

# IFMSA Policy Document

## Sexual Misconduct in Universities and the Workplace

Proposed by the IFMSA Team of Officials

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## Policy Statement

### Introduction

Sexual misconduct occurs when sexual activity takes place without consent. Consent should always be freely given, enthusiastic, specific, informed, and reversible. While it can involve anyone, the majority of cases often see cis men targeting women, non-binary individuals, and those who are genderqueer. Gender inequity is the primary underlying cause, compounded by intersecting prejudices such as racism, homophobia, or ageism. Those facing multiple oppressions are disproportionately affected. Power imbalances within universities and workplaces, rooted in gender inequity, can exacerbate instances of sexual misconduct. Occupational hierarchies in healthcare systems and medical schools contribute to this issue, with senior positions holding more power. However, a lack of data from both workplaces and universities likely underestimates the prevalence due to underreporting. Sexual misconduct intensifies inequities, leading to adverse physical and mental health outcomes for survivors and normalising institutional sexism. Reducing misconduct rates, raising awareness of its causes, and improving survivor services can decrease harm, particularly for women and girls, and enhance workplace and educational environments for all. Positive changes in existing services will encourage reporting, provide more support for survivors, and hold offenders accountable.

### IFMSA position

The IFMSA rejects all forms of sexual misconduct in any context. Acknowledging the profound impact on individuals' well-being, both physically and emotionally, IFMSA is committed to creating an environment that promotes gender equity and works towards eliminating sexual misconduct. We support individuals in making informed decisions about their experiences of sexual violence, respecting their autonomy in seeking redress. Additionally, we recognize the urgency of implementing policies addressing such misconduct and its addressing root causes, integrating social determinants of health into our approach. This policy aims to empower medical students to advocate for survivors comprehensively, striving for a safer and more equitable working and learning environment for all.

### Call to Action

Therefore, the *IFMSA* calls on:

#### United Nations agencies, including but not limited to the World Health Organization (WHO), to:

- Continue with the development and updating of global zero-tolerance policies against sexual misconduct.
- Support Member States in addressing sexual misconduct and implementing adequate policies preventing and responding to sexual misconduct.
- Collaborate with external organisations and subject matter experts to continuously improve policies and practices aimed at preventing and addressing sexual misconduct.

#### Governments, including ministries of health, ministries of education, and ministries of labour to:

- Develop and implement zero-tolerance policies against any form of sexual misconduct, including specific laws for the university and workplace environments, as well as preventive measures, early detection, and intervention tools.
- Provide funding for education and awareness initiatives on consent and sexual misconduct.
- Establish new and continue supporting existing governmental institutes concerned with people's safety and rights, emphasising women as the most prominent affected individuals.
- Develop and implement explicit legal provisions for addressing sexual misconduct.
- Invest in programs that address, prevent, and reduce violence against women, as well as those that promote gender equity. Similarly, promote and encourage support networks for survivors.

#### Non-governmental organisations (NGOs) to:

- Conduct awareness campaigns and advocacy to pressure governments and universities that contain messages on egalitarian and non-violent gender norms and consensual and respectful sexual relations to address sexual misconduct.
- Aid in developing data-segregated research to map sexual misconduct to demand evidence-based interventions;
- Provide social, legal, psychological, and healthcare resources and support for sexual misconduct survivors; ensure that services are sensitive, accessible and affordable to all, especially to those facing multiple forms of discrimination

**Universities and university associations to:**

- Assess, evaluate, and improve current sexual misconduct services and policies to meet the survivors' needs using a survivor-centred approach. These services should be sensitive, accessible and affordable to all, and especially to those facing multiple forms of discrimination;
- Incorporate sexual misconduct prevention and response measures into curricula and non-violent gender norms;
- Lead awareness campaigns and advocacy efforts on sexual misconduct in collaboration with relevant stakeholders; as well as including specific training programs for workers, enabling them to carry out early detection and intervention.

