



U.S. Government Accountability Office

VA Health Care: Prevalence Information Needed to Better Understand and Address Harassment Involving Veterans

GAO-26-109183

Q&A

Report to Congressional Requesters

September 30, 2026

Why This Matters

Harassment-related behaviors that occur within the Department of Veterans Affairs' (VA) health care system may lead to negative consequences for individuals who experience them. VA researchers found that veterans who experienced inappropriate or unwanted comments or behavior from other veterans at a VA medical center (VAMC) may avoid needed care. Staff who experience such behaviors by patients may rush care in response. Other researchers have found that harassment of a sexual nature is associated with sexual assault.

The Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 required that VA, acting through the Veterans Health Administration (VHA, which administers VA's health care system), establish a comprehensive policy to end harassment (of a non-sexual nature), sexual harassment, and sexual assault (which we collectively refer to as harassment-related behaviors). VA established this policy in 2022, but questions have since been raised about increases in reported incidents. Further, these increases may not reflect the true occurrence of these behaviors. Stakeholders have identified that most individuals do not notify staff at institutions where they were harassed or sexually harassed. Thus, numbers of reported incidents in a given time period do not necessarily reflect the prevalence of such incidents, that is, the extent to which they are occurring in that same time period.

You asked us to review VA processes for responding to harassment-related behaviors. This report provides data on reported incidents of these behaviors involving veterans at VAMCs from fiscal year 2020 through fiscal year 2025 and examines VA's efforts to identify the prevalence of these behaviors.

Key Takeaways

- VA data show there were about 31,000 reported incidents of harassment-related behaviors involving veterans from fiscal year 2020 through fiscal year 2025 (ranging from approximately 2,600 to about 7,100 reported incidents each year within this 6-year period). These reported incidents occurred across 140 VAMCs that are part of VHA.
- These data likely do not capture all incidents because, according to stakeholders, most individuals do not notify staff at the institution at which these behaviors occurred about their experiences. This may be, for example, due to individuals' beliefs that the behavior will not be addressed or fear of retaliation.
- VA has not identified the systemwide prevalence of harassment-related behaviors involving veterans at VAMCs, and we recommend that it do so.

What VAMC staff are responsible for managing incidents of harassment-related behaviors involving veterans?

VA policies designate certain VAMC staff positions with specific responsibility for managing and documenting alleged incidents of harassment, sexual harassment, or sexual assault involving veterans. This includes incidents involving veterans who experience these behaviors by other veterans or VAMC staff, as well as VAMC staff who experience these behaviors by veterans. Veterans and VAMC staff can notify anyone at a facility of an alleged incident of such behavior that they experience or witness. Such notifications are then to be communicated to responsible staff.

Specifically, VA policy on the prevention and management of harassment-related behaviors in VAMCs designates VAMC patient advocates—staff generally responsible for documenting veteran complaints—as the point of contact for veterans to report alleged incidents.¹ Patient advocates are responsible for documenting incidents when notified that a veteran experienced alleged harassment or sexual harassment at a facility or witnessed such an incident against another veteran. This includes incidents in which a veteran experienced either of these behaviors by another veteran or a VAMC staff member.

Additional VA policy designates VAMC harassment prevention coordinators as the point of contact to document such incidents when notified that a VAMC staff member experienced alleged harassment or sexual harassment at the facility by a veteran or witnessed such an incident.² This VA policy further designates VA Police at the facility as responsible for documenting (and investigating) all allegations of sexual assault, including when they involve a veteran.

How are VAMC staff to document reported incidents of harassment-related behaviors?

The Disruptive Behavior Reporting System (DBRS) provides a means for all VAMC staff to document reports of physical and verbal behaviors that cause a safety concern at the facility.³ This includes, but is not limited to, harassment-related behaviors.⁴ Specifically, VAMC patient advocates, VAMC harassment prevention coordinators, and VA Police, as well as any other VAMC staff, can use DBRS to document reported incidents of harassment, sexual harassment, and sexual assault involving veterans of which they are notified or witness.

