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Original Research

'Just the Way it Was': Perspectives on Sexual Harassment in Medical School and #MeToo of Women Graduating Prior to 1975

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ABSTRACT

Introduction. The purpose of this study was to assess gender-based mistreatment during medical education recalled by women who attended medical school between 1948 and 1975 and their perspectives on the #MeToo movement.

Methods. Methods included a qualitative analysis of video-recorded structured interviews.

Results. The 37 participants graduated in classes of 2-20% women. They described pervasive, multi-faceted gender-based mistreatment during training. Twenty (54%) disclosed personal experience of serious sexual mistreatment. Interviewees stressed that attitudes and behaviors toward women and trainees, now regarded as unacceptable, were previously widely accepted or tolerated. The majority (86%) expressed overall positive opinions of their training. Twenty-eight (76%) supported the #MeToo movement, four (11%) had negative opinions, and five (13.5%) were ambivalent or unwilling to comment. Seventeen (46%) were concerned that #MeToo damaged working relationships, twelve (32%) were concerned about overreach, and eight (22%) about false accusations.

Conclusions. This group of older female physicians reported extensive experience of gender-based mistreatment and strong support of #MeToo. Nevertheless, about one quarter of the group did not support the #MeToo movement and even supporters expressed high rates of concern about the movement going too far, falsely accusing men of inappropriate behavior, and damaging working relationships. The interviewees did not want their medical training to be characterized as entirely negative, or to be portrayed as victims.

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INTRODUCTION

The #MeToo and related movements have highlighted sexual harassment of women in the workplace and renewed interest in the mistreatment of women in medicine.[1-5] Studies estimate that 40-70% of female medical students experience sexual harassment, predominantly from male faculty or staff members.[5-8] These rates are up to twice those reported for trainees in other scientific fields.[6,7] The prevalence could be even higher as gender-based mistreatment is difficult to quantify due to issues over definitions, differences in study methodology, and challenges in gathering and assessing sensitive information that is dependent on individual recall, interpretation, and willingness to report.[1,2,5-8] Even medical trainees who are victims of serious physical sexual abuse are unlikely to report incidents to university authorities or the police.[8-12] In a 2018 survey, over 80% of female staff in an academic medical center disclosed at least one incident of sexual harassment within the previous year, but only 10-20% of these individuals reported such incidents.[11,12] Barriers to reporting included fear of not being believed, incidents being minimized or not taken seriously, and concerns about retaliation or being identified as a troublemaker.[5-14]

Gender-based discrimination and mistreatment take multiple forms.[1-15] A National Academies of Sciences, Engineering, and Medicine (NASEM) report defined three categories: i.e., gender harassment (verbal and nonverbal behaviors that convey hostility, objectification, exclusion, or second-class status); unwanted sexual attention (verbal or physical unwelcome sexual advances, including unwanted touches or attempts to establish a sexual relationship despite discouragement, potentially including assault); and sexual coercion (favorable professional or educational treatment conditioned on compliance with sexual activity).[7] Gender-based harassment accounts for the vast majority of incidents. All forms of gender-based mistreatment may cause serious and enduring harm to victims.[7,9,15-19] Mistreatment of trainees and/or colleagues, especially if repeated and tolerated or ignored by the workplace culture, also impairs the learning environment and the functioning of professional teams.[1-8,19]

Reports indicate that previous generations of female medical students were subjected to more pervasive and severe mistreatment and were even less likely to report incidents.[3-6,20-28] Prior to 1974, fewer than 10% of medical students were female (Table 1). Societal attitudes about appropriate female roles and behavior were different, and women entering a male-dominated profession anticipated a hostile environment.[20-28] A 1973 survey described female medical students experiencing an unremitting recital of bad things.[25] Respondents to that survey reported pervasive mistreatment covering a complete spectrum from institutional policies and practices to interpersonal discrimination, harassment, and abuse.[25] In a culture that endorsed bullying and mistreatment of all trainees as opportunities to demonstrate the dedication and stamina required of physicians, minority individuals faced extra pressure to prove themselves 'tough enough for medicine.'[25-28] Although much has changed and women are no longer numerically a minority group in medicine, the struggle to eliminate sexual harassment from academic medicine continues. Recommendations for effective programs stress the need to include all women regardless of role in the institution (students, faculty, staff, or other) and to ensure that diverse voices are heard.[19,29,30] We believe that women who trained in the hostile environment of previous generations should also be heard. Their unique perspective provides historical context, and their insights as survivors could make useful contributions to ongoing efforts to eliminate mistreatment of women in the profession.