**Healthcare sector to:**

- Implement periodic training programs for healthcare workers on the prevention, detection and response to sexual misconduct.
- Establish clear and comprehensive policies prohibiting sexual misconduct in the healthcare environment, with specific procedures for filing complaints securely and confidentially.
- Ensure the availability of resources and psychological support for survivors, including counselling services and legal assistance.

**Research institutes to:**

- Conduct comprehensive research on sexual misconduct survivors and the effectiveness of existing prevention and response measures under the supervision of government and universities;
- Ensure open access to the published results while maintaining confidentiality results to inform evidence-based policies and practices;
- Collaborate with other research entities around the globe to conduct global research on sexual misconduct.

**Worker unions and private sector leadership to:**

- Actively promote and work towards the workplace as a safe and healthy work environment;
- Create clear procedures for addressing sexual misconduct in all working institutions, with secure and confidential reporting pathways, as well as adequate legal support and protection against retaliation and further harassment.
- Develop and establish clear means of reporting all violations and an effective and nuanced approach for addressing them and protecting survivors.

**National Member Organizations (NMOs) and medical students to:**

- Organise activities, projects, and advocacy programs to educate and equip medical students with the necessary skills to prevent, address, and mitigate the effects of sexual misconduct,
- Advocate and raise awareness for the rights and safety of students inside universities' campuses and health care institutions, through campaigns and peer-to-peer education;
- Collaborate with universities to ensure the establishment and implementation of survivor-based policies;
- Encourage and participate in sexual misconduct research, including its prevention in universities and workplaces.

## Position Paper

### Background information

Accounts of harassment perpetrated by men against women at work are commonplace; however, not all incidences are sexual. (1) The United Nations (UN) considers sexual harassment in the workplace to be any unwelcome conduct of a sexual nature that is intended to offend, humiliate, or interfere with work. (2) Globally, a survey conducted in 2021 found that 23% of people had been subject to violence or harassment in their workplace. (1) However, younger people were far more likely to be harassed, with 23% of survivors being between 15-24 years old. This is thought to be underpinned by the dynamics created by power hierarchies within workplace organisations. High-income countries also recorded far higher levels than low- and middle-income countries; however, there is still a clear gender divide everywhere, with women being more likely than men to experience harassment. This gap is heightened further when incidences fall under the category of sexual misconduct.

Figures vary widely between regions and countries when recording levels of misconduct because it depends on many factors. GBV prevalence varied across WHO regions from 2000 to 2018, with the Western Pacific (20%) and Europe (22%) having the lowest rates, while Africa (33%), Eastern Mediterranean (31%), and South-East Asia (33%) reported the highest rates. (3) These include threats of retaliation from the perpetrator, confidentiality of the reporting process, effectiveness of the disciplinary process, and awareness of rights, among other reasons. (4) Studies looking specifically at sexual misconduct found that between 45-55% of women in the European Union (EU) have experienced sexual harassment at work, even though it has been criminalised in the overwhelming majority of these countries. (5) However, when recording these data, results vary widely. For instance, within the EU, the levels of women who have experienced sexual misconduct in their everyday lives vary from between 11% (Latvia) to 41% (France). (6) Reasons for these fluctuations include social norms and pressures, such as the fact that younger women are more likely to share their experiences of violence because of an increased awareness of their rights.

A global survey in 2020 uncovered the gender difference between social norms towards gender equity in employment, with only 32% of women considering their workplace gender equal, while among men, that number rises to 49%. (7) Furthermore, UN research shows that 90% of Gender-Based Violence (GBV) incidents are not reported because of a lack of trust in state police forces. (8) UN research, only 40% of women facing violence seek any form of help. Among this group, only 10% approach the police due to a lack of trust in state law enforcement, fear of reprisal, stigma, shame, or limited access to support services. (3) This demonstrates how services for survivors of sexual misconduct need to be better equipped to support them through this sensitive process. In the EU, a population survey showed that only 25% of GBV incidents are declared, and even the total number of undeclared cases is likely underestimated as some respondents do not fully disclose their experiences or may declare more than one incident. (6) This underreporting also occurs in the healthcare system, where instances of discrimination increase on account of night shifts, high-stress situations, and power hierarchies fuelled by sexism. (9)