The primary purpose of DBRS is to provide a means for VAMC staff to alert facility behavioral threat assessment teams of such incidents so that these teams can respond appropriately. For example, VAMC behavioral threat assessment teams are to review reported incidents that are documented in DBRS and may respond by making recommendations to help the engager address any psychological challenges or obtain needed treatment for behavioral problems.

Reported incidents documented in DBRS by VAMC staff capture the following harassment-related behaviors:

- **Harassment.** Harassing behavior based on race or protected class, racial tensions, racial comments, or discriminatory actions or speech. (Protected class refers to groups of people who are protected against harassment based on certain characteristics, such as race, religion, or age, under federal employment law.)
- **Sexual harassment.** Unsolicited verbal or physical contact of a sexual nature which is threatening in character, unwelcome sexual advances, or requests for sexual favors.
- **Sexual assault.** Sexual contact or attempted sexual contact that occurs without the explicit consent of the recipient of the unwanted sexual activity.⁵

DBRS distinguishes incidents of alleged sexual assault from incidents of confirmed or substantiated sexual assault—the latter of which have been

substantiated by VA Police, who are members of VAMC behavioral threat assessment teams. Incidents of harassment or sexual harassment are categorized as such in DBRS based on individuals’ subjective reports of what they experienced or witnessed. VA officials told us that VAMC behavioral threat assessment teams do not substantiate reported incidents of these two harassment-related behaviors since these teams do not conduct legal investigations, such as employment discrimination investigations.

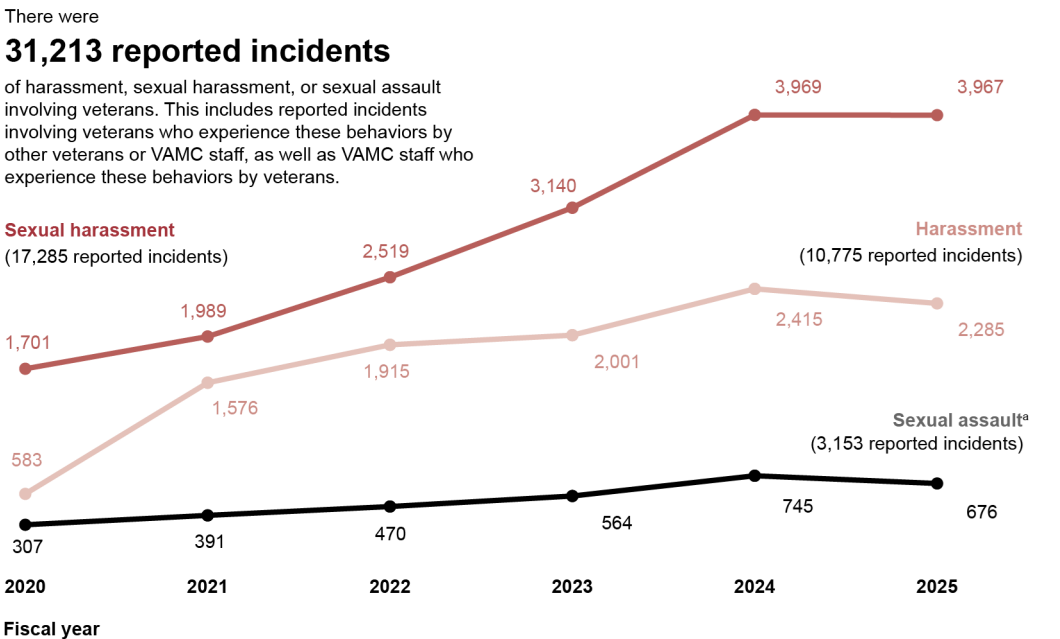
What do available VA data show about the number of reported incidents of harassment-related behaviors?

