

GAO

Report to the Honorable
William L. Clay, House of
Representatives

September 1995

EQUAL EMPLOYMENT OPPORTUNITY

NIH's Handling of Alleged Sexual Harassment and Sex Discrimination Matters





United States
General Accounting Office
Washington, D.C. 20548

General Government Division

B-260247

September 29, 1995

The Honorable William L. Clay
House of Representatives

Dear Mr. Clay:

This report responds to your request that we examine the extent and nature of sexual harassment and sex discrimination matters at the National Institutes of Health (NIH). Your request was based on media reports that large numbers of sexual harassment complaints were filed by female employees at NIH over the last several years.

Sexual harassment involves unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when they are committed as a condition of employment or basis for employment action. In addition to creating an intimidating, hostile, or offensive working environment, such actions may negatively affect an employee's career. Sex discrimination is any practice or procedure that denies employment opportunities because of one's sex. This includes matters related to hiring, development, advancement, and overall treatment. Sex discrimination can also cover situations in which employees' talents are not fully utilized because of their sex. Although treated separately in this report, sexual harassment is a form of sex discrimination.

Results in Brief

In response to a random survey of 4,110 NIH employees that we conducted, approximately 32 percent of NIH employees reported experiencing some form of sexual harassment in the past year. Of these employees, over 96 percent opted not to file an equal employment opportunity (EEO) complaint or take some other personnel action, generally because they did not consider the incident to be serious enough, chose to deal with it themselves, or decided to ignore the incident. However, others said they did not file complaints because they believed the situation would not be kept confidential, the harasser would not be punished, filing a complaint would not be worth the time or cost, and/or they feared retaliation. Altogether, NIH employees filed 32 informal and 20 formal complaints alleging sexual harassment with NIH's Office of Equal Opportunity (OEO)

between October 1990 and May 1994.¹ For formal complaints closed between October 1991 and May 1994, no determinations or findings of sexual harassment were made.

About 13 percent of NIH employees said they believed they had experienced sex discrimination over the last 2 years. Almost 90 percent of these employees chose not to file EEO complaints, grievances, or adverse action appeals. Time and cost considerations were cited as reasons for not filing by about 42 percent of these employees. Altogether, NIH employees filed 209 informal and 111 formal complaints alleging sex discrimination between October 1990 and May 1994. No determinations or findings of sex discrimination were made on formal complaints filed by NIH employees that were closed between October 1991 and May 1994.

In recent years, NIH management has acted to improve the EEO climate at NIH. For example, beginning with the fiscal year 1993 rating period, NIH made EEO a critical element on managerial performance ratings. NIH has also issued policy statements to employees and managers expressing its commitment to a discrimination-free environment. Several task forces have been established to evaluate, among other things, pay and status differences between male and female scientists and potential improvements for processing reprisal complaints.

Although NIH management has made progress towards improving its EEO climate, more could be done in the areas of timeliness, information, and training. NIH and Department of Health and Human Services (HHS) management have not met federal regulations that generally require a 180-day time frame for processing employee complaints. More than half of the 119 formal sexual harassment and sex discrimination complaints filed by NIH employees between October 1, 1990, and March 31, 1994, were still unresolved at the end of April 1995. All complaints had been open for more than 1 year. Of the cases that were closed by the end of April 1995, only 34 percent had been closed within 180 days of being filed. Although NIH management is responsible for ensuring an appropriate EEO climate throughout NIH, the agency's decentralized management structure and practices have not provided systematic information or guidance that would allow the Director to assess EEO practices or resolve emerging problems throughout the agency. For example, NIH does not collect the

¹An NIH employee who believes he/she has been sexually harassed or discriminated against can file an informal complaint with OEO. A counselor attempts to resolve the matter by contacting people associated with the situation. If it is not resolved, the employee can file a formal complaint with the Department of Health and Human Service's Office of Human Relations, which hires an independent contractor to investigate the allegations.

information needed to assess the overall status of the sexual harassment and sex discrimination environment. Similarly, NIH management has not monitored the quality, consistency, or frequency of the pertinent training and early resolution programs implemented by its institutes, centers, and divisions (ICD); nor has it provided agencywide criteria regarding the content of courses or specified which employees were required to attend.

