

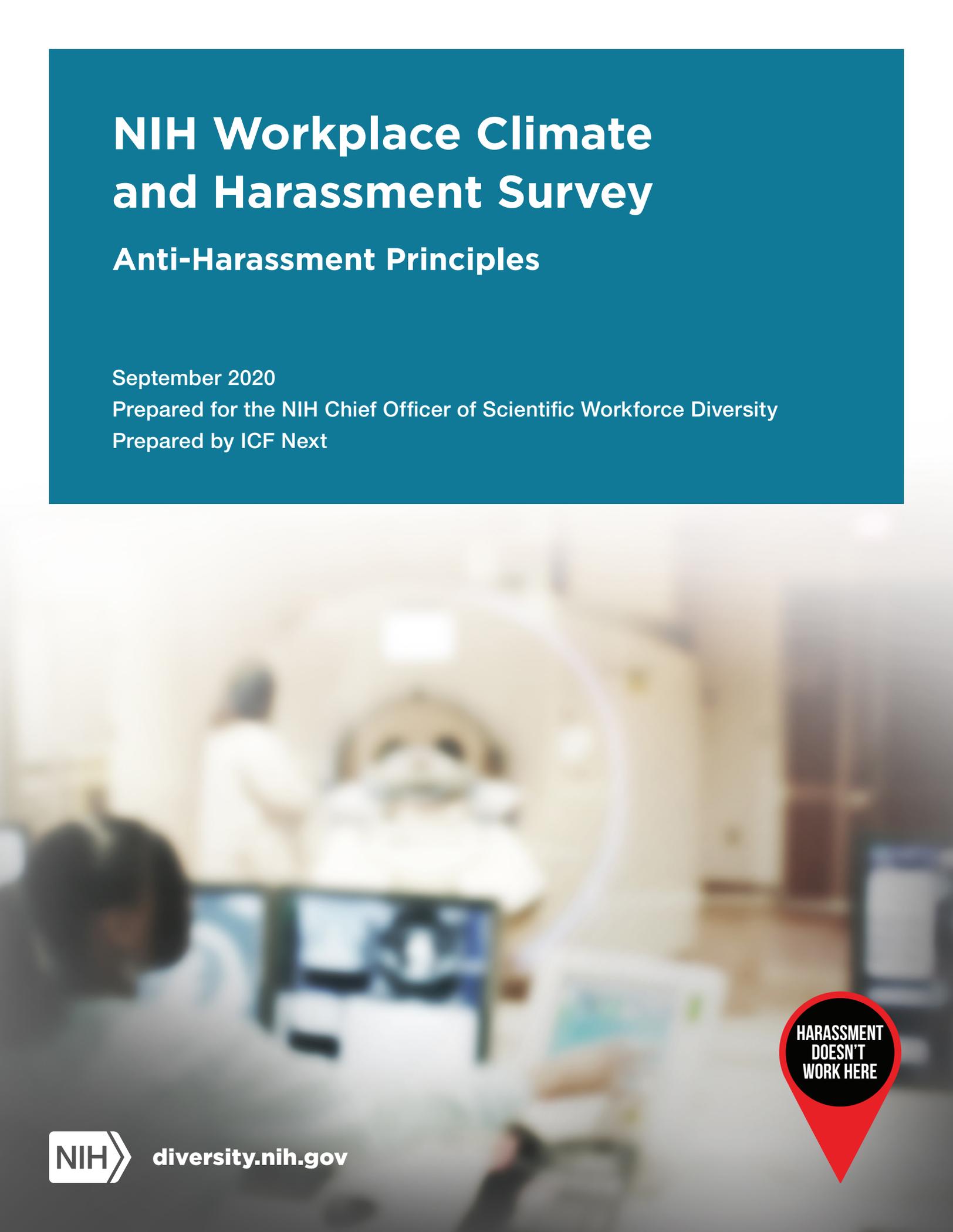
NIH Workplace Climate and Harassment Survey

Anti-Harassment Principles

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Prepared for the NIH Chief Officer of Scientific Workforce Diversity

Prepared by ICF Next



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DOESN'T
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NIH WORKPLACE CLIMATE AND HARASSMENT SURVEY

ANTI-HARASSMENT PRINCIPLES

INTRODUCTION

Workplace harassment is often used in the broadest sense to encompass illegal forms of harassment and inappropriate workplace conduct, or “comments or conduct that disparages or demonstrates hostility or aversion towards any person that could reasonably be perceived as disruptive, disrespectful, offensive, or inappropriate in the workplace” (NIH, 2018). The *2019 NIH Workplace Climate and Harassment Survey* conducted by the National Institutes of Health (NIH) Office of Scientific Workforce Diversity (SWD) surveyed members of the NIH workforce about their experiences with harassment—specifically, sexual harassment (including gender harassment, unwanted sexual attention, and sexual coercion), incivility, and bullying. **Survey findings showed that one in five NIH respondents had experienced sexual harassment in the past 12 months, half had experienced incivility, and 10 percent had experienced bullying.**

The NIH mission is to seek fundamental knowledge about the nature and behavior of living systems, and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability. Achieving this mission involves thousands of dedicated staff across 27 Institutes, Centers, and Offices (ICOs). Workplace harassment within NIH affects individuals, while also inhibiting NIH’s mandate of seeking knowledge and improving human lives. The 2019 survey demonstrated that **individuals who had experienced sexual harassment in the past year had lower self-reported psychological health, physical wellbeing, and job satisfaction, relative to those who had not experienced sexual harassment.** Addressing this challenge requires intervention across a variety of target audiences to support individual members of the workforce, as well as to improve the organizational climate overall.

The aim of this document is to place the findings of the *NIH Workplace Climate and Harassment Survey* in the context of the peer-reviewed literature, to ultimately identify a set of Anti-Harassment Principles (AHP) that NIH may use to optimize current interventions and develop new approaches to combat workplace harassment. Further, this document describes opportunities for future research and evaluation to gain deeper insights into target audiences and their behaviors.

The following data sources were used to inform the AHP:

1. NIH Workplace Climate and Harassment Survey Report, NIH and ICF Next¹ (2020)
2. [Anti-Harassment Recommendations](#), NIH Anti-Harassment Steering Committee, December Meeting of the Advisory Committee to the Director (December 2019)²
3. [Sexual Harassment of Women: Climate, Culture, and Consequences in Academic Sciences, Engineering, and Medicine](#), National Academies of Sciences, Engineering, and Medicine (2018)
4. Anti-Harassment Environmental Scan, NIH and ICF Next (2018)
5. Anti-Harassment Literature Review, NIH and ICF Next (2018)
6. Additional peer-reviewed literature, reviewed by ICF Next (reference list included in Appendix A)

¹ ICF Next is a consulting firm contracted by NIH SWD to support research and communications activities related to the *2019 NIH Workplace Climate and Harassment Survey*.

² Recommendations made by the NIH Anti-Harassment Steering Committee are summarized in Appendix B and referenced throughout this document, where applicable.

ASSUMPTIONS OF THE ANTI-HARASSMENT PRINCIPLES

Below are a series of assumptions underlying the Anti-Harassment Principles and the effectiveness of current and future anti-harassment interventions at NIH. These assumptions are grounded in the published literature as well as recommendations from subject matter experts on the NIH Anti-Harassment Steering Committee.