In contrast, only 40% of countries have passed laws criminalising sexual misconduct in educational settings. (10) This leaves students at higher risk of experiencing sexual misconduct and the perpetrators facing less chance of punishment. While there are no large-scale records of the levels of sexual misconduct within higher education, evidence that institutional power hierarchies predispose institutions to higher levels of sexual misconduct suggests that this undeniably needs to be tackled.

## Discussion

### Sexual Misconduct.

Sexual misconduct can be described as a breach of consent during any form of sexual act, including, but not limited to, any verbal, nonverbal, written or electronic communication or physical activity. Furthermore Consent is defined as mutual understanding and voluntary agreement, expressed through affirmative words or actions, for engaging in a specific sexual activity at a particular time.(11)

To further understand what the various requirements for consent are, the FRIES acronym, created by Planned Parenthood, can be used. (12) This stands for:

- Freely given.
- Reversible.
- Informed.
- Enthusiastic.
- Specific.

These values underscore the importance of making choices freely, without external pressure or under the influence of substances. The concept of reversibility highlights that individuals always have the right to change their minds, fostering an environment where ongoing communication is essential. Being informed ensures that consent is based on a comprehensive understanding of the situation in both parties, aiming to avoid misunderstandings or undisclosed details. Enthusiastic consent emphasises the significance of engaging in sexual activities based on a genuine desire and intention to do so rather than feeling obligated. Lastly, specificity reinforces that agreement to one aspect of intimacy does not imply a blanket approval for all activities or all time, stressing the importance of clear and context-specific communication in establishing mutual consent. (12)

In the WHO Policy on Preventing and Addressing Sexual Misconduct published in 2023, which is upheld in all work of the WHO, sexual misconduct is used as an all-encompassing term that can be used to address all forms of prohibited sexual social norms by staff members or collaborators towards colleagues or members of the public in locations where the staff and/or collaborators operate. (13) Sexual misconduct includes all collective beliefs that can be characterised as sexual exploitation, sexual abuse, and sexual harassment, for which the official definitions, respectively as follows:

**“Sexual exploitation** is the actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another.

**Sexual abuse** is the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.

**Sexual harassment** is any unwelcome conduct of a sexual nature that might reasonably be expected or be perceived to cause offense or humiliation, when such conduct interferes with work, is made a condition of employment, or creates an intimidating, hostile, or offensive work or operational environment.”

Examples of sexual abuse can include but are not limited to rape, attempted rape, forced prostitution, trafficking for sexual exploitation, child pornography, child prostitution, sexual slavery, forced marriage, forced pregnancy, forced abortion, forced sterilisation, forced nudity, forced virginity testing, sexual torture and sexual mutilation. (14)

It is important to note that sexual harassment may involve any sexual conduct of a verbal, non-verbal, or physical nature, including written and electronic communications, and may occur between persons of the same or different genders. Examples of sexual harassment can encompass but are not limited to unwelcome sexual advances, sharing or displaying sexually inappropriate objects or images, expressing sexually suggestive communications, making inappropriate sexual gestures, unwelcome touching, asking for sexual favours, making sexual comments about someone's appearance, clothing or body, name-calling or using derogatory terminology with a gender/sexual connotation; demeaning remarks about a person's sexual orientation or gender identity; sending unsolicited gifts, technology-assisted voyeurism and cyber-stalking of a sexual nature. (13)

Additionally, in the context of sexual misconduct in the workplace, **quid pro quo sexual harassment** includes the provision of sexual favours in exchange for a professional benefit, such as a wage raise or a promotion. It is important to acknowledge that the situation should be considered sexual harassment even if a clear refusal is not explicitly expressed. If an individual feels compelled to engage in sexual contact due to embarrassment, fear of job loss, or the threat of workplace repercussions, it constitutes illegal harassment. (15)