Background

Federal employees, by law, are entitled to receive fair and equitable treatment in employment without regard to their sex, among other things. In addition, any federal employee who has the authority to take, recommend, or approve any personnel action is prohibited from discriminating for or against any employees or applicants for employment on the basis of their sex. These rights are set forth in title VII of the Civil Rights Act of 1964, as amended, and the Civil Service Reform Act of 1978.

In 1980, the Equal Employment Opportunity Commission (EEOC) issued regulations recognizing sexual harassment as an unlawful employment practice. Subsequent case law clarified that unlawful sexual harassment exists when unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature are committed as a condition of employment or basis for employment action (“quid pro quo”), or when this conduct creates a hostile work environment.² A key word is “unwelcome,” because unlawful sexual harassment may exist when the target perceives that he or she is being harassed, whether or not the perpetrator intended to create a hostile environment. EEOC has the authority to enforce federal sector antidiscrimination laws, issuing rules and regulations as it deems necessary to carry out its responsibilities. It issued revised guidelines for processing EEO complaints, including sexual harassment, that became effective in October 1992.

NIH is one of several Public Health Service agencies within HHS and is the principal biomedical research agency of the federal government. It supports biomedical and behavioral research domestically and abroad, conducts research in its own laboratories and clinics, trains researchers, and promotes the acquisition and distribution of medical knowledge. NIH is made up of 26 ICDS, each of which has its own director and management staff. Its 13,000 employees are primarily located in the Bethesda, Maryland, area.

²A hostile work environment is one where employees are intimidated or believe they may be disadvantaged by the sexually oriented behavior of other employees.

Objective, Scope, and Methodology

Our objective was to obtain information on the extent and nature of sexual harassment and sex discrimination at NIH, to provide a systematic overview of an issue that had received media attention based on individual allegations. To accomplish this, we reviewed sexual harassment and sex discrimination complaints filed by NIH employees and conducted a projectable survey of NIH employees. We also interviewed agency officials at NIH, the Public Health Service, and HHS involved with handling such situations in order to familiarize ourselves with EEO-related activities.

We obtained statistics on formal sexual harassment and sex discrimination complaints that were filed between October 1, 1990, and May 31, 1994, and reviewed those complaints filed during this period and subsequently closed. We also reviewed 20 complaints that were handled as part of NIH's expedited sexual harassment process between September 1, 1992, and May 31, 1994. Under this accelerated procedure, officials from the involved ICD were required to immediately advise OEO officials about any sexual harassment allegations that came to their attention. OEO was then required to complete its inquiry within 2 weeks. NIH's EEO complaint process is outlined in greater detail in appendix I. We did not compare the number and type of complaints filed by NIH employees with those filed by employees at other governmental institutions.

To obtain an agencywide perspective on the sexual harassment and sex discrimination environment at NIH, we sent questionnaires to a stratified random sample of 4,110 persons who were NIH employees as of the end of fiscal year 1993. We asked these employees for their insights, opinions, and observations (anonymously) about sexual harassment and sex discrimination at NIH as well as their opinions about NIH's EEO system. The results of our survey, which can be projected to the universe from which it was selected, are shown in their entirety in appendix II. The overall usable response rate was 64.3 percent. The percentages presented in this report are based on the number of NIH employees who responded to the particular question being discussed. Because the survey results come from a sample of NIH employees, all results are subject to sampling errors. For example, the estimate that 32 percent of the employees have experienced sexual harassment is surrounded by a 95 percent confidence interval from 30 to 34 percent. All of the survey results in this report have 95 percent confidence intervals of less than + 5 percent unless otherwise noted. All reported comparisons of female and male responses are statistically significant unless otherwise noted. It should be noted that our questionnaire methodology, which is described in greater detail in

appendix III, did not include comparing NIH with other governmental institutions.³

We also contacted agency officials at NIH, the Public Health Service, and HHS to obtain estimated costs associated with processing sexual harassment and sex discrimination complaints. Information regarding the limited data that were available is covered in appendix IV.

Our work was done at NIH's Bethesda, Maryland, location from May 1993 to May 1995, in accordance with generally accepted government auditing standards.

We requested comments from the Secretary, HHS; the Assistant Secretary for Health, HHS; and the Director, NIH on a draft of this report. Their consolidated comments are discussed on p. 16 and presented in appendix V.