Table 1. Alumnae oral history study participants by class.

	Participants	Female Graduates	Total Graduates	% Female Graduates (institution)	% Female Graduates (U.S.)
1948	1	5	55	9.0%	7.1
1958	1	4	105	3.8%	5.1
1960	1	5	98	5.1%	5.7
1964	1	2	102	2.0%	6.1
1965	1	4	100	4.0%	7.3
1967	2	7	102	6.9%	7.5
1968	1	4	99	4.0%	8.0
1970	2	7	119	5.9%	8.4
1971	1	7	121	5.8%	9.2
1972	5	9	125	7.2%	9.0
1973	5	9	119	7.6%	9.1
1974	9	28	239	11.7%	11.1
1975	7	30	148	20.0%	13.4
	37	121	1,532	7.9%	

Note: 1974 had two graduating classes due to overlap of first class of experimental three-year curriculum introduced in 1971 with legacy class of previous four-year curriculum.
Sources for national data:
Dube WF. Women students in US medical schools: Past and present trends. J Med Educ 1973; 48(2):186-189.
Braslow JB, Heins M. Women in medical education: A decade of change. N Eng J Med 1981; 304(19):1129-1135.

METHODS

This report utilizes data from an oral history project involving alumnae of the University of Kansas School of Medicine (KUSM) who graduated prior to 1975. The cutoff date was determined by the first year in which women represented more than 20% of graduates. We used announcements in alumni newsletters to recruit volunteers from the class of 1975 and earlier who were willing to share their experiences of life as a female physician. All volunteers who were able to participate were accepted into the study and participants provided written consent. During the winter of 2020-2021, we conducted structured interviews via Zoom, following the Oral History Association guidelines for data-gathering during the COVID-19 pandemic.[31] The interview guide was developed based on literature review, experience with a previous project,[27] and input from an advisory board consisting of graduates from the years included, current female faculty leaders, and representatives of the Medical Alumni Association. Members of the advisory board also assisted in recruitment of participants, development, and piloting of the interview guide, and provided formal member checking of study findings for validity.

All interviews were facilitated by a retired physician (AW) who is a longstanding faculty member at KUSM and 1971 graduate of another institution. Each interview lasted 45-120 minutes and covered the interviewee's experience of life as a female physician in chronological order. Towards the end of the interview, we asked the interviewee's opinion of the #MeToo movement, followed by questions about personal experiences of sexual harassment and awareness of harassment of other women in medicine. The interviews were video recorded and transcribed. Each interviewee was given the opportunity to review the transcript of her interview and make any corrections, additions, clarifications, or deletions.

We assessed the recording and transcript of each interview using a thematic analysis approach, a method to identify and interpret patterns of meaning across qualitative data.[32,33] Each investigator independently coded the narrative comments. We then established consensus on an agreed coding framework and identified patterns of commonality and divergent views. We next developed consensus on the names of the themes and identified illustrative quotations to defend each theme. The final qualitative analysis was completed by consensus among the three investigators. We resolved any differences in interpretation by discussion and joint review of the recorded sessions.

This report concerns the responses to the questions about #MeToo and sexual harassment as well as all information about gender-based mistreatment volunteered during the interviews. Other aspects of the oral histories will be reported at a later date. This study was approved by the University of Kansas Medical Center's Institutional Review Board.

RESULTS

Nine volunteers could not be contacted or were unwilling or unable to complete interviews. All of the remaining 37 volunteers participated in the study. They were members of 13 graduating classes from 1948-1975. The total number of female graduates in each class ranged from 2 (2/102:2%) in 1964 to 30 (30/148:20%) in 1975. The 37 alumnae interviewed represented 31% of the 121 female graduates in the classes represented in the study (Table 1).

All interviewees described firsthand experiences consistent with the NASEM definition of gender harassment and reported knowing students who had been subject to the more serious forms of sexual abuse (Table 2). Twenty (54%) stated that gender harassment and unwanted sexual attention were experienced by all female students. When directly asked, three individuals denied experiencing any gender-based mistreatment personally, but each of these women had described both personal and observed incidents of gender harassment during her recollections of medical training. Twenty (54%) interviewees volunteered personal examples of unwanted sexual attention including being propositioned and/or inappropriate physical contact or abuse. Six of these women described situations in which they averted physically dangerous situations and one disclosed being sexually groomed and frequently assaulted by a faculty member. Three (8.0%) interviewees disclosed examples of sexual coercion. Nine (24%) women commented that they were targeted less than others because they were older, married, had children, perceived themselves as physically unattractive, or had difficult personalities.

