

# Reporting of Sexual Harassment: A Cross-Sectional Cohort Study Among US Interns



J Gen Intern Med 41(7):2029–32  
DOI: 10.1007/s11606-025-10125-4  
© The Author(s), under exclusive licence to Society of General Internal Medicine 2026

Sexual harassment is commonly experienced by physicians but remains significantly underreported.<sup>1–3</sup> Reporting of sexual harassment may be influenced by perpetrator and victim identity, ease of reporting, and institutional policies.<sup>4,5</sup> We examined reporting of sexual harassment among first-year resident physicians (interns), stratified by gender and perpetrator identity.

## METHODS

We analyzed data from the 2022 and 2023 cohorts of the Intern Health Study, a longitudinal cohort study in the U.S.A. Participants completed a baseline survey 2 months prior to starting their internship and a follow-up survey at the end of the intern year, which included the 19-item Sexual Experiences Questionnaire-Shortened (SEQ-S), a validated, behavior-based instrument assessing three types of sexual harassment: gender harassment, unwanted sexual attention, and sexual coercion.<sup>6</sup> We defined sexual harassment as endorsing at least one SEQ-S item.<sup>2,7</sup> For each endorsed item, participants reported all perpetrators, whether they reported the incident, and reasons for not reporting.

To reduce possible non-representative sampling biases, we generated post-stratification weights such that the distribution of sex, specialty (categorized as surgical or non-surgical), and self-reported race and ethnicity among baseline participants matched characteristics of US interns in 2022 within specialty categories. To minimize attrition biases, we generated attrition weights by first performing a LASSO regression to identify which baseline characteristics significantly predicted follow-up survey completion. We then used the R package TWANG with gradient-boosted models to estimate propensity scores for survey completion. Attrition weights were then derived using the inverse probability of survey completion. We calculated final weights by multiplying post-stratification weights with trimmed attrition weights among all baseline participants and applied these weights to our analytic sample.

Self-reported demographics are presented as counts (percentages); analysis for non-binary individuals was limited due to small sample sizes. We conducted descriptive analyses by participant gender using Stata 17.1 (StataCorp) and R 4.4.1 (RCoreTeam).

The study followed the Strengthening the Reporting of Observational Studies in Epidemiology reporting guideline and was approved by the University of Michigan Institutional Review Board. Participants provided electronic consent.

## RESULTS

Overall, 1251 of 2548 (49.0%) enrolled interns completed the SEQ-S (median age, 27; interquartile range, 26–29); 744 women [59.5%]; 11 non-binary [0.9%]. After sample weighting, 68% of women, 34.3% of men, and 72.2% of non-binary interns reported experiencing sexual harassment.