Almost One-Third of NIH Employees Alleged Sexual Harassment, but Few Filed Complaints

Approximately 32 percent of NIH employees reported that they were the recipients of some type of uninvited, unwanted sexual attention in the past year, and employees filed 32 informal complaints and 20 formal complaints with NIH's OEO between October 1990 and May 1994. These complaints were filed primarily by female employees. Closed formal complaints we reviewed overwhelmingly identified immediate supervisors and/or management officials as the alleged harassers. However, employees in general did not consider these groups to be the only sources of sexual harassment at NIH. Coworkers and contractors were also identified as alleged harassers. Actions reportedly taken most often by sexually harassed employees to deal with their situations included ignoring the situation or doing nothing, avoiding the harasser, asking/telling the harasser to stop the offensive behavior, discussing the situation with a coworker and/or asking the coworker to help, or making a joke of the situation.

Over 96 percent of NIH employees who said they were sexually harassed reported that they decided not to file complaints or take some other personnel action. Some of the more prevalent reasons employees gave for choosing not to file EEO complaints, grievances, or adverse action appeals were that (1) they did not consider the incident to be serious enough, (2) they wanted to deal with it themselves, and/or (3) they decided to

³The U.S. Merit Systems Protection Board recently conducted a governmentwide assessment of employees' views on sexual harassment as a follow-up to previous work. It expects to release the results in early fall of 1995.

ignore the incident. Also, some of the employees who chose not to file complaints believed the situation would not be kept confidential, the harasser would not be punished, filing a complaint would not be worth the time or cost, and/or that they would be retaliated against.

Although it remains small as a proportion of the workforce, the number of EEO complaints filed by NIH employees alleging sexual harassment has increased in recent years. Of the 20 formal complaints filed between October 1, 1990, and May 31, 1994, none were filed in fiscal year 1991; 4 and 7 were filed in fiscal years 1992 and 1993, respectively; and 9 were filed during the first 8 months of fiscal year 1994.

Although 53 percent of employees reported they thought NIH did a somewhat good to very good job taking action against employees who engage in sexual harassment, about 27 percent of employees reported they thought NIH did a somewhat poor to very poor job. (See app. II, p. 31.) Our review of sexual harassment complaint files and statistics showed that no determinations or findings of sexual harassment had been made on formal EEO complaints filed by NIH employees that were closed between October 1991 and May 1994. It should be noted, however, that actions could be and have been taken against alleged harassers without a formal admission that harassment actually occurred.

For the most part, employees reported they believed NIH was doing a good job of informing them about the nature of sexual harassment, the policies and procedures prohibiting it, and the penalties for those who engage in sexual harassment. NIH also got good reviews from its employees for encouraging them to contact ICD EEO officers and/or OEO regarding any sexual harassment concerns. Only 5.5 percent of employees viewed sexual harassment to be more of a problem at NIH than it was a year earlier, and 34.5 percent of the employees did not perceive sexual harassment to be a problem at all at NIH. However, many employees perceived NIH as doing a poor job of counseling victims of sexual harassment (20.8 percent), preventing reprisal/retaliation for reporting sexual harassment (22.2 percent), and taking action against those who harassed others (26.9 percent).

With regard to their respective ICDS, 2.3 percent of the employees believed the problem had become more serious while 52.2 percent of employees did not consider sexual harassment to be a problem at their ICDS. (See table 1.) Two-thirds of the employees—67.1 percent—believed enough was being done by NIH to eliminate sexual harassment. This sentiment was

echoed by 72.3 percent of employees about their respective ICDS and 74.7 percent of employees about their immediate supervisors. (See app. II, p. 23.)

Table 1: Perceptions of NIH Employees About the Sexual Harassment Environment, as Compared to 1 Year Earlier

Location	Much less of a problem	Somewhat less of a problem	About the same	Somewhat more of a problem	Much more of a problem	Not a problem
NIH	7.4%	16.2%	36.4%	3.3%	2.2%	34.5%
ICD	8.2%	10.5%	26.7%	1.8%	0.5%	52.2%

Source: GAO analysis of survey data.