#### **Root causes of sexual misconduct.**

Sexual misconduct in the workplace is a complex issue influenced by various societal, cultural, and organisational factors. Several root causes contribute to the prevalence of such social beliefs, creating environments where harassment and abuse can persist. One key factor is the imbalance of power dynamics within hierarchical structures. When there's a power differential between individuals, especially when it involves supervisors, managers, or those in positions of authority, it can create an environment where exploitation and abuse become more likely. Research has repeatedly underscored this power dynamic as a significant contributor to the perpetuation of sexual misconduct. (16,17)

Additionally, the role of gender and the inequities, norms, practices, and structures that follow from it also enables structures in which sexual misconduct towards women and girls can occur. Gender inequity, stemming from a historically unequal distribution of power, resources, opportunities, and perceived values between men and women, creates an environment that is susceptible to enabling and maintaining the occurrence of sexual misconduct. Gendered power imbalances and entrenched gender norms contribute to a culture where misconduct can occur, as historically, men can exploit a position of authority or exercise social norms that are considered acceptable within the prevailing unequal structures. Additionally, limited opportunities for recourse or advancement for those being affected by sexual misconduct maintain and possibly further perpetuate this issue in our society, marked by gender inequities. (18–20)

Furthermore, gendered norms and values influence notions, values, or convictions regarding gender within a society, including perceptions of what is considered 'non-disabled' concerning gender. Norms dictate expected behaviours, such as the notion that mothers should primarily care for children or the stereotype that 'boys don't cry.' These norms contribute to sexual misconduct by shaping social beliefs and reinforcing power imbalances, fostering an environment where inappropriate collective beliefs may be justified or overlooked based on ingrained gender expectations. (18–20)

Gendered practices refer to routine social norms that uphold and sustain societal gender norms. This includes actions like instructing boys to 'toughen up' or the disproportionate representation of women in the childcare sector. These practices contribute to sexual misconduct by perpetuating unequal power dynamics and fostering environments where harmful collective beliefs may be excused or perpetuated based on ingrained gendered expectations and roles. (18–20)

Gendered structures encompass the legal and systemic frameworks that organise and sustain an uneven distribution of economic, social, and political power, along with resources and opportunities between men

and women. An illustration of this is the lower pay rates prevalent in women-dominated sectors like child care. These structures contribute to sexual harassment by perpetuating economic inequities, reinforcing unequal power dynamics, and fostering environments where harassment may be tolerated due to imbalances in influence and resources. (18–20)

The relation between gender and power as a root cause of sexual misconduct is thus a complex one that is maintained by self-sustaining feedback loops at various stages of the societal structures that we live in.

Other factors come into play that intersect with gender inequity to produce multiple oppressions. These include disability, socio-economic status, ethnicity, sexuality, and others. However, gender inequity remains the primary cause as the majority of sexual misconduct is carried out against women by men. (21) Moreover, economic inequities, unequal opportunities, and social hierarchies within workplace structures also intersect with gender, race, and other identity factors, influencing power structures within organisations and contributing to the prevalence of sexual misconduct. (22)

Lastly, organisational cultures that turn a blind eye or lack effective reporting mechanisms can foster an atmosphere of impunity, discouraging survivors from reporting incidents. A lack of robust policies, inadequate training on respectful workplace conduct, and insufficient consequences for perpetrators exacerbate the issue.