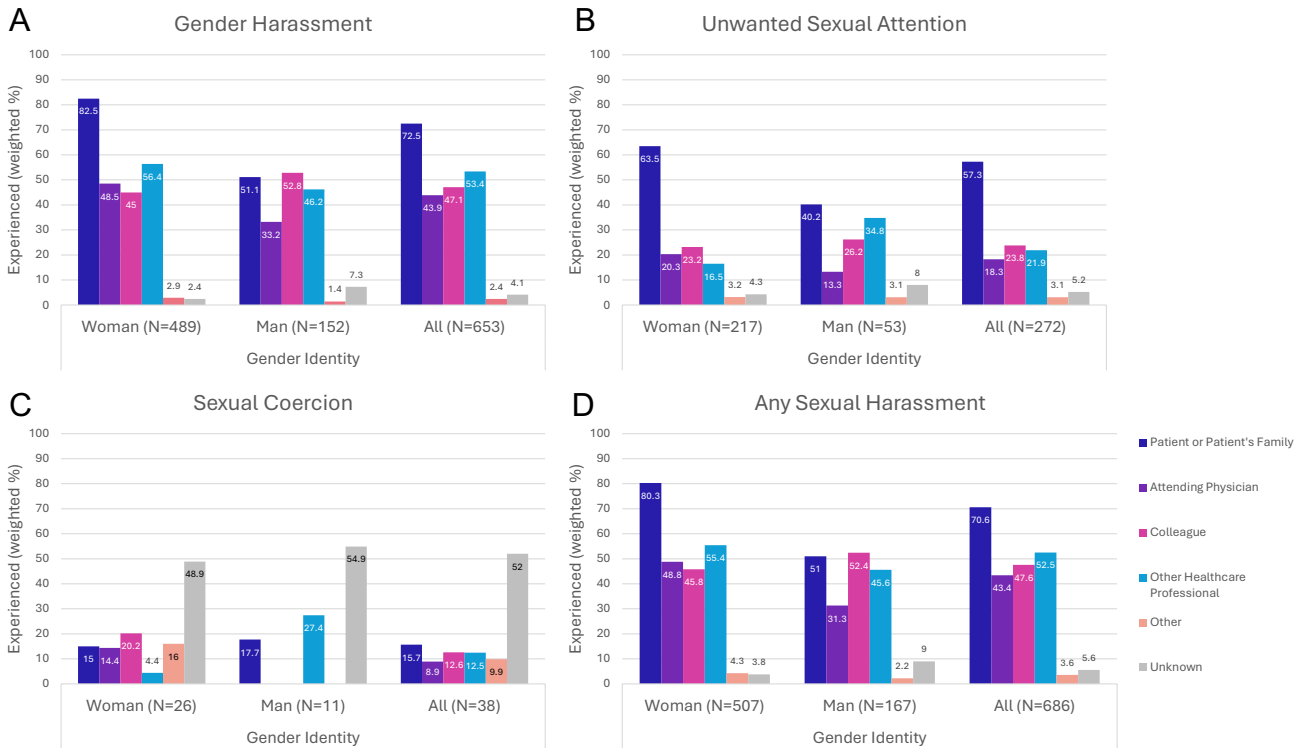
Among women, patients/families were the most common gender harassment (82.5%) and unwanted sexual attention (63.5%) perpetrators, while colleagues (20.2%) were most common for sexual coercion (Fig. 1). For men, colleagues were the most common (52.8%) gender harassment perpetrators, while patients/families were the most common for unwanted sexual attention (40.2%), and other healthcare professionals for sexual coercion (27.4%) (Fig. 1). Notably, men reported no sexual coercion from attendings or colleagues.

Among those who experienced sexual harassment, 5.4% reported it (women, 6.5%; men, 3.4%). The least frequently reported perpetrators were colleagues (1.7%; women, 2.2%; men, 1%) and other healthcare professionals (2.3%; women, 2.2%; men, 2.5%) (Fig. 2A). The top reasons for not reporting were “not severe enough” (60.1%; women, 61.8%; men, 57.7%), “nothing changes” (20.2%; women, 24.8%; men, 10.1%), and “no time” (19.7%; women, 19.9%; men, 18.6%) (Fig. 2B).