Table 2. Sexual harassment and related issues during medical school (N = 37).

Issue	Number (%) Reporting	Illustrative Quotations
Gender harassment	All	• There was widespread sexual harassment by faculty, everyone was targeted. • Was I sexually harassed? Yeah, all the time. • Women do get harassed in medicine, constantly. • There was this disbelief that women could be doctors. We were treated like it was a BIG favor to be in medical school. Women were treated SO differently from the guys.
Unwanted sexual attention	20 (54%)	• Guys would constantly try to do stuff – being grabby, making comments, giving us all the wrong kind of attention. There was a lot of stuff, even from the married men. Men are intimidated by smart women, so they try to put you down, play on your insecurity. Say things like 'you're not a real woman' if you didn't go along with the sexist remarks and behaviors. It was everywhere, all the time. • There was a departmental dinner where the women kept moving away from one man. When I ended up next to him, he was all handsy under the table. • The male junior faculty were a problem. One of the instructors in anatomy brushed his hand on girls' bottoms every single time he walked past. Nobody ever called him out for it. • One of the professors was well known for wanting to have an affair with every single female going through. Nearly everyone was approached. I escaped by the skin of my teeth as I had visitors when he came to my apartment. He was never called out publicly. • A hospital staff physician would find out when women were working in the Emergency Department and come in late at night to harass them. There was some physical contact. I know of three women involved – could have been more. A forceful head nurse observed an incident and put a stop to the practice.
Sexual coercion	3 (8%)	• There were multiple things like a professor wanting to date or getting a good letter from the assistant dean if I met him at a bar. That never sounded like a date — more like a proposition. It is just the way it was.
Strategies to address sexual mistreatment	Ignore, endure	• The attitude was just 'go away (more like just be quiet and keep your head down). We don't want any trouble.' There were a lot of dark days. • Maybe I should have been more assertive, more confident. I always tried not to make waves. Felt lucky to get into medicine at all. • Kept my blinders on and ignored things. Kept marching forward. NEVER took on the victim role. • On the wards, there were problems. Interactions that probably would end up in court today, but we were so intent on school, learning, taking care of patients so we didn't worry a lot about things that might be said. "Mind your elders and go" – that was the way it was.
	Avoid	• I was fairly liberated to get there and paid my own way, but I didn't do anything to make trouble. • If someone made advances, I walked away or made it clear I was not interested. If they were aware of doing these things, that's their problem. It never did bother me. I do my own thing and nobody [was] gonna stop me. I was always independent; I did my work right.
	Verbal response	• One male colleague told me, "What I like about you is that you think like a man." I think he meant it as a compliment! I asked him if I should say 'thank you or F--- you?' • There were incidents but I just got through them. I always got on well with the guys. They would say things that women would find offensive nowadays. We just kidded them back. • It happened to us but what were we supposed to do? Scream? I think I may have snapped "cut it out" one time at an instructor but it was just the way it was. • People being patriarchal, discounting what I said, then this myth of the angry woman if I snapped back too strongly. It really got to me.
	Active protest	• Very first lecture they showed slides of Playboy pictures, you know topless. Nothing to do with the topic or context- Maybe just to help the guys feel more relaxed? Also, the nurses invited all the new med students to a dance. The posted invitations from the nursing student body depicted the nurses using Playboy pictures as images of the nursing students. After all this playboy stuff, we put up pictures of men from Playgirl in the student locker room. This caused great consternation among some of our male colleagues!! We had to take them down.
	Rationalization	• Everyone knew I was married, and I probably projected an image of not to be messed with. • I was never really propositioned. Maybe because I was married or not cute. • If I was harassed, I don't remember it – maybe I was too mouthy! • Never happened to me - maybe I was too nerdy. • Female always feels it is her fault, that she sent out some signal, appeared provocative.

Definitions: National Academies of Sciences, Engineering, and Medicine, 2018[6]
Gender harassment: Verbal and nonverbal behaviors that convey hostility, objectification, exclusion, or second-class status.
Unwanted sexual attention: Verbal or physical unwelcome sexual advances, including unwanted touches or attempts to establish a sexual relationship despite discouragement, potentially including assault.
Sexual coercion: Offers of favorable professional or educational treatment conditioned on compliance with sexual activity.

Male faculty members were the most frequently identified perpetrators, followed by residents and fellow students. None of the interviewees reported incidents to medical school or other authorities. To cope with sexual harassment, individuals used verbal responses or removed themselves from situations if possible. Most described tolerating mistreatment as a perceived requirement of completing medical education.