### **Effects of sexual misconduct in the workplace and universities on careers and physical and psychosocial well-being.**

Women and girls are disproportionately affected by sexual misconduct in the workplace and universities and very often suffer immense negative physical, mental, and social impacts as a result of these events. (23) Survivors of sexual violence and abuse such as rape and unwanted sexual contact are at risk of physical injuries, unwanted pregnancies. They may also contract sexually transmitted infections from the perpetrators of these acts. (24)

Furthermore, being put in a position of receiving repeated unwanted sexual advances or innuendos, particularly from superiors, can pose a mental toll on survivors. (25) Hence, encounters of sexual misconduct can lead to low productivity and engagement both in the workplace and at school. For many survivors, the harasser is often a superior or well-liked individual, and without proper mechanisms of protection for survivors, they may be unable to stop the harassment or make a formal report that would yield positive results. For this reason, many survivors are forced to endure harassment while still trying to function and perform their responsibilities at school and work, but due to the distress of trying to work in an unsafe environment, they may struggle to focus properly on their work and by extension, this impedes their productivity and the quality of their work. When students or employees are unable to perform correctly at their responsibilities, it puts their jobs and admissions at risk and many survivors of sexual misconduct deal with this consequence. (26,27)

In addition, when survivors turn down advances or make reports of sexual harassment they've experienced, unfortunately, the response is not always one of acceptance or support. Instead, many survivors have suffered repercussions for daring to refuse sexual advances or make harassment reports. At school, students have been failed by their harassers in their school work, and workplace-wise, employees have lost promotions, opportunities, and their jobs. (26,27) There are also social repercussions as peers alienate many survivors, suffer a blow to their public image due to the stigma created by the harassment, and may lose financial stability due to job loss. All of these culminate into an immense mental toll that can also have physical well-being effects. 1 in 3 survivors of sexual harassment have been reported to suffer from reduced self-esteem, anxiety, depression and post-traumatic stress disorders, reducing their quality of life. These negative mental health impacts have also been shown to cause physical health issues such as weight gain or loss, nausea and sleep disorders. (27,28)

### **Sexual misconduct amongst minorities.**

While the likelihood of experiencing sexual misconduct in the workplace is overwhelmingly based on gender, other factors play a role as well. The risk of experiencing sexual misconduct is exacerbated by discrimination based on characteristics such as racism, classism, ageism, homophobia, transphobia and ableism, among others. As women, especially from the Global South, make up the majority of the healthcare workforce (70%), but in lower tiers and are underrepresented in leadership roles (25%), the sector is prone to high levels of sexual misconduct. (21) Of the healthcare workers (HCWs) who identify as women, 12% experience sexual harassment every year, although this is not evenly distributed throughout the world. (29) Women HCWs in low- and middle-income countries, on average, face disproportionately higher levels of sexual misconduct due to social, economic, and political factors, for instance, in Pakistan and Rwanda. This is particularly apparent in the nursing sector, where the gender imbalance in the workforce rises to a ratio of 9:1. (30)

Intersectionality plays a key role in the likelihood of experiencing sexual misconduct. However, crucially, research on this in the healthcare sector is lacking, especially from low- and middle-income countries and populations with multiple vulnerabilities. This ultimately limits our understanding of its causes and consequences. (29) In addition, most research focuses only on the experiences of cis women. Those non-binary and genderqueer people, who are more susceptible to harassment of a sexual nature because they identify outside of the gender binary. The reports and testimonies that are available demonstrate that people who face intersecting oppressions experience far greater incidences of sexual misconduct, with consequences on their health and the healthcare that they provide. (21) Research also uncovers a lack of support and resources for HCWs who have been the recipients of sexual misconduct that either centre, acknowledge, or cater to the intersecting oppressions faced by so many HCWs. The WHO has called for sex- and gender-disaggregated data to be collected, which focuses on low- and middle-income countries, includes social HCWs, and evaluates the impact of interventions. This also needs to take into account the intersectionality of forms of discrimination faced by many survivors, which may affect the outcomes of the methods taken to prevent and respond to sexual misconduct. (30)