Our analysis of the DBRS data indicates that from fiscal year 2020 through fiscal year 2025, there were 31,213 reported incidents of harassment, sexual harassment, and sexual assault involving veterans (among other possible patients) documented in this data system (see figure 1).⁶ The number of reported incidents of these behaviors ranged from 2,591 to 7,129 each year within this 6-year period. These reported incidents occurred at 140 of VHA’s VAMCs, including their associated outpatient clinics.

We found that there were more reported incidents of sexual harassment than harassment or sexual assault. At the same time, reported incidents of harassment had the largest increase relative to the other behaviors (291 percent over this 6-year period), with most of that increase occurring from fiscal year 2020 to fiscal year 2021 before lessening in subsequent years.

Further, we found that records of reported incidents of harassment-related behaviors accounted for 7 percent of records of reported incidents of all disruptive behaviors (that is, any physical and verbal behavior that causes a safety concern at the facility) documented in DBRS from fiscal year 2020 through fiscal year 2025.

Figure 1: Reported Incidents of Harassment, Sexual Harassment, and Sexual Assault Involving Veterans at VA Medical Centers (VAMC), Fiscal Years 2020-2025



Source: GAO analysis of Department of Veterans Affairs data. | GAO-26-109183

Note: For the purposes of these data, the Department of Veterans Affairs (VA) defines (non-sexual) harassment as harassing behavior based on race or protected class, racial tensions, racial comments, or discriminatory actions or speech (which VA refers to as harassment based on race or protected class); sexual harassment as unsolicited verbal or physical contact of a sexual nature which is threatening in character, unwelcome sexual advances, or requests for sexual favors; and sexual assault as sexual contact or attempted sexual contact that occurs without the explicit consent of the recipient of the unwanted sexual activity.

According to VA officials, the data identifies patients generally, rather than veterans specifically. Officials told us that individuals categorized as patients can include veterans as well as certain non-veteran individuals who received health services at a VAMC, such as non-veterans who experienced a medical crisis while on a VA

medical center campus and were briefly admitted for care before being discharged or transferred elsewhere. We refer to “veterans” in the figure title and text given that, according to officials, most patient experiences of harassment-related behaviors captured by the data are those of veterans.

^aThe VA data distinguishes incidents of alleged sexual assault from incidents of confirmed or substantiated sexual assault—the latter of which have been substantiated by VA Police. However, we combined these incidents for purposes of our report. From fiscal year 2020 through fiscal year 2025, there were 2,314 incidents of alleged sexual assault (73 percent) and 839 incidents of confirmed sexual assault (27 percent), for a total of 3,153 reported incidents.

Our analysis also indicates that most (over 24,000) of the records of these reported incidents involved veterans (or other patients) who engaged in harassment-related behaviors against VAMC staff.⁷ Further, we found that among the records that involved veteran (or other patient) engagers, most (over 21,000) involved engagers who had at least one impairment (such as dementia and cognitive disorders, depression, anxiety, or alcohol intoxication). However, according to VA officials, these impairments may contribute to, but do not necessarily cause, the veterans’ (or patients’) behaviors.

We also found that reported incidents of all three harassment-related behaviors occurred in a variety of VAMC settings, including outpatient care settings (such as Community-Based Outpatient Clinics, which are associated with a VAMC but located offsite of the main campus), inpatient care settings, and common areas in the facilities. No single care setting accounted for a majority of reported incidents of any one of these three behaviors (no more than 13 percent for harassment and sexual harassment and no more than 22 percent for sexual assault), according to our analysis of the DBRS data.

Importantly, DBRS captures incidents only when a person experiencing or witnessing the behavior notifies the VAMC. As such, the data likely do not capture all incidents of harassment, sexual harassment, and sexual assault involving veterans that occurred across VAMCs. This is because stakeholders and researchers have identified that individuals typically do not notify staff at an institution where such incidents occur, as discussed below. Accounting for all such occurrences in a given time period, regardless of notification, could be achieved by identifying prevalence, also as discussed below.

