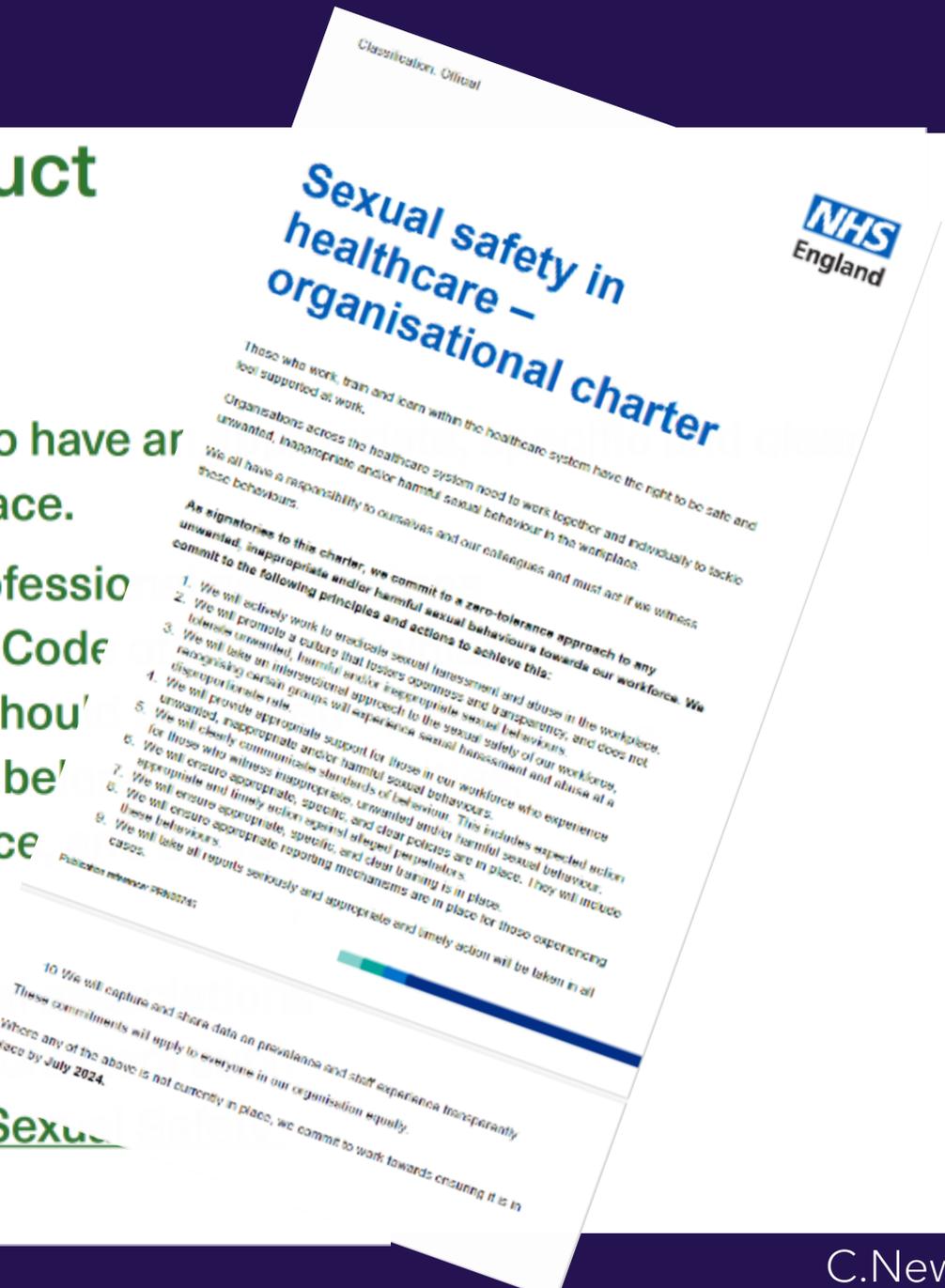
3. Every NHS Trust and healthcare provider to have an appropriate, specific and clear Sexual Violence/Sexual Safety Policy in place.
4. All healthcare educational bodies and professional associations to have an appropriate, specific and clear Code of Conduct which includes sexual behaviour. These codes should be signed up to by those who are employed by, study at, and belong to these entities, and should apply both within the workplace, and at work-related events such as conferences.
5. Accountable organisations and professional associations to support and enact relevant pledges and charters such as the BMA Sexism Pledge and the NHSE Sexual Safety Charter.

