

Brief Research Report

Title IX Offices at Top United States Universities with Medical Centers: Staffing, Investigations and Transparency

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ABSTRACT

Background

Sexual harassment pervades higher education and disproportionately impacts women in medicine. The Department of Education's guidance related to Title IX, a federal civil rights law intended to protect against discrimination based on sex in educational programs or activities receiving federal financial assistance, was revised in 2020 to narrow the definition of sexual harassment and disallow a single investigator model. This added to the required tasks of already overburdened and under-resourced Title IX offices.

Methods

The current report documents characteristics of Title IX offices at leading universities with medical schools in the 2020-2021 academic year.

Results

Findings highlight a low number of staff managing sexual harassment complaints, with an average ratio of 2.99 staff per 10,000 people at the university. A small percentage of complaints were formally investigated, with only 4% at public universities and 11% at private universities. Findings also suggest a lack of transparency regarding the actual length of investigations, which was reported in only 20% of public reports.

Conclusion

Given the importance of trust that sexual harassment complaints will be handled in a timely and transparent manner, we suggest potential opportunities for universities to consider.

Keywords

Academic medicine; Gender equity; Sexual harassment; Title IX.

INTRODUCTION

Sexual harassment—including gender-based harassment, unwanted sexual attention, and sexual coercion—pervades higher education. The National Academies of Sciences, Engineering, and Medicine (NAEM) published a landmark report on sexual harassment in the science, technology, engineering, and mathematics (STEM) disciplines,¹ showing rates of sexual harassment are higher in medicine than in any other discipline. Of note, women students in medicine are more than twice as likely to experience sexual harassment compared to those in non-STEM disciplines

and science, and 1.75 times more likely compared to women engineering students.¹ Further, more than 50% of women faculty and staff and 20-50% of women students in these fields experience sexually harassing behaviour perpetrated by faculty/staff.¹ The Association of American Medical Colleges (AAMC) also surveyed over 13,000 faculty at United States (U.S.) medical schools, finding 34% of women faculty and 13% of men faculty experienced sexual harassment in the past 12-months.² While experiencing sexual harassment is widely associated with reduced mental, physical, and professional health, women of colour and lesbian, gay, bisexual, and transgender, queer or questioning (LGBTQ) people in STEM

are disproportionately burdened by this harm.^{1,2}

Enforced by the U.S. Department of Education's Office for Civil Rights, Title IX is a federal civil rights law passed as part of the Education Amendments of 1972 to protect against discrimination based on sex in educational programs or activities receiving federal financial assistance. Under the 1972 regulations, sex-based harassment encompassed "unwelcome conduct of a sexual nature", including unwelcome sexual advances, requests for sexual favours, other verbal, non-verbal, or physical sexual contacts, sexual violence (e.g., rape, sexual assault, sexual battery, sexual abuse, and sexual coercion); gender-based harassment was defined as "unwelcome conduct based on an individual's actual or perceived sex", including "slurs, taunts, stereotypes, or name-calling as well as gender-motivated physical threats, attacks, or other hateful conduct".³ In 2020, a changing guidance on Title IX⁴ narrowed the definition of sexual harassment to include only: 1) "quid pro quo" harassment; 2) conduct that is severe, pervasive, objectively offensive, and denies a person access to educational programs or activities; and 3) sexual assault (including stalking, domestic violence, and dating violence). This narrowed definition⁴ is more restrictive than other federal standard definitions regarding sexual harassment (e.g., Title VII).⁵ Additionally, the single-investigator model where one person investigates, adjudicates, and issues disciplinary sanctions is no longer allowed.⁴

Even before 2020, offices managing sexual harassment complaints (henceforth "Title IX offices") were notoriously understaffed and under-resourced.⁶ Survivors commonly cite drawn-out Title IX investigations and lack of transparency about deadlines as contributing to feeling betrayed and not prioritized,⁷ factors that are likely impacted by staffing resources. Each of the new Title IX guidance amendments adds to the required tasks of this already overburdened office.⁸ For example, the disallowal of the single investigator model requires multiple people involved in the investigation, adjudication, and sanctions process. Universities were required by law to comply with new Title IX guidance by August 2020, with changes taking effect for the 2020-2021 academic year. Levels of staffing and resources in Title IX offices have not been documented since the revised regulations. Documenting this information is a crucial first step to identifying resource barriers to survivor-centered Title IX procedures.

The NASEM report specifically called for improved transparency and accountability related to sexual harassment investigations and outcomes.¹ Given this call for transparency and high rates of sexual harassment reported in medicine, we sought to understand the characteristics of Title IX offices at leading universities with medical schools.