### **Informal Workers.**

Informal work refers to working outside the legal requirements in a country; either without a contract, qualification, registration, or training that is recognised by the state body, meaning that the individual is not protected by their employer. In 2022, 58% of the global workforce (2 billion people) worked informally. The informality rate of employment is part of the Sustainable Development Goals (SDG 8.3.1) because it indicates levels of women empowerment and social protection within a society. This predisposes workers to greater risk, including sexual misconduct. Informal HCWs are particularly susceptible to sexual misconduct because they are more likely to work voluntarily in vulnerable conditions and face discrimination. Informal care work is also more likely to be independent, unregulated, and remote, making it both more likely for sexual misconduct to occur and harder to react to or reprimand such behaviour/social norms. However, there are some instances where informal women HCWs are in the minority, therefore decreasing the chances of sexual misconduct, for instance, as recorded in Syria over the last decade where the majority of informal HCWs are migrants who are more likely to be men. Nevertheless, all informal HCWs are at a greater risk of maltreatment because of their lack of employer protection, meaning both men and women migrant HCWs are more vulnerable. Although important, they are affected by the migrant rights in their countries, meaning that this issue remains country-specific. The more transient nature of informal workers can again lessen the occurrence of sexual misconduct reporting, but again, there is a distinct lack of data covering this key population, as both the population of focus and accurate reporting methods are difficult to access. For this reason, an in-depth understanding of the factors and consequences of sexual misconduct experienced by informal HCWs is complicated to gauge, but it is exacerbated by factors like migration, which often denotes insecure working conditions. (30–33)



### **Migrants and Refugees.**

Migrants in an irregular situation tend to be disproportionately vulnerable to discrimination, exploitation, and marginalisation, often living and working in the shadows, afraid to complain and denied their human rights and fundamental freedoms. (32) Sexual assault perpetrators deliberately choose individuals who are perceived to be less likely to report due to their vulnerable situation. (34)

A study of sexual misconduct in the workplace performed amongst migrant and refugee women in Australia found that 46% of respondents experienced at least one form of sexual harassment in the workplace in the last five years. 37% told no one about this incident, and 88% of those who told someone only sought informal support and shared the experience with a friend, family or colleague. A mere 15% only reported to authorities, and in a third of the incidents of workplace-based sexual harassment, women had been threatened or warned not to report. (35)

Sexual violence and harassment in the agricultural workplace are fostered by a severe imbalance of power between employers and supervisors and their low-wage immigrant workers. Survivors often then face systemic barriers—exacerbated by their status as farmworkers and often as unauthorised workers—to reporting these abuses and bringing perpetrators to justice. (36)

### **Sexual misconduct in times of emergencies.**

In an emergency, there is often a breakdown of normal protective institutions such as the family, community, government, and police. Sustainable means of livelihood are affected, and there can be significant psychosocial implications on the lives of people affected. In such a scenario, the likelihood of exploitation or abuse, especially of a sexual nature, increases due to increased vulnerability and powerlessness experienced by those who survive the emergency. The urgent nature of work in emergencies also creates additional challenges in addressing sexual exploitation and abuse. (37)

Many armed groups also use sexual violence as a tool of warfare to advance military or political aims. All the while, girls and women may be forced to trade sex for food, money, and other resources they need to survive. (38) It has been recorded that in war and armed conflict areas, sexual misconduct numbers increase more than in other emergencies, and sexual violence becomes a war tool. (39) 60,000 women were raped in the three-year Bosnian conflict, and an estimated 100,000-250,000 women were raped during the three months of genocide in Rwanda in 1994. In recent years, reports of sexual violence have been documented in conflicts in Bangladesh, Myanmar, Colombia, Ethiopia, South Sudan, and many more. (40–46)

Additionally, sexual violence takes several different forms in conflict and post-conflict settings. Other common forms of sexual violence in protracted crises include continued sexual abuse, sexual harassment, sexual exploitation, sexual slavery, and forced marriage, including minors.