Recommendations

Policies and Codes of Conduct

We call for:

3. Every NHS Trust and healthcare provider to have an Sexual Violence/Sexual Safety Policy in place.
4. All healthcare educational bodies and professions to have an appropriate, specific and clear Code of Conduct that includes sexual behaviour. These codes should be clear and should apply both within the workplace and should apply both within the workplace events such as conferences.
5. Accountable organisations and professions to support and enact relevant pledges such as the BMA Sexism Pledge and the NHSE Sexual Safety Charter.



Education

We ask those responsible for the ongoing education of the healthcare workforce to:

6. **Integrate learning in recognising and taking appropriate action on sexual misconduct at all stages of a career in healthcare.**
7. **Ensure active bystander, unconscious bias and awareness-raising training for all members of the healthcare team, with specific reference to dealing with incidents of sexual misconduct.**
8. **Ensure all those involved in receiving reports of and/or investigating sexual misconduct have received specific validated education including learning from previous cases and have appropriate expertise, including critical competencies.**

Culture and Performance of Accountable Organisations

We call upon accountable organisations to support:

9. The reform of healthcare regulators' professional guidance to include sexual misconduct towards colleagues.

10. Engagement of all stakeholders with the Implementation Panel, (as described in Recommendation 1) to report progress and to share data and expertise.
11. The agreement of standards for the management of reported incidents of sexual misconduct and scheduled prospective auditing of performance by organisations against those standards.

12. The inclusion in NHS, GMC and other relevant surveys, of questions on workforce satisfaction as to the adequacy of those organisations in dealing with sexual misconduct.
13. An equality and diversity-promoting agenda to improve the representation of women in local and national leadership roles, across all specialities and workforce groups in healthcare.

Culture and Performance of Accountable Organisations

We call upon accountable organisations

9. The reform of healthcare regulators' professional standards to include sexual misconduct towards colleagues.
10. Engagement of all stakeholders with the Panel, (as described in Recommendation 7) and to share data and expertise.
11. The agreement of standards for the management of incidents of sexual misconduct and scheduled performance auditing of performance by organisations against those standards.
12. The inclusion in NHS, GMC and other relevant surveys, of questions on workforce satisfaction as to the adequacy of those organisations in dealing with sexual misconduct.
13. An equality and diversity-promoting agenda to improve the representation of women in local and national leadership roles, across all specialities and workforce groups in healthcare.

57 You must not act in a sexual way towards colleagues with the effect or purpose of causing offence, embarrassment, humiliation or distress. What we mean by acting 'in a sexual way' can include – but isn't limited to – verbal or written comments, displaying or sharing images, as well as unwelcome physical contact. You must follow our more detailed guidance on *Maintaining personal and professional boundaries*.

- 58 If you witness any of the behaviours described in paragraphs 56 or 57 you should act, taking account of the specific circumstances. For example, you could:
- a check in and offer support to anyone targeted or affected by the behaviour, and/or let them know that you feel that the behaviour you witnessed is unacceptable
 - b challenge the behaviour by speaking to the person responsible – either at the time, if safe to do so, or at an appropriate time and place
 - c speak to a colleague and/or consider reporting the behaviour in line with your workplace policy and our more detailed guidance on *Raising and acting on concerns about patient safety*. Before you report the behaviour you witnessed, try and make sure that the person who was targeted is aware of, and supports, your intention to report it.