Why is it important to identify the prevalence of harassment-related behaviors?

Stakeholders have identified the importance of identifying the prevalence of harassment-related behaviors to better understand the potential for these behaviors within organizations. Data on reported incidents of harassment-related behaviors reflect individuals who were willing and able to notify staff at the institution at which the behavior occurred, whereas data on the prevalence of such behaviors do not rely on the willingness to notify staff. Thus, data on reported incidents are likely to undercount the extent to which all incidents occur.

Specifically, the National Academies of Sciences, Engineering, and Medicine has reported that institutions should not rely on “official reports” of sexual harassment made to the institution by someone who experiences this behavior at the institution as a means to understand its occurrence, as such reports are typically low.⁸ In addition, the co-chairs of an Equal Employment Opportunity Commission (EEOC) select task force on harassment in the workplace reported that data on the number of complaints (that is, reported incidents) related to harassment filed with the commission in fiscal year 2015 were likely low in relation to the prevalence of this behavior.⁹

The EEOC report indicates this is because most individuals who experience harassment do not file formal complaints with the commission. Thus, both reports indicate that the prevalence of these harassment-related behaviors should be identified through, for example, surveys. These may be confidential or anonymous, compared to formal notification methods, increasing the likelihood that individuals self-report such behaviors through a survey.

What have VA researchers and others reported as reasons why someone may not notify an institution of harassment-related behavior?

Stakeholders and VA researchers who have published work related to identifying the prevalence of harassment or sexual harassment have identified a variety of factors that contribute to individuals who experience these behaviors not coming forward to notify staff at the institution at which the incidents occurred. This includes beliefs that formally notifying someone about the behavior would not lead to the behavior being addressed and fear of retaliation.

The Joint Commission. A 2022 report from The Joint Commission on the organization's new and revised workplace violence prevention standards for hospitals noted that health care workers who experience workplace violence—including harassment and sexual harassment—may not notify someone of their experiences for a variety of reasons.¹⁰ Specifically, the report's author cites a study from 2015 that found that the majority (88 percent) of health care workers who completed a questionnaire indicated they did not formally notify someone about these events due to, for example, related processes being time consuming, a belief that notifying someone would not lead to improvements, a belief that patients with certain impairments cannot be held accountable for their actions, or fear of retaliation.

The National Academies of Sciences, Engineering, and Medicine. The National Academies has cited research that found that individuals who experience sexual harassment may not notify someone due to fear of being blamed or disbelieved, as well as the possibility of inaction, among other reasons.¹¹ Further, guidance on measuring the prevalence of sexual harassment in higher educational campus settings from the National Academies issued in 2021 cites several studies that found that only 2 to 7 percent of individuals formally notify someone about the behavior in organizational settings generally.¹²

VA researchers. VA researchers told us that institutions (including VAMCs) are not notified of most incidents of harassment, sexual harassment, and sexual assault for a variety of reasons. This includes a lack of awareness of available options for notifying someone, beliefs that the incident is not severe enough to warrant such action, beliefs that nothing will happen as a result of taking such action, or fear of retaliation. In a 2022 study on designing effective systems for reporting incidents of sexual harassment perpetrated by patients, VA researchers also noted that not coming forward to notify someone is "pervasive" across different organizations, such as academia and the U.S. military.¹³ These researchers further indicated that other studies focused on the health care setting specifically suggest there is also a reluctance among providers to formally notify their institution when they experience disruptive patient behavior.

What methods should be used for identifying the prevalence of harassment-related behaviors?

According to stakeholders, efforts to identify the prevalence of harassment-related behaviors should involve conducting a representative survey with scenario-based questions. As the National Academies has noted, and RAND officials also told us, a method such as a survey—whether newly developed or built by adding questions to an existing instrument—is necessary because individuals are otherwise unlikely to come forward about these experiences. Both organizations have reported that such surveys should include scenario-based questions about behaviors individuals have experienced rather than questions that require individuals to self-identify that they have been harassed, sexually harassed, or sexually assaulted.¹⁴ This is because individuals are unlikely to label their experiences as these behaviors.