METHODS

Using the 2021 US News and World Report, 2 ranking lists were reviewed: 1) Best National University and 2) Top Public Schools. This method of selecting institutions has been used in several other studies to understand equity issues in academic medicine.⁹⁻¹¹ Investigators selected the top 5 schools with affiliated medical schools from each list, resulting in five private and five public universities. Since most of these leading institutions included medical schools,

the lowest-ranking school was sixth on each respective list. The team gathered institutional-level information about the population (number of students, faculty, and staff) and classification of institution type (public or private). Given differing resources by institution type,¹² this enabled the team to explore whether Title IX office characteristics might differ based on this classification.

From July to October 2021, 2 authors reviewed publicly available university websites and relevant policies relating to Title IX and/or sexual harassment complaints. University websites were searched using the terms "Title IX", "sexual misconduct" and "harassment". Once the office(s) responsible for managing Title IX and/or sexual harassment complaints was identified using these terms, the office(s) website(s) were reviewed in depth to collect the information outlined below using additional terms such as "staff", "investigation" and "public report". These terms are not an exhaustive list and all data is available upon request. The following data were double-coded by the same 2 authors, who resolved discrepancies through discussion to reach a consensus:

- Title IX Office characteristics included whether: 1) the university had a distinct office managing Title IX and/or sexual harassment complaints (as opposed to a broader office handling student conduct, investigating other forms of discrimination, etc.); 2) the office(s) respond to complaints of sexual harassment outside of the scope of Title IX (e.g., sexual or gender-based hostile environment harassment not covered under Title IX); and 3) investigations are conducted by a single office *vs* multiple offices (e.g., Title IX Office in partnership with one or more other offices, such as an Office of Dispute Resolution).
- Staff characteristics included the: 1) total number of staff in the office; 2) the ratio of staff to the institutional population; 3) the number of federally-required Title IX Coordinators or Directors¹³; 4) the number of federally-required Deputy Coordinators¹⁴; 5) several Officers/Investigators responsible for investigating Title IX allegations; and 6) several other office staff (e.g., administrative assistant, case manager).
- Investigation characteristics included the anticipated length of formal investigations (e.g., how long investigations are expected to take).
- Transparency characteristics included whether there was a publicly available 2019-2020 report regarding reporting and responses to sexual harassment reports at the university. If this 2019-2020 public report was available, we collected the following additional information: 1) number of complaints; 2) number and formal investigations, and 3) actual investigation lengths. Not all reports presented all three pieces of information. Of note, this public report timeframe was selected because 2020-2021 reports were not published at the time of data extraction; furthermore, the 2020-2021 academic year was likely more significantly impacted by coronavirus disease-2019 (COVID-19)-related disruptions to on-campus activities, which could result in a less representative sampling of the number of complaints and investigations during typical academic years.

Descriptive statistics were generated for all data collected. Differences between public and private institutions were explored using chi-squared (χ^2) and independent samples *t*-tests. Given that there are differences in funding for public and private institutions (e.g., public institutions receiving government funding, private

schools relying more heavily on tuition and endowments), we hypothesized private schools might have a smaller ratio of Title IX office staff to institutional population ratio and higher rates of investigation of complaints.

RESULTS

Of the 10 institutions examined, there was broad geographic diversity and an average population of 52,375 (students, faculty, and staff). Significantly more students were enrolled at public (mean=41,718.80) than private (mean=20,798.80) universities ($p=0.016$); there were no differences in number of faculty or staff. Half of universities had an office focused solely on managing Title IX and/or sexual harassment allegations, and all universities in the study sample investigated sexual harassment allegations beyond the limited scope of Title IX. Most universities centralized investigations within 1 office, although public universities (100%) were significantly more likely than private universities (20%) to do so ($p=0.010$). Title IX offices had on average 1.4 coordinators/directors (range=1-3), 3.3 deputy coordinators (range=0-22), 2.6 officers/investigators (range=0-5), and 5.4 other staff (range=0-13); there were no significant differences between public and private universities. This staffing represents an average ratio of 2.99 staff per 10,000 people at the university (private=3.80 *vs* public=2.18, $p>0.05$). Average anticipated investigation length was 92-days (range=60-120).

