Harassment Reporting Landing Page & Poster

Research Readout

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Warning:

Harassment, sexual harassment, and assault will be discussed in this presentation, but without any graphic details

Research Goal & Questions

Goal: Get **Veteran feedback on the new static landing page and poster** about harassment reporting at VA

Research Questions:

1. How do Veterans today report harassment at VA?

2. How would Veterans find out how to report harassment at VA?

3. What are Veterans' reactions to the poster?

4. What are Veterans' reactions to the static landing page?

5. How do Veterans prefer to report harassment?

Poster tested

Report sexual assault or harassment as a Veteran or visitor to VA

Call 911 or the VA police if you've been sexually assaulted or you're at risk of harm right now.

Everyone has the right to safety and respect at VA. If you experience or witness harassment at VA, you can report it by phone or in person.

We'll support you, and respect your need for confidentiality, at every step of the process.

To report harassment by phone
Call our VA harassment prevention office at **800-488-8244**. If you have hearing loss and need help to make a TTY call, call **711**.

To report harassment in person
Tell a VA patient advocate, police officer, or building security professional.

What harassment is and when to report it

Harassment is any unwelcome behavior that creates a hostile space. It can come in many forms:

- Verbal comments or threats
- Physical gestures or threats
- Images, emails, text messages, or written messages

Harassment is not your fault. And it can happen to anyone.

We encourage you to tell us right away — or whenever you're ready — if either of these situations happens to you:

- Someone makes you feel uncomfortable or unsafe at VA.
- You see or hear harassment of someone else at VA.

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New static landing page

Report harassment as a Veteran or visitor to VA

Everyone has the right to safety and respect at VA. Harassment is any unwanted behavior that creates a hostile space. It's not your fault. And it can happen to anyone. Read this page to learn how to report harassment and what to expect when you do. We'll support you, and respect your need for confidentiality, at every step of the process.

ⓘ How to quickly get the help you need

- **If you've been sexually assaulted or you're at risk of harm now:** Call 911 or the VA police to get help right away.
- **If you want to file a harassment report:** Call us at 800-488-8244 (TTY: 711). We're here Monday through Wednesday and Friday, 9:00 a.m. to 4:00 p.m. ET. On Thursday we're here 9:00 a.m. to 1:00 p.m. ET.
- **If you're in crisis and need to talk with someone now:** Call our Veterans Crisis Line at 800-273-8255 and select 1 (TTY: 800-799-4889). Or text 838255. Our caring, qualified responders offer confidential help anytime day or night—24/7. Many of them are Veterans themselves.

How to report harassment as a Veteran or visitor to VA

You have options for how to file your report. When you're ready, we're here to support you.

Report harassment by phone

Call us at 800-488-8244.

We're here Mondays, Tuesdays, Wednesdays, and Fridays, 9:00 a.m. to 4:00 p.m. ET and Thursdays, 9:00 a.m. to 1:00 p.m. ET.

If you have hearing loss and need help to make a TTY call, call 711.

What if I'm not comfortable giving my name with my report? ⌄

Report harassment in person

You can also report harassment to us in person at these VA locations:

- **VA health facility:** Tell a VA patient advocate, police officer, or building security professional.
- **VA Vet Center:** Tell the center's supervisor. They'll connect you with the local VA harassment prevention coordinator.
- **VA regional office:** Tell a VA police officer or building security professional. They'll connect you with the local VA harassment prevention coordinator.
- **VA national cemetery:** Tell a VA employee in the cemetery office. If there isn't an office at the cemetery, you can call any cemetery district office by phone.

Get phone numbers for VA national cemetery district offices ⌄

What harassment is and when to report it

Harassment is any unwelcome behavior that creates a hostile space. It can make you feel uncomfortable, unsafe, intimidated, or offended. It can sometimes be sexual in nature. And it can come in many forms:

- Verbal comments or threats
- Physical gestures or threats
- Images, emails, text messages, or written messages

Harassment is not your fault. And it can happen to anyone.