What have VA researchers reported on the prevalence of harassment-related behaviors?

VA researchers have reported on the prevalence of certain harassment-related behaviors at some VAMCs. For example, in 2019, VA researchers published the results of a 2015 survey they conducted on the prevalence and impacts of sexual harassment and harassment based on gender among women veterans at 12 of 60 VAMCs participating in VHA's Women's Health Practice-Based Research Network at that time.¹⁵

The researchers found that about 25 percent of women veterans who participated in the survey indicated they experienced inappropriate or unwanted comments or behavior from male veterans at a VAMC over the previous year (in response to a question asking this specifically). Researchers also found that the prevalence of these behaviors across the 12 VAMCs ranged from 10 percent to 42 percent, noting these results could not be generalized to women veterans across all VAMCs. Respondents were also asked to describe specific behaviors they had experienced; respondents most frequently described behaviors such as being "catcalled," stared at or watched, propositioned, targeted with sexual or derogatory comments, or told that they were too pretty to be a veteran. The researchers also found that the women veterans they surveyed who experienced these behaviors were more likely to indicate that they had delayed or missed needed care or felt unwelcome or unsafe at VA, compared to women veterans they surveyed who did not indicate such experiences.

To what extent does VA have systemwide efforts to identify the prevalence of harassment-related behaviors?

We found VA does not have a systemwide effort to identify the prevalence of harassment, sexual harassment, or sexual assault involving veterans across its VAMCs. This is inconsistent with VA's policy on the prevention and management of harassment-related behaviors in VAMCs, the purpose of which is to end these behaviors across the VHA system and to ensure that these behaviors are appropriately tracked and addressed.¹⁶ Comprehensive data identifying the prevalence of these behaviors would be needed to help VA achieve this policy objective.

VA has made some effort to collect information about veterans' experiences with certain harassment-related behaviors. VA conducts a post-appointment customer experience survey known as VSignals that includes a question on feelings of safety at visited VAMCs. Veterans' responses may reflect their experiences with harassment-related behaviors, which veterans can indicate in a free text survey entry, according to VA officials, along with any other concerns. Officials also said they use artificial intelligence to search the free text responses to identify any sexually based concerns and track them as patient complaints. However, VA did not design the question to capture harassment-related experiences.

Further, VA conducts an annual survey known as the Harassment Veteran Feedback Project to identify veterans' experiences with sexual harassment or behavior that demeans their status as a veteran or right to VA health care. VA first administered the survey in 2017 to women veterans but expanded it to also include male veterans in 2023, according to VA officials. Specifically, VA officials told us they survey veterans who receive primary or women's health care at a subset of VAMCs participating in VHA's Women's Health Practice-Based Research Network at the time of these veterans' appointments. The number of VAMCs participating in the survey varies from year to year, based on whether any one of the 77 facilities currently in the network elects to participate. VA officials told us the number of participating VAMCs has ranged from 21 to 35 each year.

VA officials also told us they use the survey results primarily to inform policies and practices and improve veterans' experiences. However, VA researchers involved in the survey project told us the survey results are not generalizable and

caution should be taken if using the results to identify changes in the occurrence, or prevalence, of these behaviors. According to the researchers, this is because different VAMCs participate in the survey each year.