- 1. Perpetrators are not an effective primary target audience for anti-harassment behavior change interventions.** Much of the anti-harassment training implemented by organizations in recent decades has focused on educating employees on how to recognize harassment, often with a legalistic “forbidden-behavior” curriculum (Dobbin & Kalev, 2019). However, these approaches, which frequently target perpetrators, have often been found to have null or even adverse effects on preventing future harassment (Feldblum & Lipnic, 2016). Effective workplace interventions instead focus on the *positive* rather than the *punitive* by highlighting civil and respectful behaviors in which employees should engage, rather than those that are forbidden (NASEM, 2018).
- 2. Training to change attitudes and skills will require individuals to actively receive information and apply new knowledge and skills, as well as receive feedback on improvement, more than once a year.** At NIH, **55 percent of survey respondents had read the NIH Manual Chapter on harassment and inappropriate conduct, and 58 percent reported understanding extremely or very well how an individual could get help if they experience harassment at NIH.** Nevertheless, **one in five respondents experienced sexual harassment in the past year but the majority did not discuss the incident with anyone**, suggesting that prevailing knowledge of anti-harassment policies alone may not be sufficient to address a workplace environment in which harassment occurs. In the literature, minimal success—and sometimes, adverse effects—has been ascertained from passively transmitted (e.g., lecture-style) trainings delivered exclusively on an annual basis (Buckner et al., 2014; Folz, 2016; Roehling & Huang, 2018). Instead, evaluative evidence for workplace anti-harassment trainings indicates that certain characteristics will determine a training’s effectiveness. Trainings should allow individuals to observe a desired behavior, apply new knowledge and skills, and receive constructive feedback to further build self-efficacy (Buchanan et al., 2014; Roehling & Huang, 2018). In particular, trainings taking place in group settings (e.g., at the work unit level) have been found to be more effective in improving recognition of harassment and changing attitudes regarding harassment, compared with individual training effects (Antecol & Cobb-Clark, 2003).
- 3. Organizational climate is a key environmental factor in both addressing and preventing workplace harassment.** Organizational climate refers to the “shared perceptions within an organization of the policies, practices, and procedures in place (i.e., why they are in place; how people experience them; how they are implemented; what behaviors in the organization are rewarded, supported, and expected)” (NASEM, 2018; Schneider et al., 2013). At NIH, **survey results indicated that certain organizational climate factors—specifically, the perception that the Institution would intervene in situations of harassment, and the perception that supervisors were fair and valued the work and opinions of their employees—were associated with harassment**, a finding corroborated by the literature (Fitzgerald et al., 1997; Glomb et al., 1997). This intersection between the individual, behavior, and the environment in which they work is underscored by the [Social Cognitive Theory \(SCT\)](#), a theoretical model that has frequently been employed in organizational contexts (Bandura, 1986; Wood & Bandura, 1989). SCT is particularly salient with regards to workplace harassment, as it encompasses the effects of organizational climate (environment) and an individual’s past experiences, which ultimately inform behavioral action.

4. **Environmental-level change will require policies implemented by the Institution, in addition to organizational climate factors and behavior change principles outlined by this document.** The role of policies in preventing and addressing harassment is illustrated by the [Ecological Model](#), which posits that five levels—*intrapersonal, interpersonal, organizational, community, and policy*—ultimately influence human behavior and wellbeing (Bronfenbrenner, 1992).

An effective grouping of anti-harassment policies likely includes the following:

- a. *Policies establishing infrastructure and procedures for individuals to talk about (informally) and report (formally) claims of harassment.*

Encouragement of harassment reporting has traditionally been the focus of anti-harassment policies in workplace settings, largely due to requirements for legal compliance (NASEM, 2018). In many cases, the filing of a formal report is necessary for the claim to be appropriately adjudicated and documented in institutional records; however, reporting rates remain low. At NIH, **just over 10 percent of survey respondents who reported harassment did so with the Office of Human Resources, the Civil Program, or the Office of Equity, Diversity, and Inclusion.** As such, target-centric institutional responses have more recently emerged as a complementary component of effective anti-harassment efforts. Target-centric responses often feature multiple avenues that an individual experiencing harassment can use to receive information, support, or professional assistance, and receipt of those resources is not contingent upon filing a formal report (NASEM, 2018). Target-centric approaches in academic settings often feature channels outside of the usual workplace hierarchy (e.g., an ombudsman) or technologically innovative approaches such as confidential harassment documentation systems (Rajan et al., 2018).

- b. *Policies establishing infrastructure and procedures for addressing and adjudicating harassment claims. This includes adequate staffing to ensure that reports of harassment are processed and adjudicated promptly and according to the correct policies and procedures.*

NIH survey results indicated that **22 percent of respondents who reported harassment did not know if their supervisor talked to the perpetrator, 16 percent did not know if their complaint was investigated, and 20 percent did not know if the perpetrator was punished.** While much of that uncertainty may be attributed to legal confidentiality requirements of the adjudication process, procedures should be in place to process harassment claims promptly and equitably, including sustained follow-up with the targets of harassment as allowed by law. When systematically implemented, these policies communicate that harassment will not be tolerated and that harassment claims will be taken seriously.

- c. *Policies mandating deterrents for perpetrators, such as imposing penalties on perpetrators of harassment, to the extent permitted by law and consistent with agency authorities.*

When deterrent policies are implemented systematically across the organization, they can discourage perpetrators from engaging in harassing behavior in the future and protect NIH staff from being harassed (i.e., specific deterrence). When implemented with transparency, these policies can also have general deterrence effects, by reducing the likelihood that others will engage in harassing behaviors due to a widely held perception that perpetrators of such behaviors will be punished. Efforts to ensure transparency could include publicizing annual anonymized data or case studies on the intake and adjudication of harassment cases, to underscore that the Institution takes harassment claims seriously (*Steering Committee Recommendations 12 & 13*) (NASEM, 2019).

d. *Policies to prevent and address retaliation against individuals or bystanders reporting harassment.*

Fear of retaliation, sanctions, or punishment is one of the most substantial barriers to reporting harassment, both for individuals experiencing harassment and bystanders with the potential to intervene (NASEM, 2019). This finding is echoed in NIH survey findings. **Of respondents who did not talk about or report the sexual harassment experience that had the greatest effect on them, 65 percent were concerned their career would suffer, 30 percent were afraid to report the experience, and 27 percent were concerned that someone would try to hurt them to get back at them.** To combat this perception, anti-harassment policies should protect targets and bystanders in a sustained way by promptly addressing retaliation and providing long-term supports such as counseling and mental health resources (*Steering Committee Recommendation 3*).

e. *Policies rewarding action against harassment.*

The literature suggests that punitive actions to combat harassment, while necessary, may not be sufficient to foster an anti-harassment organizational climate (McCann, 2018). As such, it is important to develop an infrastructure for rewarding members of the workforce who engage in civil and professional behaviors, and those who actively combat harassment (Jayne & Dipboye, 2004). This could include incentivizing managers who prevent and triage harassment in their work units, or using performance reviews to reward and acknowledge individuals who consistently engage in cooperative, respectful behavior at work (*Steering Committee Recommendations 2 & 14*).

f. *Policies increasing the number of women at all levels of the Institution, but particularly in supervisory and leadership positions.*

The 2018 NASEM report describes the value of sufficient representation of women in preventing harassment—specifically, sexual harassment—in the academic science workplace. The presence of leaders whose identities overlap with populations vulnerable to harassment reduces the likelihood of sexual harassment occurring (Offermann & Malamut, 2002), particularly with regards to gender harassment, which is pervasive and frequently overlooked (Holland & Cortina, 2013). Leadership plays a crucial role in determining both the organizational culture and climate of an institution, through public statements, strategic priorities, leadership style, and personnel policies (Gelfand et al., 2007). Policies intended to increase the entry of women into the NIH scientific workforce and support women as they advance towards leadership roles are essential to disrupting traditional power structures that may perpetuate an environment that tolerates harassment.

g. *Policies guiding and enforcing equitable hiring and promotions to allow for a diverse workforce.*

[NIH's Office of Scientific Workforce Diversity](#) leverages an evidence-based approach to diversity policies, based on [five fundamental tenets](#): (1) expand scientific workforce diversity as a field of inquiry, (2) build and implement evidence related to diversity outcomes, (3) understand the role of sociocultural factors in biomedical recruitment and retention, (4) sustain nationwide workforce diversity with seamless career transitions, and (5) promote the value of scientific workforce diversity. These goals emphasize the importance of fostering a diverse workforce from training through professional advancement, to support underrepresented groups in the NIH workforce. Enhanced diversity at all levels of the organization has the potential to disrupt traditional power structures and combat unconscious biases that may lead to incivility, bullying, and harassment (Berdahl, 2007).