Women reported being harassed more often than men (37.7 percent compared to 23.8 percent), and women employees at NIH perceived sexual harassment to be a more serious problem than did men (21.3 percent compared to 8.2 percent). Male and female employees who said they experienced sexual harassment indicated that most of the uninvited, unwanted sexual attention consisted of gossip regarding people’s sexual behavior; sexual jokes, remarks, and teasing; and negative sexual remarks about a group (e.g., women, men, homosexuals). For the most part, employees reported that it was instigated by coworkers, supervisors, and/or contractors who worked on the NIH campus. Very few employees said that the sexual harassment they experienced included receiving or being shown nude or sexy pictures (4.8 percent); being pressured for a date (4 percent); receiving requests or being pressured for sexual favors (1.5 percent); receiving letters, phone calls, or other material of a sexual nature (1.4 percent); and threatened, attempted, or actual rape or sexual assault (0.4 percent). The employees who made these claims also said these situations had not occurred repeatedly—once or twice during the last year. (See app. II, p. 25.)

While Fewer Employees Alleged Sex Discrimination, Nonreporting Was Still a Significant Problem

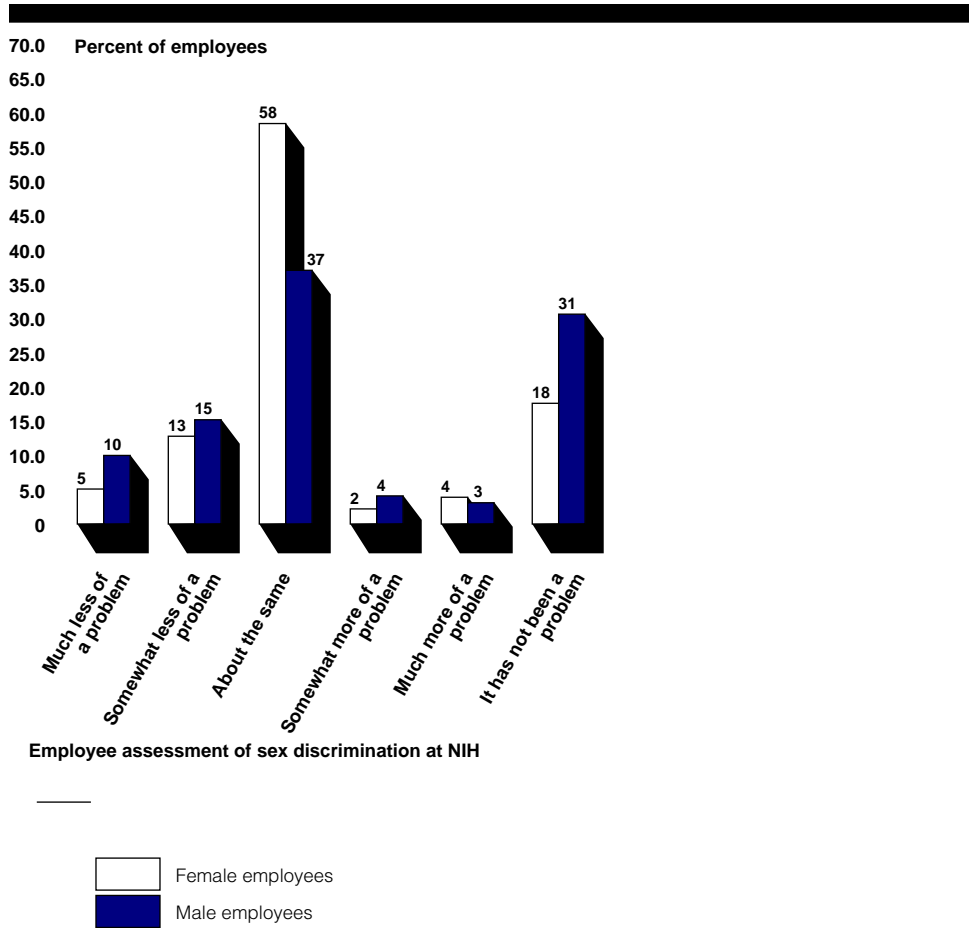
Thirteen percent of NIH employees indicated to us that they believed they had experienced sex discrimination over the last 2 years. Of the 13 percent, approximately half chose to take some type of action regarding their situation. Many of these employees said they came forward and discussed their experiences with an EEO official, their immediate supervisor, and/or some other non-EEO official. However, about 10 percent of employees who alleged discrimination reported that they took the next step and filed an EEO complaint, grievance, or adverse action appeal with the appropriate NIH office. Some of the more prevalent reasons why

employees chose not to file actions were concerns that they would not be treated fairly, that filing a complaint would not be worth the time or cost, that they would be retaliated against, that the situation was not serious enough, and/or that the situation would not be kept confidential. Many employees also decided to ignore the situation or to try to deal with their situations themselves.