All but 2 institutions made 2019-2020 academic year reports public. Within these reports, 87.5% included the number of complaints made during the academic year, reporting on average 402 complaints (range=82-1,336) and 25 formal investigations (range=9-45). This equates to 9.2% of complaints being formally investigated on average. Public universities averaged 814 complaints (range=292-1,336), compared to 237 (range=82-449) at private universities ($p>0.05$). The number of formal investigations was nearly equivalent at public (mean=24, range=15-39) and private (mean=25, range=9-45) institutions, however on average 4% of complaints at public universities were formally investigated compared to 11% at private universities. Actual investigation length was only included in 25% ($n=2$) of public reports. Only private universities reported on investigation length, but these varied in the way data was reported. One reported overall average duration (i.e., 105-days) and another reported number of investigations within date ranges: (i.e., 1-60 days: $n=24$; 61-120 days: $n=12$; 241-300 days: $n=1$). Additional descriptive statistics by type of institution are displayed in the Table 1 and institution specific data is available in the Appendix Section.

DISCUSSION AND CONCLUSION

Sexual harassment responses by Title IX offices are expected to be fair, timely, transparent, and respectful of the rights of all parties involved. Across universities with medical schools, where sexual harassment is highly prevalent, our findings demonstrate variability in response timeliness and transparency, as well as staffing and investigation practices.¹⁵

Only 9% of complaints were formally investigated, ech-

ing previous studies with rates as low as 6%.¹ There were additional concerning differences in the proportion of complaints that were formally investigated between public and private universities (4% *vs* 11%) over the same period.

The low number of staff managing sexual harassment complaints may be one cause for these low investigation rates, particularly given the single investigator model was disallowed under revised Title IX guidance.⁴ Institutions had on average 3 investigators responding to around 400 formal sexual harassment complaints annually. Additionally, every Title IX office assessed was also responsible for handling complaints outside the scope of Title IX (e.g., other forms of sexual harassment or discrimination), which increases workload substantially. Given the intensive formal investigation process, it is unsurprising that rates of investigation were so low. The low number of staff and a high number of formal complaints documented in this review supports reports from Title IX administrators who describe limited resources necessary to adequately do their job.⁶ This may be due in part to the new policies requiring multiple staff to investigate, adjudicate, and issue disciplinary sanctions, instead of the previous single investigator model.⁴ Additional reasons for low rates of investigations may be that many reports come from mandatory reports rather than survivors¹⁶ and that not all reporters choose to pursue formal investigations, even when they do speak with the Title IX office.¹⁷

The lack of transparency regarding the actual length of investigations, particularly at public institutions, is also problematic. Survivors of sexual violence commonly cite drawn-out Title IX investigations and lack of transparency about deadlines as contributing to feeling betrayed and not prioritized.⁷ Further, faculty who experience sexual harassment report feeling less safe reporting and less confident institution would resolve their complaints; they are also less engaged and satisfied with their workplace, and less likely to stay at their institution compared to faculty who did not experience harassment in the past year.² Transparency about the reporting process, including the typical length of the investigation, is a necessary component of survivor-centered procedures.

The current study is the first modern analysis, to our knowledge, of Title IX office characteristics at top universities with medical schools. Title IX offices studied are responsible for the entire university and not only the medical school, so future research could examine standalone medical schools to understand any differences in practices at those institutions not attached to larger universities. Generalizability and power are limited by including only 10 top-ranked institutions. The current findings are intended to encourage future research with larger samples that would allow for fully powered comparisons. Additionally, we were unable to capture staff full-time equivalency and therefore likely overestimate the available staff effort for formal investigations; future research should seek verification of full-time equivalency from universities.

Future research is needed to better understand how reporters' concerns about outcomes and retaliation impact decisions to pursue formal investigations,¹⁸ and the role Title IX staff and practices may play in these decision-making processes. For exam-

Table 1. University Title IX and Sexual Misconduct Office, Investigation, and Complaint Characteristics, by type of institution (public vs private)