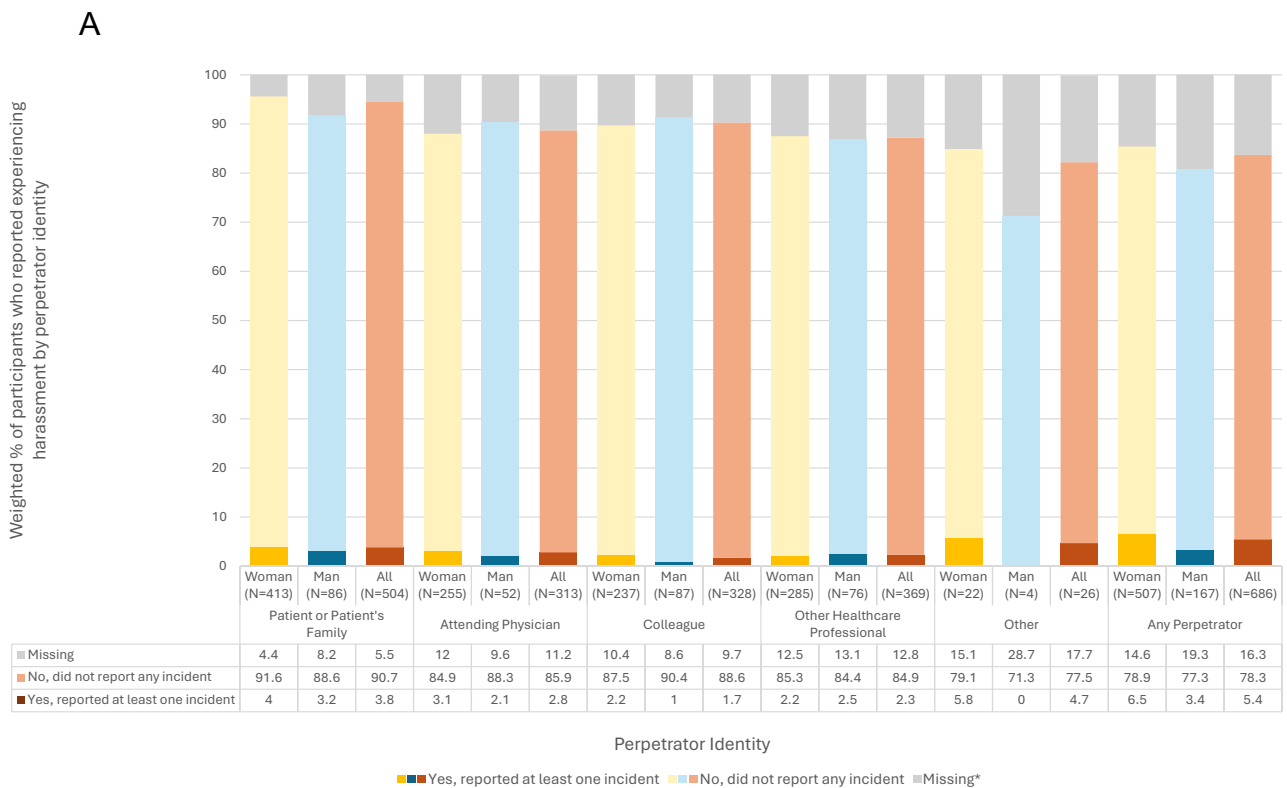
## DISCUSSION

In a national cohort of US interns, more than two-thirds of women and non-binary interns and one-third of men experienced sexual harassment. We found that sexual harassment and reporting patterns varied by perpetrator type and intern gender identity. Notably, formal reporting of sexual harassment was extremely low, especially for incidents involving colleagues or other healthcare professionals.

Most participants indicated “not severe enough,” “nothing changes,” and “no time” as primary reasons for not reporting. Only 8.3% of interns indicated lacking reporting

