



[Season 1, Episode 4: Harassment: It's Not Just 'Part of the Job'](#)

Welcome to Healthier You by Vanderbilt Health and Wellness, a podcast to help Vanderbilt faculty and staff live their healthiest lives.

Welcome to the Healthier You podcast. My name is Lydia Gardner, and I am the communications specialist at Vanderbilt Health and Wellness. Joining me today on our podcast is Heather Kamper, our SHARE Center coordinator and also a clinical counselor for Work/Life Connections-EAP.

LG: Heather, I am so glad you are here. Thank you for joining me today.

HK: Hey, Lydia. Thanks so much for having me here on the Healthier You podcast. I think safety is integral to being our best and healthiest selves. So, I am really glad to be here.

LG: Heather, to kick us off, why don't you share a little bit with us about who you are, and your work at Vanderbilt.

HK: Sure. Although I have spent most of my career working in sexual assault and domestic violence prevention and response, most people don't know that I got my start as an emergency department social worker a long, long time ago in a land far, far away. I have been here at Vanderbilt, though, since early 2021. I am a licensed clinical social worker and I coordinate the SHARE Center, as you mentioned, here at VUMC (Vanderbilt University Medical Center). SHARE stands for Sexual Harassment: Awareness, Response, and Education. As the coordinator, I spend a lot of my time, I would say, leading our outreach education and response efforts, which really translates to providing workshops, awareness presentations, and, of course, providing counseling for individual SHARE clients, as well.

LG: That's incredible, and a lot of different things. Thank you for sharing all of that with our listeners. I know that you are doing much needed work, and incredible work, here at VUMC (Vanderbilt University Medical Center), so we really appreciate you. To help us get started, I thought it might be helpful to kind of rewind a little bit. Could you share a little bit more with us about the SHARE Center, why it was started, and what it does for our employees at VUMC?

HK: Sure, Lydia, I am happy to. I think the SHARE Center got its start by recognizing that we needed a resource for workplace sexual harassment, think sexual harassment between employees. We really, recently, made the strategic decision to expand our services to employees who have experienced any

form of sexual violence, including sexual harassment, of course, sexual assault, violation, whether it is perpetrated by an employee or, now, a patient, visitor or contractor.

We've definitely seen a significant uptick in incidents of sexual harassment and sexual violation directed toward our staff and providers, by patients, and unfortunately their visitors, and have recognized the importance of providing support in these circumstances, in addition to, of course, our ongoing support for people experiencing sexual harassment by another employee.

I think working at an academic medical center is a great opportunity to see change and action. We have seen so many women being chosen for leadership roles over the recent years, and our workforce is growing in diverse and powerful ways. We also recognize, at the same time, that sexual harassment continues to occur in many forms within our own and other institutions, of course. SHARE is here, though, with a broad stroke to serve anyone who needs to talk privately and confidentially about their experiences as a target of sexual harassment, sexual violation, and also for anyone who, and not everyone knows this but, witnessed any experience in sexual violation or sexual harassment and wants to talk them through.

LG: I think it is really cool that SHARE offers that service to people, even if they have witnessed it or if they have experienced it, that they can just come and have a safe place to share about that. To back up a little bit even more, what is considered workplace violence or harassment? Because, I think sometimes we hear those terms, but then in healthcare it can be easy to brush off events that may fall into those categories, because it is so common, and we don't always realize that it's happening.

HK: Yeah, I think that is a really good question and it's important to step back for a minute. I think that there are different definitions used by different parts of the institution. So it makes sense to me that it may not be as clear, and it is a little muddy. There is sexual harassment as defined by employment law, and various forms of harassment and sexual violence as outlined in the criminal code, in addition to, and along with, various VUMC policy-related definitions as well. So, it can be confusing.

I think for SHARE, it's important to understand that we identify sexual harassment on a continuum, and it really ranges from acts that don't ever involve contact to behaviors that involve the most intrusive types and forms of contact. We use this, rather than using a specific definition, so that we are, as SHARE support, able to provide opportunities for the person who was targeted to define for themselves the level of impact, rather than saying, "the more intrusive contact it had, the bigger impact it has." I know from my work with clients over the last 20 years that many people who have been targeted will say that it was the words that stayed with people much longer than any indication of physical contact. So, I think it's important for us at SHARE, we can have that broad stroke and better serve everyone.

HK: So, this continuum also really allows for an important and vital aspect for healthcare workers who might be seeking support, which is it doesn't talk about who the perpetrator needs to be. This really is important for nursing staff and our providers, because there is a long history within healthcare that we prioritize the well-being of our patients, sometimes over the well-being of our own staff and providers. I have really seen big changes here at Vanderbilt, as well as other medical centers. I think for a long time,

our nursing staff and providers were told that receiving and experiencing abuse or harassment was just part of the job, and I worked with a lot of our nursing staff and providers here who often even downplay or dismiss the impact that their experiences of sexual harassment and abuse have had because they say that the person was altered, or maybe they were impaired, or somehow medically compromised, and they didn't intend to cause harm.