In addition to these efforts, VA officials also told us they use other sources of information to target efforts to prevent and mitigate harassment-related behaviors, including data on reported incidents of these behaviors. However, VA officials said they have not implemented any systemwide efforts to identify the prevalence of harassment-related behaviors involving veterans.¹⁷

Developing a means to regularly identify the systemwide prevalence of harassment-related behaviors involving veterans would help VA assess whether its existing efforts are working toward ending these behaviors, as called for in its policy. This could include adding scenario-based questions to an existing survey or implementing a new survey with scenario-based questions. Our analysis of the available VA data on reported incidents of harassment-related behaviors over the last 6 years reveals potential blind spots in VA's understanding of the risk of these behaviors across its VAMCs. For instance, our data analysis indicates that a generally increasing number of veterans (among other patients) or staff notified VAMCs about incidents of harassment-related behaviors. From fiscal year 2020 through fiscal year 2025, for example, VA data show a 291 percent increase in reported incidents of harassment documented in DBRS (the largest relative increase) and a 133 percent increase in reported incidents of sexual harassment.

Without prevalence data for comparison and context, it may be difficult for VA to understand the causes of these increases and make any necessary adjustments accordingly. Increases in reported incidents could be attributable to an increase in individuals' willingness to notify VAMC staff, an increase in the actual occurrence of these behaviors, or other factors.

Having information on the prevalence of harassment-related behaviors involving veterans across all VAMCs would help VA more effectively direct resources toward prevention and mitigation efforts—such as training or educational campaigns—where they are most needed to reach those at risk. VA officials we interviewed agreed with the importance of having such information for this purpose.

Conclusions

Experiences of harassment-related behaviors involving veterans at VAMCs can potentially compromise the care veterans receive. VA has done some work to improve its understanding of this issue, such as research related to certain harassment-related behaviors involving women in participating VAMCs. However, without a systemwide effort to regularly identify prevalence, VA cannot determine the extent to which its prevention efforts are reaching those most at risk or whether its resources are directed where they are most needed. This gap leaves VA limited in its ability to demonstrate progress toward its policy's purpose to comprehensively address the need to end these behaviors in VAMCs. Until that gap is addressed, risks to the health and safety of veterans and staff at VAMCs from harassment-related behaviors may go undetected and therefore unaddressed.

Recommendations for Executive Action

The Secretary of Veterans Affairs should take steps to periodically identify the prevalence of harassment-related behaviors—including harassment, sexual harassment, and sexual assault—involving veterans at VAMCs to better understand and address the systemwide occurrence of these behaviors. This could include, for example, steps to add scenario-based questions to an existing survey or developing a new representative survey. (Recommendation 1)

Agency Comments

We provided a draft of this report to the Department of Veterans Affairs for review and comment. VA did not provide comments on the report.

How GAO Did This Study

To describe which VAMC staff manage incidents of harassment-related behaviors, and how such staff document reports of these behaviors, we reviewed related VA policies. We also interviewed VA officials responsible for harassment-related matters to better understand the roles and responsibilities outlined in these policies.

To describe what available VA data show about reported incidents of harassment, sexual harassment, and sexual assault involving veterans that occur at VAMCs, we obtained and analyzed data on such incidents from VA's DBRS (the most complete source of data on all reported incidents of such harassment-related behaviors, according to VA officials) for fiscal year 2020 through fiscal year 2025. DBRS is intended to be used by all VAMC staff to document reported incidents of physical and verbal behaviors that cause a safety concern at a facility. According to VA officials, fiscal year 2020 was the first year for which data on reported incidents of harassment were available; fiscal year 2025 was the most recent complete year for which data were available at the time of our review. We analyzed reported incidents by specific behavior, the types of individuals involved in these incidents (e.g., veteran or VAMC staff), whether veterans (or other patients) who engaged in these incidents had impairments (such as cognitive disorders), and the VAMC settings in which these incidents occurred.

To assess the reliability of the data, we interviewed VA officials, reviewed the data dictionary for the variables included in our analysis, and conducted data quality checks. Based on these assessments, we found the data to be sufficiently reliable for our reporting purposes.