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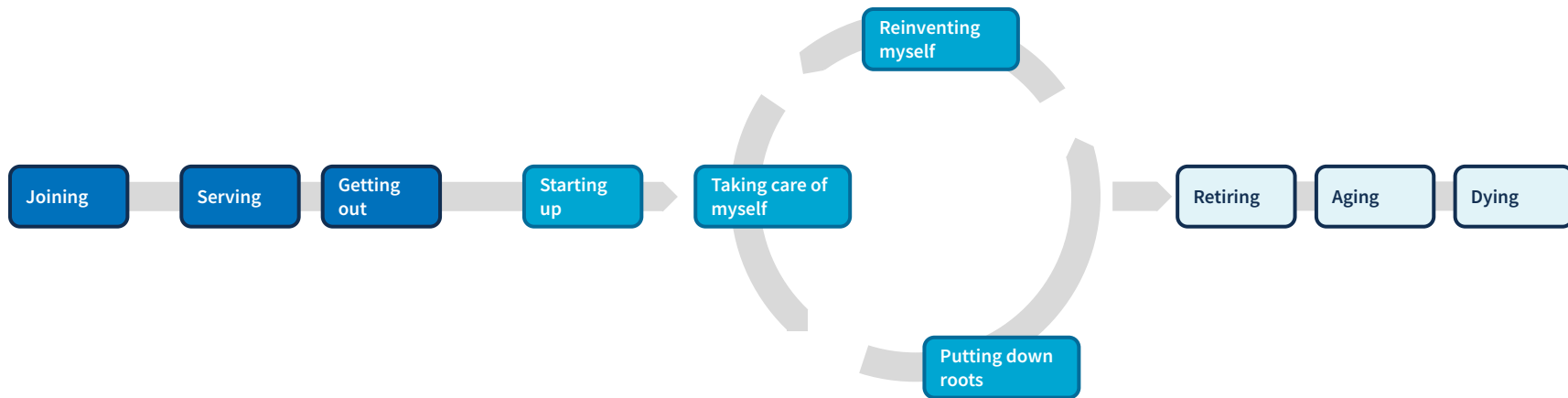Landing page tested (only part of it is shown)

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How this research maps to the Veteran journey

Veterans might experience harassment at **any point after leaving the military** when they interact with someone at the VA in person, over the phone, or online
- Living civilian life
- Retiring and aging

For a fully detailed Veteran journey, go to
https://github.com/department-of-veterans-affairs/va.gov-team/blob/master/platform/design/va-product-journey-maps/Veteran%20Journey%20Map.pdf

Serving and separation

Living civilian life

Retiring and aging

OCTO-DE goals that this research supports

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Veterans and their families can apply for all benefits online	Veterans and their families can find a single, authoritative source of information	**Veterans and their families trust the security, accuracy, and relevancy of VA.gov**	Veterans can manage their health services online	VFS teams can build and deploy high-quality products for Veterans on the Platform	Logged-in users have a personalized experience, with relevant and time-saving features	Logged-in users can update their personal information easily and instantly	Logged-in users can easily track applications, claims, or appeals online

Measures to increase

Completion rate of online transactions	Percent of applications submitted online (vs. paper)	**Veteran satisfaction with VA.gov Benefit use and enrollment, across all business lines**	Benefit value (in $) delivered from online applications or transactions	Number of VA.gov users as a function of total Veteran population	Usage of digital, self-service tools

Measures to decrease

Time to successful complete and submit online transactions	Time to process online applications (vs. paper)	Call center volume, wait time, and time to resolution	Time from online benefit discovery to benefit delivery

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Methodology

Remote moderated 1-hour sessions
over Zoom

- Asked participants **warm-up questions**
  - how to report a hypothetical harassment incident
  - where to look for info about reporting harassment at VA

- **Showed poster** to desktop participants *not* using a screen reader

- **Showed landing page** to ALL participants

Methodology: Trauma-Informed Research

Harassment is a potentially triggering subject. Here's what we did to be careful **when PLANNING the research**:

- Worked with VA contacts to **find social workers or other clinicians to observe the sessions and provide support** if trauma-triggering occurs

- Drafted a **protocol for recognizing and handling trauma-triggering** with specific words to say

- Planned for **60 min in between sessions** to debrief instead of the usual 30 min

- Gave Perigean an **overview of the session for potential participants** with instructions to share and then ask if they were comfortable participating

- With a signup sheet, **limited the number of observers in the session** to one team member (+ moderator, clinician, and a notetaker = 4 people max. in Zoom room w/participant)

- **Content review of all Veteran-facing language** in research plan and conversation guide (thank you, Danielle Thierry!)

Methodology: Trauma-Informed Research (cont'd)

Here's how we were careful **DURING the research sessions**:

- The clinician appeared on camera with their name (not "Observer"). At the beginning of the each session, the **moderator introduced the clinician to the Veteran participant**.