Culture & Values

We call upon a

9. The reform of the GMC and other relevant surveys, to include sexual harassment and to share data and expertise.
10. Engagement of all stakeholders, including a Patient Safety Panel, (as described in Recommendation 10) to provide guidance on *Maintaining personal and professional boundaries* and to share data and expertise.
11. The agreement of standards for the management of incidents of sexual misconduct and scheduled performance auditing of performance by organisations against those standards.
12. The inclusion in NHS, GMC and other relevant surveys, of questions on workforce satisfaction as to the adequacy of those organisations in dealing with sexual misconduct.
13. An equality and diversity-promoting agenda to improve the representation of women in local and national leadership roles, across all specialities and workforce groups in healthcare.

Table Organisations

Q22 In the last 12 months, how many times have you been the target of unwanted sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault.

a. From patients / service users, their relatives or other members of the public

b. From staff / colleagues

57 You must not act in a sexual way towards colleagues with the effect or purpose of causing offence, embarrassment, humiliation or distress. What we mean by acting 'in a sexual way' can include – but isn't limited to – verbal or written comments, displaying or sharing images, as well as unwelcome physical contact. You must follow the guidance on *Maintaining personal and professional boundaries*.

Consider reporting the behaviour in line with your organisation's policy and our more detailed guidance on *Raising and acting on concerns about patient safety*. Before you report the behaviour you witnessed, try and make sure that the person who was targeted is aware of, and supports, your intention to report it.

Culture & Values

We call upon a

9. The reform of... include sex...
10. Engagement of all stakeholders... Panel, (as described in Recommendation 8) and to share data and expertise.
11. The agreement of standards for the management of incidents of sexual misconduct and scheduled... auditing of performance by organisations against those standards.
12. The inclusion in NHS, GMC and other relevant surveys, of questions on workforce satisfaction as to the adequacy of those organisations in dealing with sexual misconduct.
13. An equality and diversity-promoting agenda to improve the representation of women in local and national leadership roles, across all specialities and workforce groups in healthcare.

Workplace Organisations

57 You must not act in a sexual way towards colleagues with the effect or purpose of causing or likely to cause harassment, humiliation or distress. What we mean by sexual can include – but isn't limited to – verbal or written comments, images, as well as unwelcome physical contact. You must follow the guidance on *Maintaining personal boundaries*.

Q22 In the last 12 months, how many times have you been sexually harassed (including jokes), touching or assault?

- a. From patients / service users, the public
- b. From staff / colleagues

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News

One in four trainee doctors report discriminatory behaviours from colleagues, GMC finds

BMJ 2023 ; 382 doi: <https://doi.org/10.1136/bmj.p1601> (Published 11 July 2023)
Cite this as: BMJ 2023;382:p1601

- Article
- Related content
- Metrics
- Responses

Data Collection

We ask that there be:

14. Improvement or implementation of appraisal/assessment/end of placement or employment feedback systems for staff and students to include questions on their own and others' behaviours regarding sexual misconduct and safety.

15. Collection of data specific to sexual misconduct including the above, by healthcare organisations, regulators and educational bodies and that these data are shared with the Implementation Panel. The CQC should have access to these data at registered organisation and national level and these should be included as a measure in an organisation's CQC rating.

Wilful blindness⁹ to sexual misconduct in healthcare is an institutional failure that has permitted continued unacceptable and criminal behaviour. Individuals' reports have been suppressed, those targeted have been ignored and moved elsewhere, and perpetrators have been able to continue to abuse with impunity.

Sexual misconduct by colleagues is a problem for all of healthcare including patients. It is not just about surgery and it's not just about doctors.

Thank You

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(she, her)



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- Deborah Eastwood

Supplemental Slides

Survey Development



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Endorsement

NHS England Safeguarding
RCS England
BOTA
...etc.

Approval

HRA / HCRW
Exeter Psychology REC



Distribution

Primary
Prof. Orgs & Groups
Secondary
Social Media (Prof. Networks)

Designed Flexibility

Project Built for Adaptation & Extension
Survey Content
HRA & REC Approvals

1. Consent & Demographics
2. Sexual Harassment, Assault & Rape (HAR)
3. HAR Follow-up: Specific Incidents
4. Current Handling of HAR Issues
5. Space for Additional Input, Feedback, etc.
6. Open-text Consent & Debriefing

1. Consent & Demographics

2. Sexual Harassment, Assault & Rape (HAR)

Trigger Warning (w opt-in Q)

Definitions & Parameters

16 x HAR Items

Have you ever **witnessed**, overheard, or been present for...?