Opinions of "#MeToo" (Table 3). Twenty-eight (76%) interviewees had positive opinions of the #MeToo movement. The degree of endorsement ranged from robust, enthusiastic support to more qualified approval. Four (11%) interviewees had negative opinions. These varied from outright dismissal of the movement to considering it outdated and unnecessary. These women believed that their roles as physicians were more important than any personal concerns about discrimination or harassment and that a woman aspiring to be a physician should be able to deal with any challenging situation. The remaining five (13.5%) interviewees were ambivalent or unwilling to comment on the topic.

Seventeen (46%) interviewees, including many who supported the #MeToo movement, expressed concern that the movement and similar initiatives could inhibit communication and damage working relationships in healthcare teams. Twelve (32%) interviewees believed the movement had gone too far and eight (22%) were concerned about false or unsupported accusations.

DISCUSSION

These first-hand accounts verify that during the three decades (1944 to 1975), female medical students experienced pervasive gender-based mistreatment ranging from inappropriate verbal comments and discrimination in daily activities to less common sexual coercion and even assault. Many interviewees stressed that such treatment of women was "normal" at the time, and that medical training was also abusive to male trainees. As women and members of a minority group, they expected to be in "double jeopardy" of abuse, justified as necessary to stringently test their physical and emotional stamina. They did not expect nor seek intervention from authorities to address inappropriate behavior, no matter how severe. Conversely, they were reluctant to do anything that might draw attention to themselves or have negative repercussions. We were surprised by the lack of group action to improve their situation, even during the turbulent period of student protests in the early 1970s. The only report of push back concerned use of pornographic material in lectures. This mild protest was quickly squashed (Table 2). Each woman navigated each situation to the best of her ability, reminiscent of a quote from a 1950s student at another institution, 'We believed the quieter we were, the more likely we were to graduate.'[20] Overall, mistreatment was expected, minimized, and endured by female students, partly because it was perceived as normal for the time and environment, and partly as a challenge to prove themselves worthy of becoming physicians. The norms of the time might explain why the women did not perceive themselves as exposed to gender-based mistreatment when directly asked, despite volunteering examples of discrimination and sexual harassment during their interviews. Our participants described personal examples of utilizing all of the principal coping mechanisms for abuse described in the literature such as avoidance, minimizing, and self-blame.[18-26,34-35]

Several interviewees commented that their experiences seemed normal at the time and should not be judged by current values. Despite many distressing, unfair, and even dangerous experiences, almost all interviewees looked back on their time as an exciting, challenging, and rewarding period of personal growth rather than the unrelentingly misogynistic experience portrayed in some of the contemporary literature.[22,25,26,28] Only two interviewees expressed enduring bitterness about their treatment; the majority conveyed pride in their resilience and ability to overcome mistreatment to develop successful careers.

Pride in their endurance and resilience may explain the mixed support of #MeToo and similar movements. The majority of interviewees supported the movement, some expressing robust, highly enthusiastic comments. Nevertheless, many voiced concerns about over-reach or negative consequences, and a few were unsupportive or even hostile. The major theme of the concerns and negative comments was that women aspiring to be physicians should expect, even embrace, a rigorous training environment and be able to avoid and/or manage adversity, including gender-based mistreatment. A related theme was that the work of a physician was of paramount importance, that the duty and privilege of caring for patients superseded any personal distress, disrespect, or abuse experienced by the physician.

In a large national survey conducted by the Pew Research Center in 2022, 49% of women over 65 years of age supported the #MeToo movement.[36] These national survey data suggest that our interviewees were more supportive of #MeToo than other U.S. women, but also more concerned about the movement going too far and generating adverse outcomes through unfounded accusations and/or damage to work environments. We have been unable to find data on the opinions of current female physicians or trainees on #MeToo. Such information would provide interesting comparisons for our findings. More importantly, the data would be useful in designing, implementing, and monitoring the effectiveness of programs to address gender-based mistreatment during medical training.

Our findings should be interpreted with caution due to the many limitations of oral histories concerning events that took place at least four decades earlier, as well as potential volunteer bias and an unbalanced report of gender-based mistreatment. Our interviewees were a self-selected group of alumnae who could be contacted, were willing to participate, and were able to complete interviews using teleconferencing systems. Narratives could have been distorted by selective recall, reinterpretation of events, unwillingness to disclose sensitive or distressing information, or other factors. We were also reminded by several interviewees that much behavior now regarded as inappropriate, was accepted as normal at the time and that they only recognized some experiences as harassment in retrospect. Much of the routine discrimination toward women as an unwelcome minority or second-class citizens during medical training was not recalled or thought worthy of mention. Our findings are limited to graduates of a single institution and only one interviewee identified as non-White. We are also aware

Table 3. Alumnae perspectivs on the "#Me Too" movement (N = 37).