LG: Wow.

HK: The truth is, our bodies often don't know whether the other person was intending to cause harm or not, but the violation can still impact us in really significant ways. If an event prevents us from completing the stress cycle, we can hold that impact in our bodies for only so long before it starts to impact us in ways we might never have imagined.

LG: Wow. That is profound, and absolutely makes sense that it would be so affecting. I appreciate that about SHARE, that they don't necessarily have strict definitions on different things. You know, anybody is welcome to come and it's to provide that for everybody.

Can you tell us a little bit more about trends in workplace violence and harassment that you have seen in the healthcare industry? From everything that I have read or seen, it definitely seems to be increasing, Like you said, not just employee to employee, but patients now, and seems especially prevalent in healthcare. Do we know why that is?

HK: I think, Lydia, it's a great question, and I think that there are a lot of factors that are influencing the increase and the spike in workplace violence within healthcare as a whole. I think a big change came with the beginning of the pandemic in 2020 so close, especially on the heels of the powerful Me Too movement from 2017 and 2018. People during the pandemic experienced stress in a form that they just didn't have a reference for, in the context of public health precautions. There was conflict and misinformation about the safety of vaccines. There were changes made to visiting rules and accompaniment rules, as a result of this strain on healthcare institutions that came from the increased demand. And also, all along, while people were trying to navigate life stressors and social and political unrest, and distrust of other people, not knowing who was safe and who wasn't, and all the usual life stress, as well as really the changing landscape of a post-pandemic world. So, to be clear though, even in the context of big environmental life stressors, or even individual factors, like a visitor's anxiety or maybe a patient's dementia, we believe here at SHARE that we all have the right to come to work and be safe, and if something happens to get the support and care we need.

LG: Along those same lines, are there risk factors that we can think about for prevention?

HK: I really think that the various workplace violence committees here at VUMC (Vanderbilt University Medical Center) have done a great job of getting the word out to our patients and their visitors about the expectations that we have as an institution for how our staff and providers are to be treated. There are workplace violence awareness signs in areas and locations of Vanderbilt Health all over from the

adult hospital to walk-in clinics. My favorite, actually I saw it just a few minutes ago, is the reminder: "We are all in this together, let's be kind." Communication at the institutional level and at the one-on-one level is an important and foundational risk reduction strategy, in that it clearly lets the potential harasser know that the boundaries have been established, limits will be held, and that there are consequences for violation leading up to and even including now, prosecution.

If folks are interested in learning more about Vanderbilt's workplace violence efforts, I really encourage them to check out vumc.org/saysomething, to learn about the prevention, response, and support efforts that are in place in addition to the SHARE Center.

LG: Absolutely, and I'm glad you mentioned that because we will link to that website, as well as the SHARE Center, in the show notes so that everybody can access that, because I know there are a lot of great resources there as well.

What can a person do to intervene if they witness workplace violence or sexual harassment as a bystander? Say it happens to one of their colleagues - what could they do, if anything? Is there something that they could do?

HK: Absolutely. Lydia, I think that there are so many options available to us. I like to say that the first thing that we can all do is try to identify and learn about what our default response to conflict and trauma is, and to develop our response, our sentences, if you will, based on that.

So, for the fighters out there: step in. Ask the target if you can take over the care of that patient, or help to limit their interactions in some way if they want to. For the fleers in the room: I know you are out there, go to the say something website, and then make a veritas report. Talk to your manager about ordering some of the new badge buddies that specifically outline the strategies for responding to workplace violence incidents from patients and visitors. For the freezers out there: be kind to yourself. Have compassion and extend grace to yourself. Your body is doing its best to protect you. When you are ready, engage the person who was targeted, ask if they know about the SHARE Center, offer to walk them down to our offices, in the basement of the Medical Arts building, or give us a call yourself. We share an intake line with Work/Life Connections, so it is super easy to get support. Give us a call at (615) 936-1327.

I do want to add a reminder, Lydia, if I may, that here at SHARE intention does not matter. Our nervous systems respond to serve us the best they know how, and that often takes a toll, whether or not the person causing the harm intended to do so. It really is not just part of the job anymore.

Thanks so much for having me here on the podcast today.

LG: Thank you so much for being here, Heather and sharing your expertise. We really, really appreciate it.

Thanks for tuning in to Healthier You by Vanderbilt Health and Wellness. If you are Vanderbilt University Medical Center faculty or staff members, you can earn credit on your go for the gold wellness actions log by listening to two podcasts during season one. Simply click the go for the gold link in the show notes below to record your participation and stay tuned for future episodes.