Have you ever been the **target or victim/survivor** of...?

↳ *N* x HAR Items – **Past 5 Years**

In the past 5 years, how often have you **witnessed**...?

In the past 5 years, how often have you been the **target**...?

↳ **3. HAR Follow-up: Specific Incidents**

Respondent Demographics

$n = 1,434$

52.3 % NHS England employees (for weighted analyses)

Gender

51.5 % Women

Grade

63.1 % Consultant (doctor)

20.2 % Specialty Trainee

18.8 % General Surgery

Subspecialty

31.8 % Trauma & Orthopaedic

18.8 % General Surgery

List of Potential Reasons for Not Reporting an Incident (Why did you not report it?)

Didn't seem serious enough

Seemed normal or 'acceptable' within the work culture

Lack of adequate reporting systems (confidential, supportive, etc.)

Didn't know how to report it

Lack of confidence in fair outcome

Didn't think anything would happen

Perpetrator/s in position of power

No witnesses

Didn't want to rock the boat

Fear of repercussion from institution/s

Fear of repercussion from perpetrator/s

Fear of not being believed

Fear of damage to own reputation

Fear of being accused of "overreacting"

Worried about career development (e.g., impact on ARCP; Annual Review Competency Progression)

Worried about impact to mental health and well-being

Worried about ARCP (Annual Review Competency Progression) or other measure of career progression

Other reason (please describe, if you wish):

HAR Follow-up: Specific Incident Qs



Specific Incident Questions

Location (Region)

Perpetrator/s

Gender, Race / Ethnicity

Broad Subspecialty, Work Status, Grade, Work Relationship (perp – respondent) – At Time of Incident

Respondent

Broad Subspecialty, Work Status, Grade – At Time of Incident

Reporting of Incident

(Yes)

(No)

Who did you report it to?

Why did you not report it?

Response adequately supportive?

What follow-up actions taken?

Were follow-up actions adequate?

Was the outcome: Satisfactory? Distressing / Damaging (to self, to career)

Informally Discuss Incident

With a colleague (above, at, below own grade)? Someone else (e.g., outside of work)?

Seek Professional Support

Open Text Box

Respondents

$n = 1,434$

52.3 % NHS England employees (for weighted analyses)

Gender

51.5 % Women

Subspecialty

31.8 % Trauma & Orthopaedic

18.8 % General Surgery

Grade



Additional Analyses Underway

Are they adequately addressing issues of sexual harassment and assault in our profession?

Over and above gender differences,
Witnessing more sexual misconduct → lower evaluations of adequacy

Table S3. Evaluations of organisations' handling of sexual harassment and assault as a function of one's experiences with sexual misconduct

	British Medical Association			General Medical Council			Health Education England			NHS Trusts			Royal Colleges		
	B	95% CI	η_p^2	B	95% CI	η_p^2	B	95% CI	η_p^2	B	95% CI	η_p^2	B	95% CI	η_p^2
Gender (0 woman, 1 man)	1.08***	[0.81 to 1.36]	.066	1.11***	[0.83 to 1.39]	.062	0.95***	[0.65 to 1.24]	.047	0.88***	[0.62 to 1.14]	.044	0.70***	[0.43 to 0.98]	.026
Witnessing Sexual Misconduct^a	-1.93***	[-2.39 to -1.47]	.075	-1.89***	[-2.36 to -1.42]	.064	-1.97***	[-2.44 to -1.49]	.076	-1.90***	[-2.32 to -1.48]	.075	-2.21***	[-2.66 to -1.75]	.087
Being a Target of Sexual Misconduct ^a	-0.09	[-0.82 to 0.64]	.000	-0.16	[-0.94 to 0.61]	.000	-0.47	[-1.23 to 0.30]	.002	-0.92**	[-1.65 to -0.19]	.006	-0.03	[-0.83 to 0.76]	.000