ANTI-HARASSMENT PRINCIPLES

The development of an effective, evidence-based anti-harassment intervention starts with identifying target audiences, the desired behaviors they should perform in order to prevent and address harassment, and any factors that may impact their likelihood of performing the desired behaviors. In an academic science workplace, audience groups have distinct roles and responsibilities, assume varying levels of power and control, and work under different expectations and/or social norms.

The Anti-Harassment Principles described in this section are grouped according to three audiences:

1. **Supervisors, managers, and/or points of contact** (collectively referred to as supervisors)
2. **Bystanders and confidantes**
3. **Individuals experiencing harassment**

AUDIENCE 1: SUPERVISORS, MANAGERS, AND POINTS OF CONTACT

In the 2018 National Academies of Sciences, Engineering, and Medicine report on sexual harassment of women in academic sciences, the study authors write, “...organizational cultures are not neutral; rather, they reflect the norms and values of those who are and have been in leadership roles in the organizations, and these norms influence the formal and informal structures, organizational strategy, human resource systems, and organizational climates” (NASEM, 2018). As such, any intervention intended to prevent and address harassment should target individuals in a leadership or supervisory role.

Most NIH trainings encourage individuals to talk to their supervisors as a first step in workplace issues, including harassment. Further, supervisors are the most common touchpoint an individual has with the organization, and they often shape the ways in which anti-harassment policies and procedures are disseminated, perceived, and enforced within work units (Buchanan et al., 2014). Since supervisors serve multiple roles by: (1) directly addressing and elevating harassment complaints, (2) influencing the organizational climate within their work unit, and (3) facilitating access to anti-harassment resources for other target audiences, they could be considered a **primary target audience**.

In an organization as large and varied as NIH, supervisor roles and responsibilities inevitably vary as well. For example, a principal investigator leading a lab in the NIH Intramural Research Program would be considered a supervisor if they are directing the work and professional development of one or more trainees, staff members, or junior researchers. A supervisor may also be an individual in a managerial role with an administrative or programmatic focus who is responsible for the work and professional development of one or more staff members. More detail on potential segmentation for this audience can be found below under *Additional Research*.

DESIRED BEHAVIOR #1: KEY BEHAVIORAL COMPONENTS:

Role Modeling Civility and Respect

- Demonstrating civility
- Demonstrating anti-harassment behaviors
- Consistently using an egalitarian, transformational approach to leadership

FACTORS INFLUENCING LIKELIHOOD OF ENGAGING IN BEHAVIOR:

Workplace “civility training” that focuses on promoting respect and civility in the workplace rather than just eliminating unwelcome or offensive behavior has the potential to prevent harassment (Feldblum & Lipnic, 2016). Among supervisors in particular, adopting behaviors that are consistent with respect and civility can set the tone for other individuals in the workplace, and provide cues for what is and is not tolerated

within the organization (NASEM, 2018). The literature suggests that behaviors such as gossip, mockery, or backbiting in a workplace setting—often referred to as negative talk—can establish permission structures for more serious bullying or harassment (Johnson, 2011), further providing a rationale for consistent and effective civility interventions.

Trainings that aim to build emotional intelligence (i.e., the ability to direct feelings in a beneficial way) also have the potential to prevent harassment and improve the workplace climate (McCann, 2018). Supervisors modeling emotionally intelligent responses, such as when triaging harassment claims, tend to influence the work unit environment and provide behavioral cues to their employees. Supervisor trainings developed with this goal in mind often feature target competencies such as increased empathy, intrapersonal and interpersonal skills, adaptability, and feeling and expressing positive feelings (McCann, 2018). Emotional intelligence training outcomes often include improvement in skills supporting collaboration, open communication, and transparency.

Leadership style is also a critical factor in establishing a respectful, professional environment. Specifically, the use of an egalitarian leadership style has been identified as a factor leading to lower levels of harassment in academic science settings (Nelson et al., 2017). This style is characterized by valuing all perspectives regardless of rank or hierarchy, maintaining approachability, dividing tasks and workload equally, being explicit about “having each other’s back,” and ensuring that all individuals in the work unit can participate (NASEM, 2018). Successful leaders also may adopt a transformational leadership style, which is characterized by inspiring members of the work unit to do more than they originally expected (Bass & Avolio, 1993). At NIH, relative to respondents not experiencing sexual harassment in the past 12 months, **respondents experiencing sexual harassment were more likely to say that their supervisor took into account the opinions of others only a little or not at all, and valued their work only a little or not at all.** Rewarding supervisors for maintaining an egalitarian, transformational leadership style not only establishes a civil, professional work environment, but also models positive behaviors for future supervisors within the institution, thus perpetuating an organizational culture of respect.

The *2019 NIH Workplace Climate and Harassment Survey* drew from the [NIH Conceptual Model of Harassment](#) and examined the relationship between perception of equity and harassment. Perception of equity refers to an individual’s perception that their supervisor is fair and values their work and opinions. **In the survey, a lower level of perceived equity was significantly associated with a higher likelihood of non-sexual harassment (e.g., bullying),** indicating that this factor may be a valuable target for harassment prevention.

WHERE ARE THEY NOW? BASELINE DATA FOR BEHAVIOR #1

In 2019, 28 percent of NIH survey respondents said that their supervisors served as an example of how to treat coworkers respectfully without harassment, while 35 percent of respondents experiencing sexual harassment in the past 12 months indicated that the perpetrator of the incident that had the greatest effect on them was their supervisor or manager.

Relative to those not experiencing sexual harassment in the past 12 months, NIH survey respondents experiencing sexual harassment were more likely to say that their supervisor was slightly or not fair.

DESIRED BEHAVIOR #2: KEY BEHAVIORAL COMPONENTS:
Perpetuating an Anti-Harassment
Organizational Climate

- Implementing equitable hiring and promotions to establish and sustain a diverse workforce
- Demonstrating intolerance for harassment by following through on punishments for perpetrators and preventing retaliation against bystanders or individuals reporting harassment
- Demonstrating value for employee well-being, rather than acting based on legal compliance alone
- Dedicating work unit time and resources for anti-harassment and civility training

FACTORS INFLUENCING LIKELIHOOD OF ENGAGING IN BEHAVIOR:

Certain factors may increase the likelihood of supervisors fostering an anti-harassment organizational climate in their work units. Supervisors who believe that diversity has value—both for individual well-being and for improving productivity, innovation, and organizational success—tend to foster an organizational environment that allows employees to bring their “true selves” to work (NASEM, 2018). This belief not only applies to diversity with regards to sociodemographic characteristics, but also diversity of experiences and perspectives. As well, interventions intended to reduce unconscious bias have the potential to improve the quality of the workplace environment and prevent harassment—particularly, sexual harassment. Unconscious bias interventions tend to focus on encouraging the exploration of differing opinions and points of view, and increasing supervisors’ ability to engage in gender equity-promoting behavior by increasing their personal awareness, motivation, perceived benefits, and self-efficacy (Carnes et al., 2015).