Theme	Number (%) Reporting	Illustrative Quotations
Positive/supportive	28 (76%)	• I think its high time. We have overlooked so much. We tolerated things. It's great, liberating for women. • It's always been there but now coming to the surface. The men are being called on it. We just didn't talk about it. Men got away with things, perhaps connected to their jobs. Now it is taken seriously and there are consequences for men. • It's high time, long overdue. • I'm all for it. These things have to be brought into public light. When we sweep things under the rug, it leads to problems. • Absolutely necessary to bring things to the surface. • It's been so long in coming. It's appropriate, needs to be out there. • It's good. Women have been oppressed for a long time in ways that are not obvious.
Not aware/unsure	5 (13.5%)	• I don't know what to say. • I'm not sure what that is. Don't have anything to say about it.
Not supportive	4 (11%)	• I knew one woman who sued claiming she was not treated with respect, but I never agreed with any of it. • I don't think about it. I have more important things to do. Women's lib turns me off.
Concerns about over-reach	12 (32%)	• #MeToo is for the most part good- sometimes goes too far. • Maybe some going overboard. • Women are so touchy now. I see dying patients every day and work with anxious patients, people- and women are worried if a guy touches a shoulder, they fuss and shudder!
Concerns about false or unsupported accusations	8 (22%)	• Don't know how much to believe. Is it legitimate, especially if it happened like 15 years ago? Who can remember what exactly happened? • A lot of bad stuff went on, but the innocent could be wrongly accused. Reminds me of the recovered memory of abuse situations a few years ago.
Concerns about damage to collegial relationships	17 (46%)	• There are gradations, not everyone is Harvey Weinstein, not everyone is that obvious. Now my son is so concerned in business that he will not interview or meet with any woman alone unless someone else is present - can't even have lunch with someone anymore. • I hope it doesn't go too far and the men are "walking on eggshells".

of the inherent risk of interviewer and evaluator bias despite designing the study to minimize the potential for our individual experiences and perspectives to influence our findings.

Nevertheless, these insights and first-hand accounts provide valuable reminders of how much has changed in the experience of women in medicine within the lifetimes of senior female physicians. While much remains to be done to achieve a culture of genuine diversity and inclusion for all individuals, current female students do not learn in the environment of overt, accepted, and pervasive mistreatment described by our interviewees or believe that surviving misogynistic abuse is required to prove oneself tough enough to be a physician.

Given their experiences of sexual harassment and abuse, we were surprised by the misgivings about #MeToo expressed by a substantial minority of interviewees and the antipathy of a small group. This may reflect the experience of generations who lived through attempts to force societal change through violent protests in the 1960s and 1970s and had learned to temper passion with prudence and patience to achieve their goals. The women who entered medicine in the three decades following the Second World War faced multiple challenges. They did not lack courage or determination, but their narratives conveyed that, like many women of their generation, they learned to navigate obstacles and avoid hostile situations rather than confront mistreatment.[20-24,27,34,35] They had no expectation of institutional intervention to improve the treatment of women and could do little to change the prevailing culture except by gaining the respect of male faculty, classmates, and others through their work and social interactions. They relied on intelligence, hard work, endurance, and often humor to succeed as physicians.

Importantly, our interviewees had no wish to leave a legacy of bitterness or regret. They opposed any use of their experiences to generate indignation or claim retribution for the previous mistreatment of women in the profession. Rather, they emphasized that women continue to face different challenges as medicine evolves and that the experiences of previous generations may be of limited relevance to current and future physicians. Nevertheless, the experiences of women who were an oppressed minority in the profession can inform efforts toward diversity and inclusion for all. This generation lived through profound changes in the numbers and status of women in medicine. They have been variously described as the landing party of an invading force intent on establishing a beachhead in the profession and holding on,[38] or as intrepid pioneers, seeking to settle new lands and change existing cultures. While both military and colonizing metaphors are

limited (and potentially inappropriate or offensive), the achievements and contributions of this transitional generation of women should be more widely recognized. Many of the positive changes in the profession, not just those relating to the status of women, result from their dedication, resilience, tenacity, and years of service to medicine.

CONCLUSIONS

Women who trained in medicine prior to 1975 experienced pervasive gender-based mistreatment, ranging from verbal harassment to sexual coercion and assault. While generally supportive of #MeToo, many had concerns about over-reach and potential adverse consequences, and few were ambivalent or opposed to the movement.

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