Between October 1990 and May 1994, 209 informal and 111 formal sex discrimination complaints were filed by female and male employees at NIH. Formal complaints that were closed during this time period were filed for multiple reasons, the most common being nonselection for promotion, lack of promotion opportunity, and objection to job evaluation ratings. The alleged discriminators were people with authority over the complainants and could therefore alter the conditions under which the complainants worked.

Within NIH, more than half of the women employees (58.4 percent) said they believed the current sex discrimination situation to be as much of a problem as it was 1 year earlier, and 37 percent of the men said the same. Although the percentages were small, a larger percentage of men (7.2 percent) than women (6.1 percent) considered the problem to be at least somewhat worse. Also, 30.6 percent of male employees did not perceive sex discrimination to be a problem at NIH, a belief echoed by only 17.6 percent of female employees. (See fig. 1.)

Figure 1: Employee Assessment of the Sex Discrimination Situation at NIH, as Compared With 1 Year Earlier, by Gender



Note 1: Percentages are based on those employees who chose a response other than “No basis to judge” (61 percent).

Note 2: Only the differences between males and females on “Much less of a problem,” “About the same,” and “It has not been a problem” are statistically significant.

Source: GAO analysis of survey data.

Men and women were divided, even within their own gender groups, in their belief as to whether NIH was doing enough to eliminate sex discrimination in the workplace. While the majority of men believed NIH was doing enough (71 percent), a number of men disagreed (17 percent). Women’s views were also divided—about 48 percent of the women

expressed the view that NIH was doing enough to eliminate sex discrimination, but 33 percent disagreed.

Many NIH employees reported they believed women and men were not given comparable opportunities and rewards at their ICDS. Approximately one out of five employees (20.2 percent) did not believe that women and men at NIH were paid the same for similar work or that men and women were formally recognized for similar performance at the same rate (19.7 percent). Nearly one out of three employees (30.1 percent) reported they did not believe men and women were promoted at the same rate when they had similar qualifications. A number of employees also reported they observed that women and men at NIH did not have similar opportunities for visibility (15.5 percent) or similar success finding mentors (22.8 percent), nor did they get equally desirable assignments (19.0 percent). About 44 percent of the employees reported they believed family responsibilities kept women at NIH from being considered for advancement more than they did for men and about 50 percent expressed the view that an “old boy network” prevented women at NIH from advancing in their careers. For each of these topics, female employees responded more strongly than their male counterparts, and the differences in their responses are statistically significant at the 95 percent confidence level.

About 35 percent of employees reported they thought NIH did a somewhat poor to very poor job taking action against employees who engaged in sex discrimination. Our review of sex discrimination complaint files and statistics showed that no determinations or findings of sex discrimination had been made on formal EEO complaints filed by NIH employees that were closed between October 1991 and May 1994. It should be noted, however, that actions could be and have been taken against alleged discriminators without a formal admission that discrimination actually occurred.

NIH Has Taken Steps to Improve Its EEO Climate, but More Could Be Done

Although the management of NIH is highly decentralized, with each ICD largely responsible for its own management, the controversies that emerged in 1991 and 1992 over sex discrimination, sexual harassment, and racial discrimination⁴ were directed at the NIH Director, who was expected to address them on an agencywide basis. Partly in response to these controversies, NIH management has, in recent years, taken actions aimed at improving the agency’s EEO climate. Beginning with the fiscal year 1993

⁴By agreement with our requester, we did not address racial discrimination in this review. However, during the same period that the sex discrimination and sexual harassment controversies were being publicly debated, similar controversies were reported about allegations of racial discrimination.

rating period, EEO became a critical element on managerial performance ratings and can have an impact on overall ratings and determinations of pay increases. NIH management also issued policy statements to employees and managers expressing its commitment to a discrimination-free environment.

Several employee task forces were also established at NIH, such as the Task Force on Intramural Women Scientists and the Task Force on Fair Employment Practices. These groups, respectively, addressed issues such as differences in pay and status between male and female scientists with comparable backgrounds and experiences and improvements for processing reprisal complaints (the latter has been incorporated into NIH EEO policy). NIH officials recently conceded that pay discrepancies exist between male and female scientists, and they are acting to bring female scientists' salaries in line with those of their male peers within their respective ICDS.