Finally, a technique referred to as role negotiation may be an effective way of increasing supervisors’ likelihood of perpetuating an anti-harassment climate. This technique clarifies expectations of supervisors and other individuals in the work unit by requiring each person to describe their own roles, as well as what they expect from the roles of others (Licata & Popovich, 1987). By using this technique in the context of an anti-harassment training, individuals can state their expectations of their supervisors (e.g., intervening when observing or hearing about situations of harassment or inappropriate behaviors), and supervisors can open channels of communication with their staff to ensure that the needs of the work unit are being met.

WHERE ARE THEY NOW? BASELINE DATA FOR BEHAVIOR #2

One-third of all survey respondents indicated that their supervisors encouraged them to take an anti-harassment training, while less than a quarter indicated that their supervisors provided information, work time, or a meeting related to the NIH anti-harassment policies and procedures.

DESIRED BEHAVIOR #3: KEY BEHAVIORAL COMPONENTS:

Triaging Harassment

- Acting as first point of organizational contact in cases of harassment, including:
 - Taking the complaint seriously
 - Avoiding blaming the individual discussing harassment
 - Showing empathy
 - Sharing target-centric options for addressing the claim
- Acting as a sustained point of organizational contact in cases of harassment, including checking in with individual experiencing harassment regarding long-term outcomes such as job satisfaction, health, and satisfaction with the organization's handling of their harassment complaint

FACTORS INFLUENCING LIKELIHOOD OF ENGAGING IN BEHAVIOR:

A key responsibility of individuals in supervisory roles is to triage harassment claims. Not only is a supervisor often the first organizational point of contact in a situation of harassment, but supervisors frequently set the tone for the ways in which claimants are treated throughout the reporting experience.

Certain factors may be associated with supervisors' increased likelihood of successfully triaging harassment. Self-efficacy refers to an individual's "belief in one's ability to perform a given behavior" (Bandura, 1977, 1986; McAlister, 2008). One evaluation indicated that individuals who participated in a team-based game and discussion reported increased self-efficacy to address the problem of sexist beliefs (Zawadzki et al., 2014). In addition, the use of observational learning, in which participants observe role modeled positive behaviors, may be a valuable training tool to improve supervisors' self-efficacy and likelihood of triaging harassment. In a recent study, students who observed a video in which peers role modeled an appropriate bystander intervention were more likely to intervene in situations of sexual harassment than their control group counterparts (Santacrose et al., 2019).

The actions and statements of individuals in leadership positions have a direct influence on an institution's organizational climate (Kozlowski & Doherty, 1989; Offermann & Malamut, 2002; Stamarski & Son Hing, 2015). Intentionally fostering a positive, active leadership style (or discouraging detrimental leadership styles) may improve supervisors' ability to triage harassment and support individuals experiencing harassment. Conversely, a passive leadership style may lead to ambient civility and/or hostility in the work unit, a failure to demonstrate value for employee wellbeing, and a lack of perceived support for individuals experiencing harassment (Bogler et al., 2013; Harold & Holtz, 2015). A passive leadership style is often characterized as the avoidance of action, being absent when needed by employees, failing to follow up, avoiding decision-making, and failing to respond to problems (Lee, 2018). Activities designed to identify and remediate this type of leadership style hold potential for improving supervisors' ability to effectively address harassment in their work units.

WHERE ARE THEY NOW? BASELINE DATA FOR BEHAVIOR #3

Of NIH survey respondents whose supervisors had observed harassment in the work unit, 57 percent indicated that their supervisor responded appropriately to a report of harassment in their work unit.

Of respondents who talked about or reported the sexual harassment experience that had the greatest effect on them, only 24 percent did so with their NIH supervisor, point of contact, or manager.

Of respondents who talked about or reported the experience to their supervisor:

- **34 percent felt that their supervisor did not take the complaint seriously.**
- **17 percent were told by their supervisor to drop the complaint.**
- **13 percent were told by their supervisor that they were partly responsible for the incident.**

SUPERVISORS: ADDITIONAL RESEARCH

There may be crucial differences within the supervisor target audience group that may influence individuals' likelihood of addressing harassment according to the desired behaviors described above. It is possible that power dynamics, degree of dependency, and nature of the professional relationship between supervisors and their employees may dictate individuals' desire or ability to perform anti-harassment behaviors.

One such subgroup of the target audience could be supervisors who are charged with overseeing other staff members in NIH office facilities (referred to here as staff supervisors), wherein their supervisees are not dependent on them for employment. Conversely, another subgroup may be supervisors who are charged with overseeing trainees, fellows, and junior researchers, wherein the employment and funding status of their supervisees is controlled by their supervisor. NIH survey findings suggest that this hypothesized segmentation may be a factor: **24 percent of intramural respondents (those indicating they were part of the NIH Intramural Research Program) experienced sexual harassment in the past 12 months, compared with 20 percent of non-intramural respondents.** Intramural supervisors may have a greater degree of control over their supervisee's employment relative to staff supervisors, who generally oversee individuals or trainees who are not dependent on their supervisor for employment.

This segmentation hypothesis could be validated with additional research, such as in-depth interviews with subject matter experts (e.g., NIH Anti-Harassment Steering Committee members or administrators in the Intramural Research Program). The interviews could be framed around the following research questions, which indicate areas of focus rather than actual instrument items:

1. *How do staff supervisors versus intramural supervisors differ in their daily interactions with their supervisees, particularly those in trainee positions?*
2. *How might enablers/predictors of the desired behaviors differ between staff and intramural supervisors?*
3. *How might barriers to the desired behaviors differ between staff and intramural supervisors?*
4. *What additional factors might underlie the distinction between staff and intramural supervisors, for example, payment/funding structure, Performance Management Appraisal Program (PMAP) elements and other evaluation systems, mechanisms of feedback?*

SUPERVISORS: ANTI-HARASSMENT PRINCIPLES

Below are recommendations related to supervisors, managers, or points of contact at NIH:

1. Supervisors, including managers and NIH points of contact, may be considered a **primary target audience** for addressing and preventing harassment.
2. NIH could conduct additional formative research activities as described under *Additional Research*, to gain deeper insight into supervisor audience segmentation and how differences between supervisor groups may influence their likelihood of performing desired anti-harassment behaviors.
3. **Supervisor trainings** could:
 - Promote civility and emotional intelligence, resulting in improved skills related to collaboration, open communication, and transparency in the work unit (*Steering Committee Recommendation 10*).
 - Address unconscious bias that may influence employee perceptions that a supervisor is not fair or does not make equitable decisions (*Steering Committee Recommendation 9*).
 - Be interactive, preferably *more than once per year*, and could allow supervisors to practice skills and receive feedback via behavioral repetition (e.g., interactive videos).
4. Evidence suggests that **small group and/or in-person trainings** are frequently more effective at changing perceptions, beliefs, and behavior related to harassment, particularly when they employ observational learning methodologies. However, this approach may not be feasible to implement for all individuals in a supervisory role at a large agency like NIH. As such, NIH may consider identifying **cornerstone supervisors** to participate in virtual or in-person small group sessions about triaging harassment and supporting targets of harassment. Cornerstone supervisors could be individuals who manage larger work units, supervise high volumes of individuals at higher risk for experiencing harassment in the NIH workplace (e.g., trainees, junior staff), or have expressed interest in being an anti-harassment advocate in their work unit. Anti-harassment training sessions with cornerstone supervisors could have the following aims:
 - Describe and clarify the intended role of supervisors in observing or hearing about harassment; in particular, their legal and moral responsibilities as leaders (*Steering Committee Recommendation 1*).
 - Show videos or use role-playing to model situations in which supervisors may need to triage harassment.
 - Allow supervisors to rehearse and receive feedback on intervening when observing incivility and harassment in their work unit, receiving reports of harassment from targets, elevating harassment claims to NIH channels, and following up on harassment claims (*Steering Committee Recommendation 11*).
5. NIH could continue to develop infrastructure that **rewards positive leadership styles** and incentivizes supervisors whose actions lead to positive organizational change. Regular supervisor assessments may be incorporated as elements of PMAP to evaluate and incentivize egalitarian, transformational leadership (*Steering Committee Recommendation 2*).