### **Survivor-Centred Policies on Prevention and Response.**

To effectively address the needs of sexual misconduct survivors, sexual misconduct services should adopt a survivor-centred approach. This approach uses the survivor's rights, needs, choices, safety, well-being, and dignity to guide its prevention and response measures and interventions. (13,47–50)

It challenges the current method of reporting and punishment by prioritising the survivor's needs over those of the organisation or workplace. (51)

The core principles of a survivor-centred approach are safety, confidentiality, informed consent, respect, non-discrimination and equity, transparency, accountability, support, and prevention. Safety, or Do No Harm, principle necessitates protecting survivors from retaliation from their offenders, avoiding actions that compromise their safety and wellbeing, providing safe communication, monitoring their status, and sheltering survivors from stigma and re-traumatization. The confidentiality principle entails a private setting for the survivor, respect for the survivor's choice to whom the information is disclosed within limits, and a thorough and transparent explanation of the whole process where the survivor's information will be

used for response measures. The informed consent principle ensures that the survivor is given all the necessary information to provide their consent, and their consent is continuously sought for each step. (13,47–50)

Respect for the survivor, which means respecting their dignity and values, showing empathy and professionalism, and refraining from judgmental collective beliefs or blaming the survivor. The non-discrimination and equity principle mandates that all survivors are offered the same services and support with the same quality regardless of their age, sex, gender, beliefs, race, nationality, ethnicity, and political ideologies. The transparency principle requires the organisation or workplace to provide timely information on the procedures' progress for the survivor and the alleged offender; in addition, it requires the organisation to make its prevention and response measures and policies available to the stakeholders and the public. The accountability principle dictates that all members of an organisation or workplace must report any sexual misconduct and have no impunity against sexual misconduct allegations. Lastly are the support and prevention principles. The first ensures that the survivor is offered an immediate response in the form of medical, psychological, socioeconomic, and legal services, referral systems; and continuous monitoring and assessment. The second requires the organisation or workplace to invest resources and build an organisational culture where survivors dare to report misconduct and offenders face the consequences. (13,47–50)

Although the survivor-centred approach is a promising tool to adequately address and long-term reduce the occurrence of sexual misconduct, there are three main obstacles to the implementation of this approach: the lack of sexual misconduct services, the lack of equal access to those services, and the unwillingness of survivors to seek those services. The International Labor Organization (ILO) Convention 190, the first international treaty to call for global combat against violence and harassment, has thus far only been ratified by 23 countries [7]. People face unequal access to sexual misconduct services due to age, race, ethnicity, sex, gender, disability, financial instability, and mental status [8] Sexual misconduct survivors do not seek support for many reasons including a lack of complete understanding of sexual misconduct, fear of retaliation, fear of stigma and bad reputation, policies that prioritise the workplace over the survivors, incompetency of available services, and lack of trust in authorities. (1,51)

### **Sexual misconduct services inside universities.**

To address the prevalent sexual misconduct in universities (52), many universities established sexual misconduct services that offer a wide array of support methods for sexual misconduct survivors. This support can be in the form of a confidential reporting system, safety plans, healthcare services, investigations and response system, academic support, prevention efforts, provision of resources and temporary accommodation, informing students of the university's policies and code of conduct, and enforcement of national laws concerned with sexual misconduct. The services are provided for all students regardless of their age, sex, gender, or background. Sometimes, the services may additionally address off-campus sexual misconduct incidents. Furthermore, some universities have specialised committees, conduct on-campus education, facilitate or coordinate advocacy efforts, and provide specialised counselling. (53–57)

However, there is variability between universities in the type and extent of support they provide; in other words, not all universities provide all the support above methods. Furthermore, there is still a lack of awareness among students. Students may not know about the available sexual misconduct services, the importance of those services, or what constitutes sexual misconduct in the first place. In addition, existing measures that counter sexual misconduct may not have been taken into full action or did not meet the needs of the survivors. These problems, in addition to the usual causes of underreporting, lead to underutilisation of sexual misconduct services. (58–61) In short, there is a gap between the existence of sexual misconduct services and fulfilling the potential of those services.

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