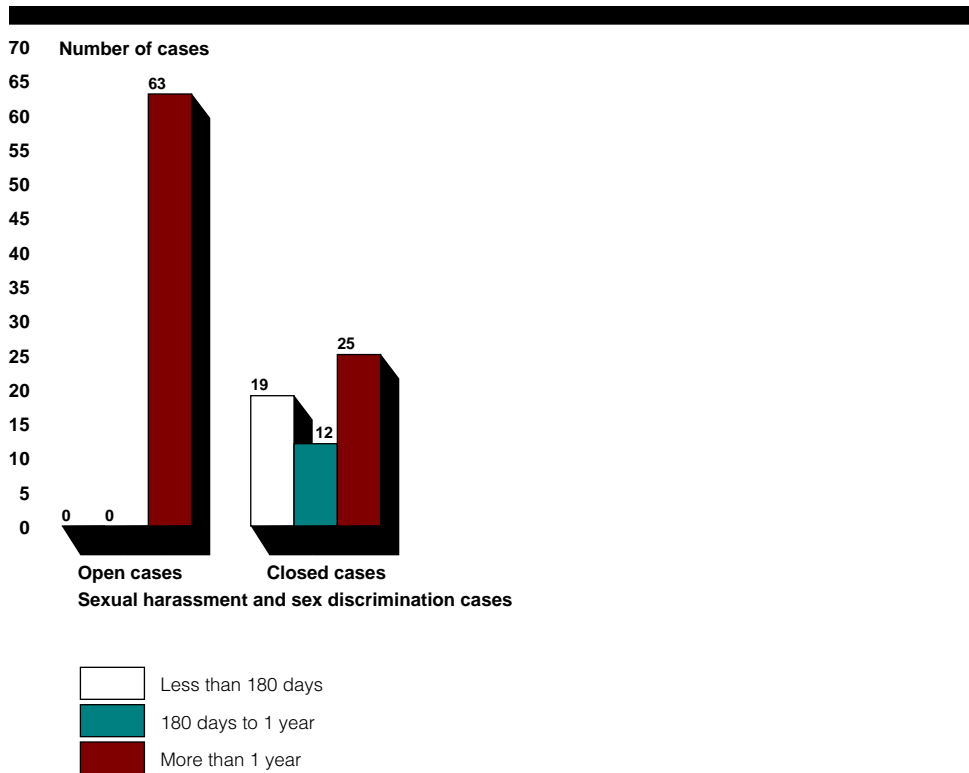
An EEO hotline was operational from June 1993 through April 1994 to permit employees to call in and informally report EEO situations they were uncomfortable about. ICD officials were responsible for preparing reports about these inquiries.

NIH management's actions to better its EEO climate appear to have been positive ones. However, in light of the history of controversy surrounding EEO issues at NIH and the public focus of those issues on the office of the NIH Director, our review suggested additional steps that could be taken to further improve the environment and to provide information to the NIH Director to assist him in ensuring that the EEO climate continues to improve and problems are addressed as they emerge.

Time Frames for Processing Complaints Are Not Being Met

NIH and HHS have been unsuccessful at meeting time frame requirements for processing sexual harassment and sex discrimination complaints filed by NIH employees. Federal regulations generally require that an agency provide the complainant with a completed investigative report within 180 days of accepting a formal complaint. Of the 119 formal sexual harassment and sex discrimination complaints filed between October 1, 1990, and March 31, 1994, 63 were still open as of April 30, 1995. All of these cases had been open for more than 1 year. Of the 56 cases that were closed by the end of April 1995, only 19 were closed within 180 days of the date the complaint was filed. Twenty-five of them were open for more than 1 year before being closed. (See fig. 2.)

Figure 2: Processing Time for Sexual Harassment and Sex Discrimination Cases Filed Between October 1, 1990, and March 31, 1994



Source: GAO analysis of NIH EEO complaint files.

NIH Does Not Assess Its Overall Sexual Harassment and Sex Discrimination Climate

Responses to our questionnaire indicated that although about 32 percent of NIH employees said they experienced sexual harassment and approximately 13 percent said they believed they were discriminated against because of their sex, substantially fewer employees reported to NIH that they had experienced such situations. The limited reliability of complaint data in assessing the overall climate of an agency,⁵ along with the independent nature of the ICDS, makes it difficult for NIH management to assess the sexual harassment and sex discrimination environment. Agencywide information on how employees view these issues would aid management in making such an assessment; however, such information currently is not being collected.