AUDIENCE 2: BYSTANDERS AND CONFIDANTES

Of NIH survey respondents who talked about or reported the sexual harassment experience that had the greatest effect on them, 62 percent talked about the incident with a coworker. These results indicate that anti-harassment interventions could target individuals witnessing or hearing from coworkers about incidents about harassment—referred to as bystanders and confidantes, respectively. The focus on bystanders and confidantes as a **primary target audience** is echoed in the published literature, which identifies observers of sexual harassment as an essential component of curtailing workplace discrimination (Benavides-Espinoza & Cunningham, 2010; Feldblum & Lipnic, 2016).

These individuals may have a dual role in preventing and addressing harassment in the workplace. First, bystanders or confidantes may confront a perpetrator or report an incident of harassment in a situation where the individual experiencing harassment may not feel prepared or comfortable to do so due to power dynamics or concerns regarding retaliation. Second, bystanders or confidantes may empower individuals experiencing harassment to talk about or report the experience themselves. They may do this by having constructive conversations, providing social and emotional support, sharing resources and information (e.g., how to contact the NIH Ombudsman for confidential support), and fostering a supportive workplace environment.

As with the supervisor audience, bystanders and confidantes can take many forms within an organization as large as NIH. An employee whose coworker from a different work unit confides in them about racial discrimination they experienced at a work social event could be considered a confidante. A trainee whose colleague confides in them regarding sexist or degrading comments they have heard from their supervisor would also be considered a confidante. Likewise, an individual witnessing gender harassment in a work unit meeting would be considered a bystander, as would an individual overhearing a conversation in the work unit in which their coworker was the target of unwanted sexual attention.

DESIRED BEHAVIOR #1: KEY BEHAVIORAL COMPONENTS:

- Intervening in Harassment***
- Taking the following steps for effective bystander intervention (Holland et al., 2016):
 - Notice the event
 - Interpret it as problematic
 - Assume personal responsibility for intervening
 - Decide how to intervene
 - Act on that decision

FACTORS INFLUENCING LIKELIHOOD OF ENGAGING IN BEHAVIOR:

Effective bystander behavior involves noticing harassment, interpreting it as problematic, assuming personal responsibility for intervening, deciding the best way to intervene, and acting on that decision (Holland et al., 2016). Successful bystander training models often employ messaging that creates a sense of responsibility in the bystander to intervene, rather than simply stand by (Feldblum & Lipnic, 2016). A bystander may be more likely to assume responsibility for intervening when witnessing harassment if they identify in some way with the individual experiencing harassment (McDonald et al., 2016). In the case of unconscious bias in the workplace, trainings designed to equip bystanders with the skills and motivation to identify incidents can “interrupt” bias and enact a positive shift in the organizational climate (Williams, 2019).

Improved self-efficacy, a factor which has frequently been the target of team-based games and group-based trainings (Zawadzki et al., 2014), may increase an individual’s likelihood of identifying harassment and intervening. Correctly identifying harassment when it is occurring in the workplace is a crucial

component of bystander education. **At NIH, 78 percent of respondents did not talk about or report their harassment experience because they didn't think it was serious enough to report**, suggesting that there is value in improving individuals' ability to correctly identify reportable offences and decide on the best course of action (*Steering Committee Recommendation 6*).

Researchers have identified a training model called [Behavior Modeling Training \(BMT\)](#) as a promising method of improving bystanders' intervention skills and self-efficacy (Goldstein & Sorcher, 1974). As part of this training approach, participants observe modeled bystander behaviors, such as identifying harassment in their work unit, and then practice and rehearse those behaviors to improve their knowledge, skills, and behavioral outcomes. Generally, BMT is more effective at sustaining behavioral change when (Taylor et al., 2005):

- Both positive and negative behavioral models are presented as part of the training.
- Trainees are given the opportunity to generate their own scenarios for modeling behavior.
- Trainees' supervisors are also trained.
- Trainees' work environments are designed to reward positive bystander activity and sanction negative behaviors.

Finally, messages regarding the value of reporting harassment action—specifically, that it is honorable and courageous—may increase bystanders' likelihood of intervening (NASEM, 2018; Smith & Freyd, 2014).

WHERE ARE THEY NOW? BASELINE DATA FOR BEHAVIOR #1

Bystander behavior was outside the scope of the *2019 Workplace Climate and Harassment Survey*. Thus, no baseline data is available to characterize the extent to which NIH individuals are engaging in positive bystander behavior when observing harassment in the workplace. However, *Additional Research* describes potential approaches and research questions to gain insights on this topic.

DESIRED BEHAVIOR #2: KEY BEHAVIORAL COMPONENTS:

Facilitating Discussions About Harassment

- Participating in supportive conversations when hearing a claim of harassment from a peer
- Encouraging individuals experiencing harassment to talk about or report the incident
- Following up with the individual after hearing a claim of harassment

FACTORS INFLUENCING LIKELIHOOD OF ENGAGING IN BEHAVIOR:

While evidence on the drivers of confidante behavior is sparse, literature regarding workplace social support provides general insights. Broadly, social support is defined as the actions of others in the workplace that are helpful or intended to be helpful (Deelstra et al., 2003); this factor may be a crucial predictor of outcomes such as job satisfaction and retention. Social support has been found to mitigate the negative effects of harassment—in one study, the association between bullying and level of distress was stronger for individuals with low and medium levels of social support, relative to those with high levels of social support (Nielsen & Einarsen, 2018). From a prevention perspective, workplace social support may also decrease the likelihood of individuals experiencing harassment (Stainback, 2011).

Findings from the NIH survey suggest that perceived or actual social support from coworkers influences an individual's likelihood of talking about or reporting harassment, as well as their workplace experiences following the incident(s). **Of survey respondents who did *not* talk about or report the sexual harassment experience that had the greatest effect on them, 38 percent did not do so because they were concerned that coworkers would be angry with them. Some frequently cited outcomes**

following the sexual harassment experience were no longer feeling a part of the work unit (52 percent), experiencing their coworkers gossiping about them in an unkind way (43 percent), or being slighted, ignored, or ridiculed by others at work (39 percent).

In general, certain types of social support are more closely associated with job satisfaction or retention, both outcomes that are crucially important to the well-being and productivity of the academic scientific workforce. Specifically, career mentoring is associated with increased job satisfaction, while coaching (i.e., teaching about organizational rules, politics, etc.) is associated with increased job retention (Harris et al., 2007). Task support (i.e., sharing work responsibilities or ideas) is associated with both retention and satisfaction (Harris et al., 2007).

WHERE ARE THEY NOW? BASELINE DATA FOR BEHAVIOR #2

Of respondents who talked about or reported the sexual harassment experience that had the greatest effect on them, 62 percent talked about the incident with a coworker. Of those respondents, 18 percent felt that their coworker did not take the complaint seriously, 11 percent were told by coworkers to drop the complaint, and 4 percent were told by coworkers that they were partly responsible for the incident.

BYSTANDERS & CONFIDANTES: ADDITIONAL RESEARCH

Although the extant literature describes individual and behavioral drivers of being an effective bystander, this topic was largely outside the scope of the *2019 NIH Workplace Climate and Harassment Survey*. Future research may serve to elucidate the unique experience of intervening as a bystander in various work unit settings across NIH.