Category	Characteristics	Total (N=10)	Public (n=5)	Private (n=5)	X ² or t value, p value
Institution	Students, Mean (SD), range	31,258.80(15070.72), 12060-58551	41,718.80(13,597.98), 25,018-58,551	20,798.80(7,252.63), 12,060-31,455	3.04, p=0.016
	Faculty, Mean (SD), range	4,868.60(1,892.65), 2,279-7,790	5,836.40(2,073.25), 3,256-7,790	3,900.80(1,191.57), 2,279-4,962	1.81, p=0.108
	Staff, Mean (SD), range	16,247.20(8895.05), 6,781-31,093	16,122.40(10,037.36), 6,781-31,093	16,372.00(8,788.44), 8,834-30,628	-0.04, p=0.968
	Total, Mean (SD), range	52,374.60(20,811.95), 27,464-84,883	63,677.60(22,497.42), 35,055-84,883	41,071.60(12,207.81), 27,464-54,404	1.98*, p=0.094
Office	Distinct office managing Title IX and/or sexual harassment complaints (% yes)	50.0%	40.0%	60.0%	0.40, p=0.527
	Office responds to complaints outside the scope of Title IX (% yes)	100.0%	100.0%	100.0%	-
	Sexual harassment investigations conducted by a single office (% yes)	60.0%	100.0%	20.0%	6.67, p=0.010
Staff	Title IX Coordinators/Directors, M(SD), range	1.40(0.70), 1.00-3.00	1.20(0.45), 1.00-2.00	1.60(0.89), 1.00-3.00	-0.89, p=0.397
	Title IX Deputy Coordinators, M(SD), range	3.30(6.67), 0.00-22.00	0.60(0.55), 0.00-1.00	6.00(9.03), 1.00-22.00	-1.34, p=0.252
	Title IX Officers/Investigators, M(SD), range	2.60(1.78), 0.00-5.00	3.20(1.92), 0.00-5.00	2.00(1.58), 0.00-4.00	1.08, p=0.313
	Other Staff, Mean (SD), range	5.40(4.03), 0.00-13.00	6.60(4.72), 1.00-13.00	4.20(3.27), 0.00-8.00	0.93, p=0.378
	Total Staff, Mean (SD), range	12.70(6.13), 2.00-23.00	11.60(6.47), 2.00-19.00	13.80(6.30), 7.00-23.00	-0.55, p=0.601
Investigation	Anticipated Length (days), Mean (SD), range	91.67(17.50), 60.00-120.00	90.00(12.25), 75.00-105.00	93.00(22.25), 60.00-120.00	-0.24, p=0.817
Transparency ^a	Public Report Available (% yes)	80.0%	60.0%	100.0%	2.50, p=0.114
	Report Included # of Complaints (% yes) ^b	87.5%	66.7%	100.0%	1.91, p=0.168
Report Data (2019-2020)	Complaints, Mean(SD), range	402.14(426.55), 82.00-1,336.00	814.00(738.22), 292.00-1,336.00	237.40(133.93), 82.00-449.00	1.10, p=0.467
	Formal Investigations, Mean(SD), range	24.88(13.98), 9.00-45.00	24.33(12.86), 15.00-39.00	25.20(16.10), 9.00-45.00	-0.08, p=0.940
	% of Complaints Formally Investigated M(SD), range	9.17% (5.98), 2.92-20.86	4.03% (1.57), 2.92-5.14	11.23% (5.87), 4.88-20.86	-1.63, p=0.165
	Reported Actual Investigation Length (% yes) ^b	25.0%	0.0%	40.0%	1.60, p=0.206

***p<0.001, **p<0.01, *p<0.05, +p<0.10; SD=standard deviation, ^aReport data based on 2019-2020 academic year; ^bpercent calculated based on those with public reports (n=8 public reports; n=7 reported number of complaints; n=2 reported actual investigation length, one was 105-days on average, one reported number of investigations within date ranges: (1-60 days: n=24; 61-120 days: n=12; 241-300 days: n=1)).

ple, research could examine whether formal investigations are less likely to be pursued in understaffed offices, or when public reports show outcomes with less severe sanctions. Future research in this area is needed to inform survivor-centered institutional policy and practices (e.g., training Title IX staff, and structured decision-making regarding the pursuit of formal investigations).

In sum, our findings suggest major growth opportunities for responses to reports of sexual harassment within universities with medical schools. Universities might consider investment in Title IX office staffing—both to retain employees and increase responsiveness to complaints, or the federal government could provide financial support for sufficient staffing of Title IX offices to comply with this federal regulation. Additionally, since under 20% of universities post the actual length of investigations publicly, this is a clear target for improvement. As Lorenz et al¹⁹ and others have written, in order for responses to reports of sexual harassment to be truly survivor-centered, processes must focus on accountability, repairing harm and restoring people to wholeness, and addressing harmful structural factors; this stands in contrast to the current adversarial and punitive nature of Title IX processes. Institutions should explore restorative or transformative processes which aim to reduce and prevent sexual harassment. All of these changes could help medical students and other employees increase their trust that sexual harassment complaints will truly be handled in a

timely and transparent manner.

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AUTHORS CONTRIBUTIONS

Johanna Folk: Conceptualization, Methodology, Data Collection, Data Analysis, Writing—Original draft Preparation; Sarah Carter: Data Collection, Writing—Original Draft Preparation, Writing—Reviewing and Editing; Reshma Jagsi: Conceptualization, Writing—Reviewing and Editing; Christina Mangurian: Conceptualization, Methodology, Writing—Reviewing and Editing.

INSTITUTIONAL REVIEW BOARD PERMISSION

Not required.

CONSENT

Not required.

CONFLICTS OF INTEREST

The authors declare that they have no conflicts of interest.

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