- **Asked participants for consent** at the beginning of each session–to discuss harassment today, and for the notetaker and observer to be present

- **Presented a hypothetical situation**; didn't ask participants about their own experiences until the end, after letting them know that sharing was optional

- **Gave empathy to participants** when they shared something difficult

Here's what we did **AFTER the sessions**:

- **Daily debrief meeting with team** members (thank you to Martha Wilkes, Danielle Thierry, and Angela Fowler for attending!) to share observations and decompress

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Participant Demographics

14 participants–all Veterans

- 10 women, 3 men, 1 non-binary & trans
- 1 gay/lesbian/bisexual
- 5 with cognitive disability
- 1 screen reader user
- 10 desktop, 3 phone, 1 tablet

Findings may not include the perspectives of the following underserved Veteran groups:
- Identify as Latinx or Native
- Live abroad

Harassment landing page & poster research

final # of participants		14		# of AT users		2		# of no shows		2				
Category	%	Target	Study	1 2 3 4 5		6 7	8 9		11 12 13 14 15					

Veterans				Based on current VA statistics										
Age 55-64+	50.00%	7	4	0 1 0 0 1	1	0 0	0 0	1	0 0 0 0 0					
Cognitive Disability	50.00%	7	5	1 0 0 1 1		0 0	0 0	0	1 1 0 0 0					
Mobile user	50.00%	7	4	1 0 1 0 1		0 0	0 0	0	1 0 0 0 0					
Rural	25.00%	4	3	0 0 1 0 1	1	0 0	0 0	0	0 0 0 0 0					
No degree	25.00%	4	2	0 0 1 0 0		0 0	0 0	1	0 0 0 0 0					
Other than honorable	21.00%	3	unknown											
Immigrant origin	17.00%	3	unknown											
Women	10.00%	2	10	0 1 0 1 1	1	1 0	1 0	1	1 0 1 1 0					
Expat (living abroad)	0.40%	1	0											

Race				Based on VA's projected statistics										
Black	15.00%	3	6	1 1 0 1 1	1	0 0	0 0	0	0 1 0 0 0					
Hispanic	12.00%	2	0											
Biracial	3.90%	1	1	0 0 0 0 0		0 0	0 0	0	1 0 0 0 0					
Asian	3.00%	1	1	0 0 0 0 0		0 0	0 0	0	1 0 0 0 0					
Native	0.30%	1	0											

LGBTQ+				LGBTQ+ Veterans are 5 times as likely to have PTSD										
Gay, lesbian, or bisexual	--%	1	1	0 0 0 0 0		0 0	0 0	1	0 0 0 0 0					
Transgender	--%	1	1	0 0 0 0 0		0 1	0 0	0	0 0 0 0 0					
Nonbinary, gender fluid, ge	--%	1	1	0 0 0 0 0		0 1	0 0	0	0 0 0 0 0					

Assistive Tech (AT)				Ask an a11y specialist to help you complete this. Targets are for a general AT study.										
Beginner AT User	50.00%	1	0											
Experienced AT User	50.00%	1	2	1 0 0 0 0		0 0	0 0	0	0 1 0 0 0					
Desktop Screen Reader (SR)	20.00%	1	0											
Mobile Screen Reader (SR)	20.00%	1	1	0 0 0 0 0		0 0	0 0	0	1 0 0 0 0					
Magnification/Zoom	20.00%	1	1	1 0 0 0 0		0 0	0 0	0	0 0 0 0 0					

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Findings in 4 areas

We were looking for Veteran feedback on the new static landing page and poster about harassment reporting at VA, but we also got feedback in other areas.

1. **Feedback on the landing page and poster**

2. **Attitudes around harassment and reporting**

3. **The broader VA context**

4. **Feedback on the trauma-informed research methods**

Key Findings: Feedback on landing page and poster

1. The **desired amount of content varies greatly** among participants
   (from "all the details" to "only the headers" to "just the phone number/link to report").

2. Some participants were **skeptical that the harassment content reflects new change at VA**.

   "A bit more transparent than VA has been in the past...Honestly, it feels like 'nice try'. This is cool, but we've kind of seen this stuff before. I've been getting this since I was in the service--classes about sexual harassment, and nothing changes" (p9).

3. The **days/hours for reporting by phone were too limited**
   (Mon, Tue, Wed, Fri 9 am - 4 pm ET and Thu 9 am to 1 pm ET).

4. Some participants **expected to be able to report online**.

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Key Findings: Attitudes around harassment and reporting

1. **Much harassment isn't reported** for a variety of reasons, most commonly because it doesn't seem serious/bad enough or physical, and so many people just say something directly to the person and then try to forget about it.

   "How bad did it make me feel--harmless or psychologically damaging?...Have I felt victimized enough to complain about it?" (p14).

2. Participants said they'd **decide how to report harassment based on their current location** (i.e., at a VA site vs. at home), their own preferences, and their past experiences. The most common way to report was in-person with a patient advocate.

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Key Findings: The broader VA context

1. Participants reacted with varying degrees of **skepticism about whether harassment reporting would make a difference** at VA.