To examine VA's efforts to identify the systemwide prevalence of these behaviors involving veterans that occur at VAMCs, we interviewed VA officials responsible for harassment-related matters to learn about their activities. We evaluated such activities against VA policy. Further, we interviewed stakeholders (such as those from the National Academies of Sciences, Engineering, and Medicine, and from RAND) who have published work related to identifying the prevalence of these behaviors to understand relevant practices (e.g., constructing survey questions). We also reviewed publications from these stakeholders, as well as VA researchers, to understand why an individual may not notify staff at an institution that these behaviors occurred.

We conducted this performance audit from July 2025 to September 2026 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our objectives.

List of Addressees

The Honorable Mark Takano
Ranking Member
Committee on Veterans' Affairs
House of Representatives

The Honorable Julia Brownley
Ranking Member
Subcommittee on Health

Committee on Veterans' Affairs
House of Representatives

We are sending copies of this report to the appropriate congressional committees, the Secretary of Veterans Affairs, and other interested parties. In addition, the report is available at no charge on the GAO website at <https://www.gao.gov>.

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Endnotes

¹See Department of Veterans Affairs, *VHA Directive 5019.02(1), Harassment, Sexual Assaults, and Other Defined Public Safety Incidents in VHA* (Washington, D.C.: Sept. 12, 2022).

²See Department of Veterans Affairs, *VA Handbook 5979, Harassment Prevention Program (HPP) Procedures* (Washington, D.C.: March 21, 2022).

³VAMC staff also may document allegations of harassment, sexual harassment, or sexual assault in databases associated with their staff functions. For example, VAMC patient advocates document allegations of harassment or sexual harassment of which they are notified in VA's complaints tracking system, known as the Patient Advocate Tracking System-Replacement (or PATS-R). Further, VA Police document allegations of sexual harassment and sexual assault in the VA Police incident tracking system, known as the VA Police Axon Records Management System (or Axon RMS). As of September 2026, GAO has ongoing work related to VA's oversight of harassment-related behaviors involving veterans at VAMCs, which includes VA's use of data from these various systems for monitoring purposes.

⁴VA defines disruptive behavior as verbal, non-verbal, written, or electronic behavior by any individual that is intimidating, threatening, or dangerous; has jeopardized or could jeopardize the health, safety, or security of patients, VA staff, or other individuals at a VA medical facility; would create fear in a reasonable person; interferes with the safe, secure, and effective delivery of VA health care; compromises the ability of VA to engage in its mission of serving veterans; or impedes the daily operation of a VA medical facility. Such behavior includes, but is not limited to, harassment, sexual harassment, and sexual assault. See Department of Veterans Affairs, *Veterans Health Administration Directive 1160.08(1), VHA Workplace Violence Prevention Program* (Washington, D.C.: Aug. 23, 2021).

⁵For the purposes of this report, harassment, sexual harassment, and sexual assault are defined by the corresponding Disruptive Behavior Reporting System (DBRS) behavior categories. While the DBRS definition of harassment refers to federal employment law in defining protected class, this report does not address Title VII of the Civil Rights Act and Equal Employment Opportunity Commission requirements governing discrimination and sexual harassment in the employment context. In addition to the physical or practical risks of harassment discussed elsewhere in this report, harassment of VAMC staff also subjects the agency to legal or financial risk under Title VII. For more information about sexual harassment and VA employment policies, see, for example, GAO, *Sexual Harassment: Opportunities Remain for VA to Improve Program Structure, Policies, and Data Collection*, GAO-22-106103 (Washington, D.C.: July 28, 2022).

⁶According to VA officials, the DBRS data identifies patients generally, rather than veterans specifically. Officials told us that individuals categorized as patients can include veterans as well as certain non-veteran individuals who received health services at a VAMC, such as non-veterans who experienced a medical crisis while on a VA medical center campus and were briefly admitted for care before being discharged or transferred elsewhere. However, officials also told us that most patients captured by DBRS are veterans.