It is likely that NIH bystander behavior is influenced by factors such as workplace power dynamics (e.g., if an individual is dependent on their supervisor for funding and/or continued employment) and the perceived cost of reporting in the context of their NIH ICO (e.g., perceptions based on past reporting experiences or high-profile harassment cases). These hypothesized drivers could be validated using qualitative research methods such as a series of focus groups with members of the NIH workforce. The focus groups could be framed around the following research questions, which indicate areas of focus rather than actual instrument items:

1. *What factors (e.g., knowledge, beliefs) might increase or decrease a bystander's likelihood of intervening in harassment?*
2. *What barriers do bystanders currently perceive at NIH that may inhibit their likelihood of intervening when witnessing harassment?*
3. *How might these drivers/barriers to intervening in harassment differ by group characteristics (e.g., by gender, seniority, supervisor dependence, ICO, or past experiences of harassment)?*

As noted above, evidence for the drivers of being an effective confidante is limited, although NIH survey findings and the social support literature suggest that it could be a valuable behavior in both preventing and addressing harassment. Future research could include key informant interviews with members of the workforce, to better understand crucial factors involved in an effective conversation (or an "informal report") of harassment. The interviews could be framed around the following research questions, which indicate areas of focus rather than actual instrument items:

1. *What factors (e.g., knowledge, beliefs) might increase or decrease a confidante's likelihood of engaging in an effective conversation about harassment?*
2. *What are key positive characteristics of an effective conversation between an individual experiencing harassment and their confidante?*

3. *What are potential negative characteristics (things to avoid) during a conversation between an individual experiencing harassment and their confidante?*
4. *In what ways can a confidante show short-term support to an individual experiencing harassment (e.g., sharing resources about reporting harassment)?*
5. *In what ways can a confidante show long-term support to an individual experiencing harassment (e.g., initiating conversations about job satisfaction, experiences of retaliation)?*

BYSTANDERS & CONFIDANTES: ANTI-HARASSMENT PRINCIPLES

Below are recommendations related to bystanders and confidantes at NIH:

1. Individuals witnessing or observing harassment (bystanders) and individuals hearing about incidents of harassment from others (confidantes), may be considered a **primary target audience** for addressing and preventing harassment.
2. NIH could conduct additional formative research activities as described under *Additional Research*, to gain deeper insights into bystander and confidante audience segmentation, how differences between groups may influence their likelihood of performing desired anti-harassment behaviors, and the ways in which positive confidante behaviors may be effectively modeled. Since evidence regarding effective confidante behaviors is sparse, NIH may consider **developing expert guidance** in this area to inform training and communication activities.
3. Communications and messaging related to bystanders could **emphasize the following themes**:
 - All members of the workforce have a responsibility to act as a bystander and intervene when observing harassment.
 - Reporting harassment is a courageous act and is the right thing to do.
 - NIH will not tolerate retaliation against bystanders reporting harassment, regardless of the outcome of that claim.
4. **Bystander training** is a current component of mandatory NIH workforce training. The current training could be continued (*Steering Committee Recommendation 7*), and evaluated through the lens of BMT best practices, including:
 - Presenting both positive and negative behavioral models as part of the training.
 - Giving trainees the opportunity to generate their own scenarios for practicing behavior through interactive videos, virtual discussion or message boards with other trainees, and training follow-up opportunities.
 - Improving trainees' ability to correctly identify reportable offenses (*Steering Committee Recommendation 6*).
5. NIH may continue to develop infrastructure that **rewards (and does not penalize) effective bystander behavior** and incentivizes individuals who provide social support and foster positive organizational change (*Steering Committee Recommendation 14*). These reward structures may be built into employee performance reviews alongside more traditional individual-level performance metrics and workplace outputs.

AUDIENCE 3: INDIVIDUALS EXPERIENCING HARASSMENT

Targets of harassment have traditionally been the focus of workplace anti-harassment interventions, with limited success (Feldblum & Lipnic, 2016). Organizational efforts to combat harassment—specifically, sexual harassment—that exclusively rely on behavior change in this audience have largely been found to be ineffective (Bowes-Sperry & O’Leary-Kelly, 2005). Harassment reporting as a standalone intervention often results in negative retaliation experiences for the individual experiencing harassment and does little to address the ambient tolerance of harassment embedded within the workplace climate (Bowes-Sperry & O’Leary-Kelly, 2005).

The behavior of individuals experiencing is strongly influenced by the organizational climate in which they work, their interpersonal interactions with supervisors and colleagues, and the policies and procedures in place to support them. For this reason, individuals experiencing harassment within NIH workplaces could be considered a **secondary target audience**. **At NIH, one in five survey respondents experienced sexual harassment in the past 12 months.** These individuals may be encouraged to talk about and/or formally report harassment when it occurs in the workplace, so that appropriate mechanisms of recourse and discipline can be employed.

DESIRED BEHAVIOR:

Talking About or Reporting Experiences of Harassment

KEY BEHAVIORAL COMPONENTS:

- Confiding in a trusted peer or NIH channel where reporting is not required (e.g., Ombudsman) about a harassment experience
- Reporting a harassment experience to the appropriate NIH channel following an incident

FACTORS INFLUENCING LIKELIHOOD OF ENGAGING IN BEHAVIOR:

According to the literature, individuals of certain demographic groups are more likely to make formal reports of harassment in the workplace. These include women, younger individuals, and individuals with less workplace power and/or lower occupational status (Cortina & Berdahl, 2008; Cortina & Wasti, 2005). Findings from the NIH survey suggest that these characteristics overlap with groups who are more likely to experience sexual harassment. **At NIH, groups who are particularly vulnerable to harassment include women, sexual and gender minorities, younger individuals, trainees (including students and fellows), and individuals with disabilities.**

A key barrier to an individual making a report of harassment is the perception that an organization tolerates sexual harassment. This type of organizational climate is perpetuated when behavior by leadership, supervisors, and colleagues indicates that harassment complaints will not be taken seriously, or that retaliation against individuals experiencing harassment is likely (Fitzgerald et al., 1997; NASEM, 2018; Offermann & Malamut, 2002). **At NIH, survey respondents who indicated that NIH was unlikely to intervene in harassment were more likely to have experienced sexual harassment in the past 12 months,** underscoring the connection between organizational climate and harassment.

A permissive organizational climate communicates that harassment complaints may not only result in negative personal or professional repercussions for individuals, but will also do very little to effect change for others experiencing harassment in the workplace. To foster an anti-harassment organizational climate, members of the work unit should have “a firm belief that they can produce valued effects by their collective action” (Bandura, 1997). This component of social cognitive theory—known as collective efficacy—posits that behaviors are not only driven by individual-level factors (e.g., self-efficacy or knowledge) but also group attributes such as collective voice and a belief that organizational change is

possible (Bandura, 1993, 2000). Target-centric messaging emphasizing that talking about and reporting harassment has the power to shift the organizational climate may hold promise.

WHERE ARE THEY NOW? BASELINE DATA FOR BEHAVIOR #1

More than half of NIH survey respondents did not talk about the sexual harassment experience that had the greatest effect on them with anyone. Of those who did talk about the experience, 62 percent did so with a coworker. Only 14 percent did so with someone at a dedicated NIH channel (e.g., CIVIL program, NIH Ombudsman).

INDIVIDUALS EXPERIENCING HARASSMENT: ADDITIONAL RESEARCH

The *2019 NIH Workplace Climate and Harassment Survey* served as a valuable needs assessment of individuals experiencing harassment at NIH, by assessing vulnerable groups, the landscape of harassment, drivers and barriers to reporting, and the organizational climate antecedents of harassment. Survey respondents had a relatively high level of familiarity with NIH anti-harassment resources: **58 percent of respondents reported understanding extremely or very well how an individual could get help if they experienced harassment at NIH.** However, survey findings also indicated that **more than half of individuals experiencing harassment in the past 12 months did not talk about or report the incident with anyone, and many of those who did talk about it chose to do so with a coworker instead of an NIH channel.** Taken together, these results suggest that lack of awareness does not fully explain why an individual experiencing harassment may not talk about or report it to NIH.