⁵The use of complaint data as an indicator of the extent of sexual harassment has also been the subject of prior GAO work. See *Federal Employment: Inquiry Into Sexual Harassment Issues at Selected VA Medical Centers* (GAO/GGD-93-119, June 30, 1993).

NIH Has Limited Information About ICD Educational Offerings

Through EEO training, attempts were made by NIH to educate employees about what actions or behaviors constitute sexual harassment and sex discrimination, how to prevent such situations, and what recourse employees have to deal with them. Many of the issues surrounding sexual harassment involve dealing with people, such as being sensitive to others in the workplace, being able to confront someone tactfully, treating people fairly, and maintaining a professional atmosphere. Some employees may actually be unaware that their actions are perceived by others as sexual harassment. Some employees may not realize that the actions of others are in fact sexual harassment and/or sex discrimination and that they do not have to tolerate these actions.

Within NIH, the ICDS have been delegated the authority to develop and provide their own EEO training programs relating to preventing sexual harassment and sex discrimination. OEO has not monitored the quality, consistency, or frequency of the training provided to individual employees, nor has it provided agencywide criteria regarding the content of the courses provided or which employees should be required to attend.

We contacted 10 of NIH's 26 ICDS about their EEO training efforts. These ICDS employed over 9,200 people, or about 71 percent of NIH's full-time permanent staff, and varied in size from 150 to over 2,000 employees. All 10 ICDS offered some form of sexual harassment prevention training. Six ICDS required all of their employees to receive such training, three ICDS required this training only for managers and supervisors, and one ICD had no attendance requirements. Most of the ICDS chose either to conduct their own training sessions or to have OEO conduct the training. In a few cases, the training was developed and/or presented by contractors. Five of the ICDS offered sexual harassment prevention training as recently as fiscal year 1994. However, one ICD last offered training in fiscal year 1991. The training sessions generally ranged from 2 to 4 hours.

None of the ICDS reported offering training that specifically dealt with preventing sex discrimination. Any such training was to have been included with other training. As with the sexual harassment prevention training, the EEO training varied in length, recency (from fiscal year 1991 to fiscal year 1994), source of design, and target audience. Three of the 10 ICDS we contacted required their managers and supervisors to attend.

Even though OEO did not provide standardized, scheduled training for NIH employees or maintain any data on the training provided to them by their respective ICDS, many employees considered themselves to be well

informed about sexual harassment and sex discrimination. Most employees reported they believed that NIH did a somewhat good to very good job informing them about current policies and procedures prohibiting sexual harassment (85.9 percent) and behaviors or actions that constitute sexual harassment (80.0 percent). Similarly, a majority of employees also reported they believed that NIH did a somewhat good to very good job informing them about the penalties for those who engage in sexual harassment (63.1 percent).

A large majority of employees reported they believed that NIH did a somewhat good to very good job informing them about current policies and procedures prohibiting sex discrimination (72.7 percent) and behaviors or actions that constitute sex discrimination (67.3 percent). However, about one out of four employees (24.9 percent) stated that NIH did a somewhat poor to very poor job of informing them about the penalties for those who engage in sex discrimination. Overall, 65.2 percent of NIH employees reported they believed NIH did a somewhat good to very good job informing them about their rights and responsibilities under federal government EEO regulations. They were less positive in their beliefs about how well NIH informed them about the roles of EEO officials, counselors, and investigators (51.9 percent good, 26.7 percent poor) and about the various complaint channels open to them (53.6 percent good, 26.2 percent poor). Employees also believed NIH did a somewhat better job of helping managers/supervisors develop an awareness of and skills in handling EEO problems (63.0 percent good, 20.9 percent poor) than it did for employees (53.2 percent good, 25.2 percent poor).

OEO Does Not Track ICDs' Resolution of EEO Situations

At NIH, we found no agencywide record maintenance or tracking of problem areas or trends for situations handled at the ICD level. NIH management empowered the ICDs with responsibility for resolving situations in the hopes that their early resolution would prevent barriers from being created that would hinder productivity and/or cause employees to remain in hostile work environments for unnecessarily long periods of time. Regarding alleged sex discrimination, employees had the option of contacting the EEO officer in their respective ICDs to try to resolve their situations before filing a complaint with OEO.⁶ We found that ICD officials were not required to notify OEO officials of any recurring problems, behavioral patterns, or trends they identified when dealing with

⁶As part of NIH's expedited sexual harassment process, ICD officials must advise OEO officials immediately about any sexual harassment allegations that come to their attention. (See app. I.)

employees' concerns about sex discrimination, thus depriving OEO officials and NIH employees of an overview of NIH's EEO environment.