   "Oh my goodness, the fact that you're even going to put it out there that these things exist at the VA--that's huge...because for years, nobody wanted to admit that any of this type of behavior was going on...It's the accountability--knowing that something's going on, and we're going to try to find a way to address it" (p6).

   "I used to have some hope that it would be different, but no longer. With the VA, I don't expect anything because you'll only be disappointed" (p9).

2. **Harassment is pervasive at VA and in the military, especially directed towards women**. **10 of 14 (71%)** participants said they've experienced harassment at VA, and several shared their own stories of harassment by VA employees or others at VA.

   "Harassment happens so frequently [at VA that] it's a surprise when it doesn't happen" (p9).

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Key Findings: Feedback on the trauma-informed research methods

1. **Six clinicians volunteered to help, and 4 of them (3 social workers and 1 psychologist) signed up** to observe 11 of the 15 sessions scheduled. One participant remarked spontaneously: *"I'm impressed with you having Dr. L here for support in case something triggers me, which is huge for me"* (p6).

2. **None of the participants appeared to have been triggered** during the research sessions.

3. We had a **very low participant no-show rate (13%--2 of 15)**, perhaps due to additional screening questions and session topic that Perigean shared with potential participants before scheduling. *"I hold out hope the VA will change, and that's why I participate in this stuff"* (p9).

4. **Moderating 3 sessions with heavy stories in one day was exhausting**, and 1 hour between sessions wasn't always enough time to debrief and get ready for the next one

5. **Debriefing every day with the team was super helpful** to decompress and process together

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Key Recommendations: Technology, content, and design

1. The landing page and poster need to **provide simple, clear instructions for everyone on how to report harassment or assault**, with easy access to optional information for those who want more detail. To do this, we need:

    a. **One phone number** for all reports (including sexual assault) with 24-hour access (*vs.* multiple phone numbers)

    b. **Training for all VA staff** on how to help people get to the right place to file a report (*vs.* multiple different people/locations/numbers)

    c. The **harassment reporting line should triage employee reports to the correct place** so we don't have to say that this page is only for Veterans or visitors

2. **Provide an online form to report harassment**, which would enable more people to report in private and at any time of day or night

Key Recommendations: VA processes and services

1. **Simplify the harassment reporting process** to reduce the burden on the person reporting because they may be distraught and not know whether what happened is assault, sexual assault, or harassment. We need to focus on the user experience of the person gathering up courage to report.

   a. A **single phone number that you can call ANYTIME day or night** so you don't have to choose from multiple numbers.

   b. **Simplify the message of who to report to in person**: a patient advocate, any staff member you trust, or a security guard. Leave out details about which employees at different VA facilities and the cemetery district office phone numbers.

   c. **The VA employees who receive harassment reporting calls or in-person reports need trauma-informed training** in what to do and how to support or transfer people who are reporting harassment, sexual harassment, or sexual assault because people may not know the technical term for what happened. This includes VA providers and VA-contracted providers, who also might receive harassment reports.

Key Recommendations: VA processes and services (cont'd)

2. The **new web page and poster on harassment reporting are only one part of a larger communication plan needed across all of VA** and individual facilities that should speak to ALL Veterans–including women who have been repeatedly harassed at VA–about what systemic changes are happening.

3. VA has to **prove by *action*** that that they'll **do something useful with harassment reports**. It's not enough to say on a web page that VA will start an inquiry and take corrective action. Maybe look at VA sites with many harassment reports and see how they're run. Perhaps their leaders and employees need training on how to recognize and handle harassment.

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Key Recommendations: Trauma-informed research

For **everyone conducting research at VA**:

1. **Generalize the trauma-informed research methodology practices** in this study **into guidelines and templates** for use in future research studies at VA

2. **Ask participants for consent BEFORE letting observers join** the meeting

3. **Develop a process to recruit clinicians** to help and compensate them for their time (*vs.* having the researcher do all the time-consuming legwork of asking for help recruiting and doing logistics)

For **researcher health and well-being**:

4. Consider **sharing session moderation duties** with another researcher

5. Consider **longer breaks between sessions** (1.5 - 2 hours) and potentially schedule only 2 per day

6. **Encourage team members to attend daily debriefs**

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Next Steps

1. **Discuss the service design** for reporting harassment at VA and try to
    streamline it from the Veteran/visitor perspective

2. Then **simplify content** on the landing page and poster

3. **Conduct user research** on the revised landing page and poster
    Participants should include more screen reader users (this study had only one but we planned for 3)

Questions?

Link to [full research report on GitHub](#)

Reach out to Cindy Merrill, Martha Wilkes, or Danielle Thierry on Slack