Observations from the survey may be contextualized with qualitative research focusing on the NIH community's awareness and perceptions of channels such as the [NIH Employee Assistance Program](#) or the [Office of the Ombudsman](#), which provide support and confidential guidance for individuals experiencing harassment. Focus groups with members of the workforce would elucidate how these resources are perceived and accessed within the organization. If NIH channels are seen as useful and effective at addressing harassment-related issues, they serve as signals to the NIH community that harassment will not be tolerated. Focus groups could be framed around the following research questions, which indicate areas of focus rather than actual instrument items:

1. *What NIH groups (e.g., by demographics, professional experience, or NIH ICO) might be more likely than others to talk to a confidante about harassment instead of filing a formal claim?*
2. *What characteristics of the harassment experience (e.g., perpetrator characteristics and harassment type) might make individuals more likely to talk to a confidante about harassment instead of filing a formal claim?*
3. *How might behavioral enablers/drivers (e.g., perceptions, beliefs) differ between individuals talking to a confidante about harassment versus filing a formal claim?*
4. *What do members of the NIH workforce currently know about target-centric harassment support systems already in place at NIH (i.e., the NIH Employee Assistant Program and the Office of the Ombudsman)?*
5. *How are these harassment support systems perceived by members of the NIH workforce?*
6. *What are some barriers that might prevent members of the workforce from using these harassment support systems (e.g., stigma, concerns about confidentiality)?*
7. *What enablers/drivers (e.g., knowledge, beliefs) about these harassment support systems may increase individuals' likelihood of using them?*

INDIVIDUALS EXPERIENCING HARASSMENT: ANTI-HARASSMENT PRINCIPLES

1. The behavior and experiences of individuals experiencing harassment may be substantially influenced by the other audiences identified in this document—specifically, supervisors, bystanders, and confidantes in the work unit who provide support and influence the organizational climate in which they operate. For this reason, although individuals experiencing harassment remain essential to any anti-harassment activity, they could be considered a **secondary target audience group**.
2. NIH could conduct **additional formative research activities** as described under *Additional Research*, to gain deeper insights into drivers of and barriers to reporting versus talking about harassment, as well as workforce awareness and perceptions of harassment support channels.
3. Current anti-harassment activities designed to improve knowledge and perceptions of reporting harassment at NIH among individuals experiencing harassment could continue, in addition to other anti-harassment measures identified in this document and by the NIH Anti-Harassment Steering Committee.
4. **Action plans** may be put in place to support the needs of groups who may be most vulnerable to harassment, as identified by NIH survey results. According to the Anti-Harassment Steering Committee, this approach may entail the following:
 - *Trainee Action Plan (Steering Committee Recommendations 15-18)*: (1) Coordinated employment start dates; (2) Mandatory orientation training featuring anti-harassment and relationship policies, reporting procedures, and NIH's policies to prevent and address harassment and inappropriate conduct; (3) Special emphasis on trainees in non-NIH campus locations.
 - *Sexual and Gender Minorities Action Plan (Steering Committee Recommendations 19-23)*: (1) Require **Safe Zone** and bystander training for the entire workforce; (2) Collect demographic data on individuals reporting harassment for improved evaluation of current interventions; (3) Engage NIH Employee Resource Groups (voluntary groups led by individuals that are formed around common interests, also known as NIH Affinity Groups); (4) Conduct an annual symposium on workplace incivility and vulnerable groups.
5. Communication and messaging related to individuals experiencing harassment could **emphasize the following themes**:
 - NIH's primary goal is to ensure that targets of harassment receive support; as such, individuals are encouraged to choose among talking about harassment with a trusted confidante, supervisor, or the NIH Ombudsman, or making a formal report through other dedicated channels.
 - Reporting harassment has *value*, has an *impact*, and makes a *difference*.
6. Groups most vulnerable to harassment, as identified by the NIH survey, have widely varied needs and experiences. When designing communication and interventions for these groups, NIH could consider **championing diverse voices** by ensuring representation of sexual and gender minorities, trainees, and individuals with disabilities on the Anti-Harassment Steering Committee (*Steering Committee Recommendation 21*).

EVALUATING THE ANTI-HARASSMENT PRINCIPLES

Evidence-based practice is the foundation of NIH's biomedical research mandate; as such, those tenets should be applied to the design and implementation of interventions to combat harassment. While there is substantial observational literature on the topic, limited evaluative literature is available for the types of intervention strategies employed by NIH and described throughout this document (Feldblum & Lipnic, 2016). In particular, evidence for the effectiveness and safety of anti-harassment trainings is sparse. NIH has an opportunity to employ a data-driven approach to its anti-harassment programming using the following four steps:

1. **Identifying** intervention approaches based on the published literature in the *2019 Workplace Climate and Harassment Survey*, and the *NIH Anti-Harassment Principles*, and selecting valid outcome measures to assess their effectiveness.
2. **Implementing** intervention approaches and using process evaluation techniques to ensure that intervention components are reaching the target audiences with the right messages at the right time.
3. **Evaluating** those approaches systematically using rigorous scientific methods. Methods should be identified according to the intervention type and outcomes measure(s), but may include:
 - Experimental manipulation of different intervention components (e.g., A/B testing of key messages or communications materials).
 - Pre- and post-surveys of members of the workforce to assess changes in short-term outcomes (e.g., beliefs, perceptions, or self-efficacy) or long-term outcomes (e.g., incidence of sexual harassment, incidence of bystander intervention).
 - Pre- and post-analysis of institutional harassment claims data to assess long-term impacts (e.g., occurrence of harassment reports, claim adjudication outcomes).
4. **Optimizing** and improving those approaches based on evaluation findings and expert guidance.

These four steps—often referred to as a Plan-Do-Study-Act Cycle³—would allow NIH to effectively address and prevent harassment in a resource-efficient way. A cycled approach would also set a precedent for other scientific institutions to rigorously and dynamically evaluate their own anti-harassment intervention activities.

A number of NIH Offices currently offer support to individuals experiencing harassment, including: the [Office of Equity, Diversity, and Inclusion](#); the [NIH Civil Program](#) in the [Office of Human Resources](#); the [Office of the Ombudsman](#); and the [Employee Assistance Program](#). As noted previously, behavior change among target audience groups is not only driven by individuals, but is also contingent on a foundation of effective policies and procedures. As such, the cycled evaluative technique described above may be applied to programs within NIH Offices to ensure that they are supporting every member of the workforce and fostering an anti-harassment organizational climate. Examples of additional research that may elucidate the role and effectiveness of Office activities include:

- **Qualitative research (e.g., focus groups or interviews)** conducted with members of the workforce, including targets of harassment, supervisors, and leaders, to identify levels of awareness, beliefs, and perceptions related to Office programs and activities. This research may

³ An explanation and example applications of the Plan-Do-Study-Act Cycle have been described by the Agency for Healthcare Research and Quality (accessed July 31, 2020): <https://www.ahrq.gov/cahps/quality-improvement/improvement-guide/4-approach-qj-process/index.html>

also identify *differentiators* between programs from the perspective of their end-users (e.g., why an individual may choose one over another), which could provide an evidence base for future communications and outreach.

- Confidential **satisfaction surveys** conducted with individuals who have recently contacted the Offices, to assess their experiences with talking about or reporting harassment, and identify opportunities for improvement.
- **User experience or heuristic evaluation** of online Office resources, to assess if there are functional barriers to individuals receiving help and support from NIH Office websites.