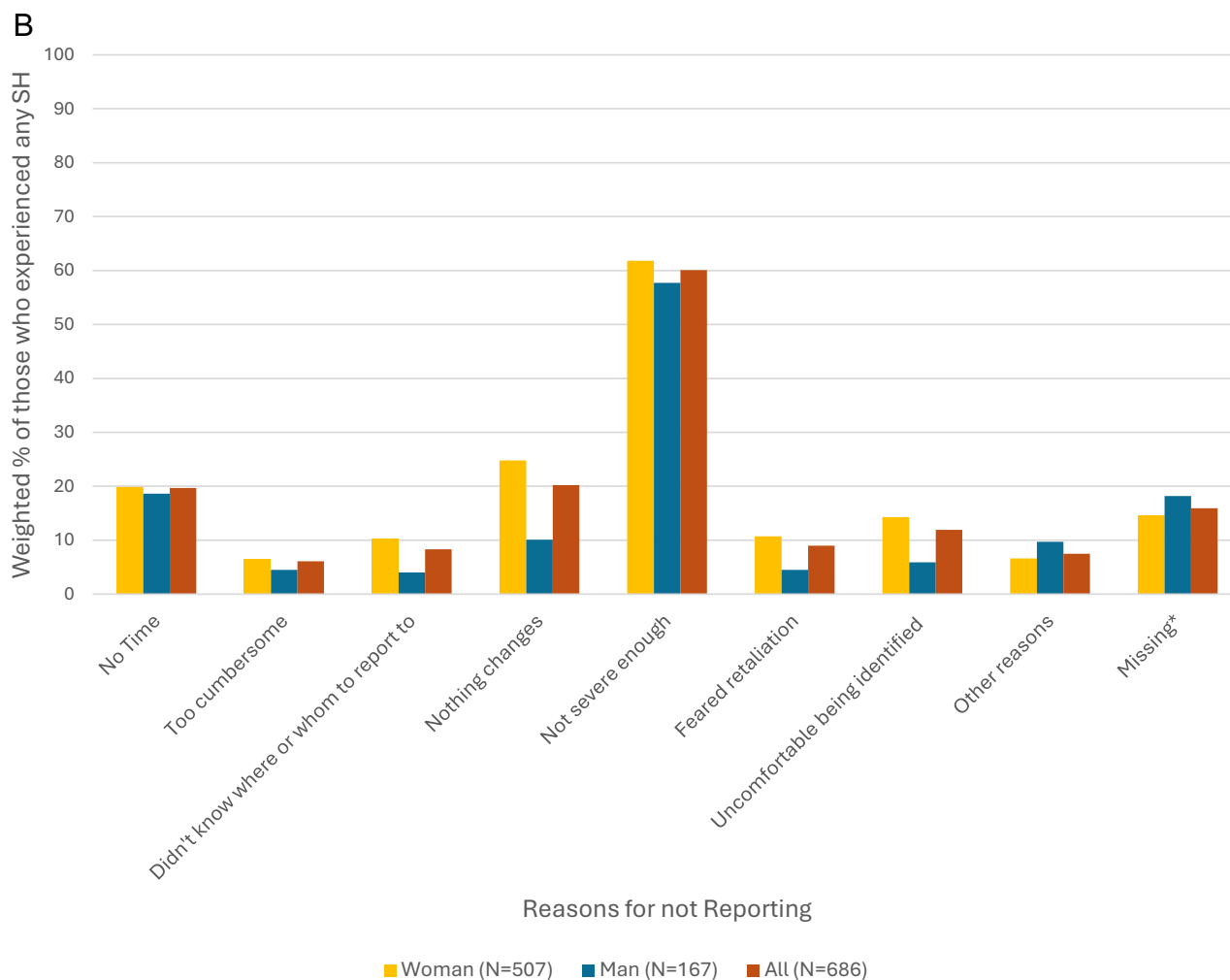


**Figure 1** The different types of self-reported sexual harassment experienced by intern gender. **A** Gender harassment experienced by intern gender. **B** Unwanted sexual harassment experienced by intern gender. **C** Sexual coercion experienced by intern gender. **D** Any type of sexual harassment experienced by intern gender and perpetrator identity. Other perpetrators include patient care technicians, security, and transportation based on open-text responses.



\*Missing includes participants who did not provide a response. SH = sexual harassment

**Figure 2** Reporting of sexual harassment incidents and reasons for not reporting by intern gender. **A** Reporting of sexual harassment by intern gender and perpetrator identity. **B** Reasons for not reporting sexual harassment by intern gender.



\*Missing includes participants who did not provide a response. SH = sexual harassment

**Figure 2** (continued)

process knowledge. These findings suggest that improving ease of and access to reporting—often the primary focus of institutional interventions—will not sufficiently or substantially improve the climate in medicine around sexual harassment. Instead, interventions must capture the cumulative burdens of gender harassment events perceived as “less severe” and have clear and meaningful responses. Limitations include lack of generalizability outside the U.S.A., underreporting, and inability to conduct analyses by non-binary identities or intersectional identities due to participant sample size.

Our work highlights that a “one-size fits all” approach to addressing sexual harassment focused primarily on reporting policies will not suffice—system-wide and individualized efforts are needed to promote a more equitable culture within medicine.

**Acknowledgements** We would like to acknowledge and thank all the participants of the Intern Health Study.

**Author Contribution** Elizabeth M. Viglianti: conceptualization, methodology, writing—original draft, funding acquisition; Andrea L. Oliverio: conceptualization, writing—review and editing, funding acquisition; Sooyeon Oh: formal analysis, writing—review and editing; Kathleen T. Lee: formal analysis, visualization, writing—review and editing; Karina Pereira-Lima: resources, visualization, writing—review and editing; Lisa M. Meeks: conceptualization, writing—review and editing; Elena Frank: conceptualization, visualization, writing—review and editing.