The DBRS data distinguishes incidents of alleged sexual assault from incidents of confirmed or substantiated sexual assault—the latter of which have been substantiated by VA Police members of VAMC threat assessment teams. However, we combined these incidents for purposes of our report. From fiscal year 2020 through fiscal year 2025, there were 2,314 incidents of alleged sexual assault (73 percent) and 839 incidents of confirmed sexual assault (27 percent), for a total of 3,153 reported incidents.

⁷Reported incidents involving veterans who engaged in these behaviors against an individual who was neither, or not known to be, another veteran or VAMC staff were second most common; followed by reported incidents involving two veterans and those involving VAMC staff who engaged in these behaviors against veterans.

⁸See National Academies of Sciences, Engineering, and Medicine, *Sexual Harassment of Women: Climate, Culture, and Consequences in Academic Sciences, Engineering, and Medicine* (2018) (Washington, D.C.: National Academies Press, 2018).

⁹See U.S. Equal Employment Opportunity Commission, *Select Task Force on the Study of Harassment in the Workplace, Report of Co-Chairs Chai R. Feldblum & Victoria A. Lipnic* (June 2016).

¹⁰See Judith E. Arnetz, “The Joint Commission’s New and Revised Workplace Violence Prevention Standards for Hospitals: A Major Step Forward Toward Improved Quality and Safety,” *The Joint Commission Journal on Quality and Patient Safety* 2022, vol. 48, no. 4 (2022). The Joint Commission is a not-for-profit organization that sets standards for, accredits, and certifies more than 22,000 health care organizations and programs in the United States, including VAMCs.

¹¹See National Academies of Sciences, Engineering, and Medicine, *Sexual Harassment of Women: Climate, Culture, and Consequences in Academic Sciences, Engineering, and Medicine* (2018).

¹²See National Academies of Sciences, Engineering, and Medicine, *Guidance for Measuring Sexual Harassment Prevalence Using Campus Climate Surveys: Issue Paper* (2021) (Washington, D.C.: National Academies Press, 2021).

¹³See Karissa M. Fenwick et al., “Expert Recommendations for Designing Reporting Systems to Address Patient-Perpetrated Sexual Harassment in Healthcare Settings,” *J Gen Intern Med*, vol. 37, no. 14 (2022).

¹⁴See National Academies of Sciences, Engineering, and Medicine, *Guidance for Measuring Sexual Harassment Prevalence Using Campus Climate Surveys: Issue Paper* (2021) and RAND Corporation, *Sexual Assault and Sexual Harassment in the U.S. Military, Volume 1. Design of the 2014 RAND Military Workplace Study* (Santa Monica, Calif.: 2014). According to RAND, examples of scenario-based questions include, for example, asking respondents if they have ever heard repeated offensive sexual jokes (rather than asking whether respondents have been sexually harassed) or had unwanted sex based on the use of physical force (rather than asking if respondents have been raped, which is a form of sexual assault).

¹⁵See Ruth Klap et al., “Prevalence of Stranger Harassment of Women Veterans at Veterans Affairs Medical Centers and Impacts on Delayed and Missed Care,” *Women’s Health Issues*, vol. 29, no. 2 (2019). Researchers surveyed 1,395 women veterans who had three or more primary or women’s health visits at one of 12 VAMCs between January and March 2015, asking if these patients experienced inappropriate or unwanted comments or behavior from male veterans at VA in the past year.

¹⁶See Department of Veterans Affairs, *VHA Directive 5019.02(1), Harassment, Sexual Assaults, and Other Defined Public Safety Incidents in VHA*.

¹⁷VA has identified the need for a centralized platform that consolidates data from various systems to provide a comprehensive picture of the occurrence of harassment-related behaviors. Such a centralized platform may provide VA a more comprehensive understanding based on data that are available, that is, data on reported incidents of these behaviors. However, it does not address the need for VA to identify the prevalence of these behaviors involving veterans systemwide (which would account for the occurrence of these three behaviors regardless of whether individuals notify staff at the VAMCs of their experiences).