SUMMARY OF ANTI-HARASSMENT PRINCIPLES

The NIH survey serves as a valuable needs assessment of the NIH scientific workforce's experiences with harassment and potential opportunities for intervention. As described under *Assumptions* and summarized in [Figure 1](#), harassment does not happen in a vacuum. Instead, it occurs within the context of Institutional policies and procedures, as well as the shared organizational perceptions of those policies and procedures. Encompassed within these environmental factors are interpersonal dynamics that determine an individual's experiences with harassment—interactions with supervisors, support and intervention from bystanders, and advice and information from trusted confidantes. Intervening among those target audience groups has the potential to increase their likelihood of performing key anti-harassment behaviors. [Table 1](#) summarizes drivers of these behaviors, as well the types of additional research that may be needed to expand our understanding of the target audience group.

The findings of the *2019 NIH Workplace Climate and Harassment Survey* described in this document demonstrate the value of NIH's data-driven approach to combatting workplace harassment and its detrimental effects on the scientific workforce and organization as a whole.

FIGURE 1. ANTI-HARASSMENT PRINCIPLES ECOLOGICAL LANDSCAPE

Policies

1. Establishing infrastructure and procedures for individuals to talk about (informally) and report (formally) claims of harassment
2. Establishing infrastructure and procedures for addressing and adjudicating harassment claims
3. Mandating deterrents for perpetrators
4. Preventing and addressing retaliation against individuals or bystanders reporting harassment
5. Rewarding action against harassment
6. Increasing the number of women at all levels of the Institution, but particularly in supervisory and leadership positions
7. Guiding and enforcing equitable hiring and promotions to allow for a diverse workforce

Workplace climate

1. Perception that the Institution or its representatives will intervene on behalf of its workforce
2. Perception that the Institution or its representatives treats its workforce fairly and values its contributions
3. Perception that harassment will not be tolerated

Supervisors, managers, or NIH points of contact
Bystanders and confidantes

Individuals experiencing harassment

TABLE 1. SUMMARY OF BEHAVIORAL DRIVERS FOR ANTI-HARASSMENT PRINCIPLES TARGET AUDIENCES

	Supervisors Primary Target Audience	Bystanders and Confidantes Primary Target Audience	Individuals Experiencing Harassment Secondary Target Audience
Drivers of Desired Behaviors	<p>(1) <i>Role modeling civility and respect</i></p> <ul style="list-style-type: none"> Civility training Discouraging negative talk Improved emotional intelligence, including: <ul style="list-style-type: none"> Increased empathy Intra/interpersonal skills Adaptability Expressing positive feelings Egalitarian, transformational leadership style Improved perception of equity (fairness towards all members of the work unit, value for work and opinions) <p>(2) <i>Perpetuating an anti-harassment organizational climate</i></p> <ul style="list-style-type: none"> Belief that diversity has value Decreased unconscious bias Role negotiation to clarify workplace responsibilities and expectations <p>(3) <i>Triaging harassment</i></p> <ul style="list-style-type: none"> Self-efficacy to identify and intervene in harassment Observational learning opportunities Active leadership style; specifically, taking initiative, following up, making decisions, being present, and responding to problems 	<p>(1) <i>Intervening in harassment:</i></p> <ul style="list-style-type: none"> A sense of responsibility to intervene Identification with the target of harassment Self-efficacy to identify and intervene in harassment Behavior Modeling Training opportunities, particularly those that: <ul style="list-style-type: none"> Feature both positive and negative behavioral models Allow trainees the opportunity to create their own scenarios Train supervisors as well Occur in workplaces where bystander intervention is rewarded, and perpetrator sanctions are in enacted Messaging that emphasizes that bystander intervention is valuable, honorable, and courageous <p>(2) <i>Facilitating discussions about harassment</i></p> <ul style="list-style-type: none"> Providing workplace social support, including: <ul style="list-style-type: none"> Career mentoring Coaching Task support 	<p>(1) <i>Talking about or reporting experiences of harassment</i></p> <ul style="list-style-type: none"> Demographic and work characteristics may influence likelihood of talking about or reporting harassment Perception of support from the Institution, and from those who represent the Institution, as demonstrated by: <ul style="list-style-type: none"> Perception that the Institution and/or its representatives will take claims of harassment seriously Perception that the Institution and/or its representatives will intervene in cases of harassment Perception that the Institution and/or its representatives will prevent retaliation against individuals making a claim of harassment Collective efficacy, or the belief that one’s actions (or a group’s actions) can effect a desired change
Additional Research Opportunities	<p>Leverage qualitative research methodologies to better understand audience segmentation. For example, assess hypothesized differences in behavioral drivers between staff and intramural supervisors.</p>	<p>Leverage qualitative research methodologies to gain deeper insights into behavioral drivers among bystanders, and the effects of bystander characteristics (e.g., demographics, seniority) on behavior. Conduct formative research among members of the workforce regarding confidante best practices and behavioral drivers.</p>	<p>Leverage qualitative and quantitative research methodologies (e.g., future survey administrations) to assess if behavioral drivers differ between individuals talking about versus reporting harassment, and awareness and perception of current NIH harassment support.</p>

APPENDIX A. REFERENCES

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APPENDIX B. ANTI-HARASSMENT STEERING COMMITTEE RECOMMENDATIONS

The following recommendations were developed by the NIH Anti-Harassment Steering Committee and presented at the 119th Meeting of the NIH Advisory Committee to the Director, which took place on December 12, 2019. These recommendations are referenced throughout the AHP document, in the context of the published literature and findings from the *2019 NIH Workplace Climate and Harassment Survey*. The full presentation can be found [here](#).

2019 ANTI-HARASSMENT STEERING COMMITTEE RECOMMENDATIONS:

Leadership:

1. Educate leadership so that they are very clear on their legal and moral responsibilities as leaders.
2. Establish PMAP element for all supervisors to ensure they uphold the Anti-Harassment program and policies.
3. Hold leaders accountable for ensuring that reporters are not punished for reporting.
4. Hold leaders accountable for protecting the people they are leading.
5. Under no circumstances should leaders be protecting the harasser (regardless of the harassers' status).

Supervisors and Staff:

6. Educate NIH community regarding what constitutes a reportable offense.
7. Implement witness/bystander training so that more people know that they can report something they witnessed or were told.
8. Dispel concerns that career might suffer.
9. Address concerns that supervisors contribute to the perception that they are not being responsive, supportive, or equitable.
10. Enhance communication about civility and harassment.
11. Provide training and resources on how to treat someone who has experienced or reported harassment.

Policy:

12. Publicize annual anonymized data on intake and adjudication of cases.
13. Publicize anonymized case studies that highlight not only the outcome, but the entirety of the process so that the NIH community understands there is due process and complaints are handled in a very thorough and serious manner.
14. Identify and implement appropriate incentives and acknowledgements to promote progress and to avoid an overemphasis on sanctions that can deter communication.

Trainee Action Plan:

15. Coordinate start dates and mandatory centralized orientations.
16. Continue current program of mandatory training for all trainees (launched December 2019):
 - a. Anti-harassment and relationship policies
 - b. Emphasis on trainee rights and the reporting procedures
 - c. Protecting young scientists and their career trajectories is NIH priority
17. Prioritize education on keeping everyone safe on campus.
 - d. Process for reporting harassment and other behaviors.
18. Emphasize support for trainees at non-main campus locations:
 - e. Shady Grove, Twinbrook, Frederick, Baltimore, NIEHS, RML, etc.

Sexual and Gender Minorities Action Plan:

19. Mandate witness/bystander and Safe Zone training for all members of the NIH workforce.
20. Collect demographic data, including sexual orientation and gender identity, on individuals who report harassment.
21. Ensure representation of vulnerable groups on the Anti-Harassment Steering Committee (Trainee, LGBT, Disabled).
22. Plan and host an annual research symposium on science of workplace incivility.
23. Engage NIH Employee Resource Groups meaningfully to:
 - a. Demonstrate support for identified vulnerable communities.
 - b. Gather input on potential interventions/initiatives focused on eliminating harassment of specific populations.