**Funding** This work was supported by Agency for Healthcare Research and Quality Safety Program for Telemedicine (AHRQ) R01 HS030246 (Elizabeth M. Viglianti, ALO).

**Data Availability** The data from the Intern Health Study is available through Open ICPSR.

#### Declarations

**Ethics Approval and Consent to Participate** The University of Michigan Institutional Review Board approved this study, and participants provided electronic consent.

**Conflict of interest** The authors declare no competing interests.

Elizabeth M. Viglianti, MD, MPH, MSc<sup>1</sup>

Andrea L. Oliverio, MD, MSc<sup>2</sup>

Kathleen T. Lee, MPH<sup>1</sup>

Sooyeon Oh, MS<sup>3</sup>

Karina Pereira-Lima, PhD, MSc<sup>4</sup>

Lisa M. Meeks, PhD<sup>5</sup>

Elena Frank, PhD<sup>6</sup>

<sup>1</sup>Department of Internal Medicine Division of Pulmonary and Critical Care Medicine, University of Michigan, NCRC, Plymouth Rd Building, Ann Arbor, MI 48109, USA;

<sup>2</sup>Department of Internal Medicine Division of Nephrology, University of Michigan, Ann Arbor, MI, USA;

<sup>3</sup>Department of Applied Health Science, Indiana University School of Public Health, Bloomington, IN, USA;

<sup>4</sup>Department of Anesthesiology, University of Michigan, Ann Arbor, MI, USA;

<sup>5</sup>Department of Medical Education, University of Illinois School of Medicine, Chicago, IL, USA;

<sup>6</sup>Michigan Neuroscience Institute, University of Michigan, Ann Arbor, MI, USA

**Corresponding Author:** Elizabeth M. Viglianti, MD, MPH, MSc; Department of Internal Medicine Division of Pulmonary and Critical Care Medicine, University of Michigan, NCRC, Plymouth Rd Building, Ann Arbor, MI, 48109, USA (e-mail: eviglian@med.umich.edu).

## REFERENCES

1. **Viglianti EM, Meeks LM, Oliverio AL, Lee KT, Iwashyna TJ, Hingle ST.** Self-reported Sexual Harassment and Subsequent Reporting Among Internal Medicine Residency Trainees in the US. *JAMA Intern Med.* 2023;183(3):269-271. <https://doi.org/10.1001/jamainternmed.2022.6108>
2. **Frank E, Zhao Z, Fang Y, et al.** Trends in Sexual Harassment Prevalence and Recognition During Intern Year. *JAMA Health Forum.* 2024;5(3):e240139. <https://doi.org/10.1001/jamahealthforum.2024.0139>
3. **Hu YY, Ellis RJ, Hewitt DB, et al.** Discrimination, Abuse, Harassment, and Burnout in Surgical Residency Training. *N Engl J Med.* 2019;381(18):1741-1752. <https://doi.org/10.1056/NEJMsa1903759>
4. National Academies of Sciences, Engineering, and Medicine. *Sexual Harassment of women: climate, culture, and consequences in academic sciences, engineering, and medicine.* The National Academies Press; 2018.
5. **Schreidah C, Oliverio AL, Byrd KM, et al.** Internal Medicine Program Directors' Awareness of Sexual Harassment Among Internal Medicine Residents in the USA. *J Gen Intern Med.* 2024;39(12):2355-2357. <https://doi.org/10.1007/s11606-024-08795-7>
6. **Stark S, Chernyshenko OS, Lancaster AR, Drasgow F, Fitzgerald LF.** Toward standardized measurement of sexual harassment: shortening the SEQ-DOD using item response theory. *Military Psychology.* 2002;14(1):49-72.
7. **Viglianti EM, Oliverio AL, Pereira-Lima K, et al.** Variation by Institution in Sexual Harassment Experiences Among US Medical Interns. *JAMA Netw Open.* 2023;6(12):e2349129. <https://doi.org/10.1001/jamanetworkopen.2023.49129>

**Publisher's Note** Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.