Conclusions

While most NIH employees do not perceive sexual harassment and sex discrimination to be serious problems at NIH, and the number of those who believe progress has been made outweighs those who do not, a significant minority of NIH employees are still clearly concerned about the continuing existence of sexual harassment and sex discrimination at their agency. In order for NIH efforts against sexual harassment and sex discrimination to be successful, employees need to trust that the processes established for dealing with their concerns about sexual harassment and sex discrimination will produce results in a timely manner. To date, NIH and HHS have not met time frames established by federal regulations in handling many of the formal complaints filed by NIH employees.

Because of the number of independent organizations operating under the NIH structure and the absence of reliable indicators on the extent to which sexual harassment and sex discrimination are occurring, we believe that looking at the agency "as a whole" could enable NIH to better determine the overall state of its sexual harassment and sex discrimination situations. Such an overall assessment would also provide agencywide information for the NIH Director to permit him to identify the existence of emerging EEO problems and to resolve them more expeditiously. For example, periodically using an NIH employee attitude questionnaire, such as the one we developed, would assist NIH in identifying problems that have occurred or acknowledging any progress that has been made in dealing with such situations.

NIH has attempted to deal with employee concerns about sexual harassment and sex discrimination by increasing awareness about workplace relationships and improving agencywide communication through training. However, we noted that NIH lacks minimum standards with regard to course content and has not communicated its expectations on which employees should receive such training and on how frequently it should be provided. Moreover, NIH has not monitored training to ensure that its expectations regarding such training are being fulfilled.

Recommendations

We recommend that the Secretary of HHS and the Director of NIH take steps to decrease the time it takes to process and resolve sexual harassment and sex discrimination complaints at NIH. In addition, because the Director is

responsible for ensuring an appropriate EEO climate throughout NIH despite the decentralized management structure and practices of the agency, we also recommend that he take further steps to provide guidance for and monitoring of the agency's EEO program. In doing so, we recommend he consider such steps as

- periodically conducting an employee attitude survey, such as the one we developed, so that the existence of sexual harassment and sex discrimination trends and problems can be more easily identified and dealt with; and
- establishing minimum standards for sexual harassment and sex discrimination-related training offered to NIH employees as well as procedures for monitoring the implementation of the training to ensure that employees participate as intended.

Agency Comments

We requested comments from the Secretary, HHS; the Assistant Secretary for Health, HHS; and the Director, NIH on a draft of this report. The Department responded with consolidated comments, which are presented in appendix V. The Department concurred with each of our recommendations and indicated that steps are under way to implement them. We believe that the steps outlined in the Department's letter, if successfully implemented, will achieve the objective of our recommendations.

As agreed with you, unless you publicly release its contents earlier, we plan no further distribution of this report until 30 days from its issue date. At that time, we will provide copies to the Secretary, Department of Health and Human Services; the Director, National Institutes of Health; and the Chairman and Ranking Minority Member of the Subcommittee on Civil Service, House Committee on Government Reform and Oversight. Copies will also be made available to others upon request.

The major contributors to this report are listed in appendix VI. If you have any questions about the report, please call me on (202) 512-8676.

Sincerely yours,

A handwritten signature in black ink that reads "L. Nye Stevens". The signature is written in a cursive style with a large, stylized "L" and "S".

L. Nye Stevens
Director, Federal Management
and Workforce Issues

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Abbreviations

EEO	equal employment opportunity
EEOC	Equal Employment Opportunity Commission
HHS	Department of Health and Human Services
ICD	institute, center, or division
NIH	National Institutes of Health
OEO	Office of Equal Opportunity

NIH's EEO Complaint Process

Federal regulations (29 C.F.R. Part 1614) state that agencies should provide prompt, fair, and impartial processing of EEO complaints, including those related to sexual harassment and sex discrimination. The federal EEO complaint filing process consists of two phases, informal and formal. Figure I.1 details the process and the time frames stated in the regulations. Once an employee has exhausted all options available through this process, he/she can appeal to the EEOC and/or through the court system.

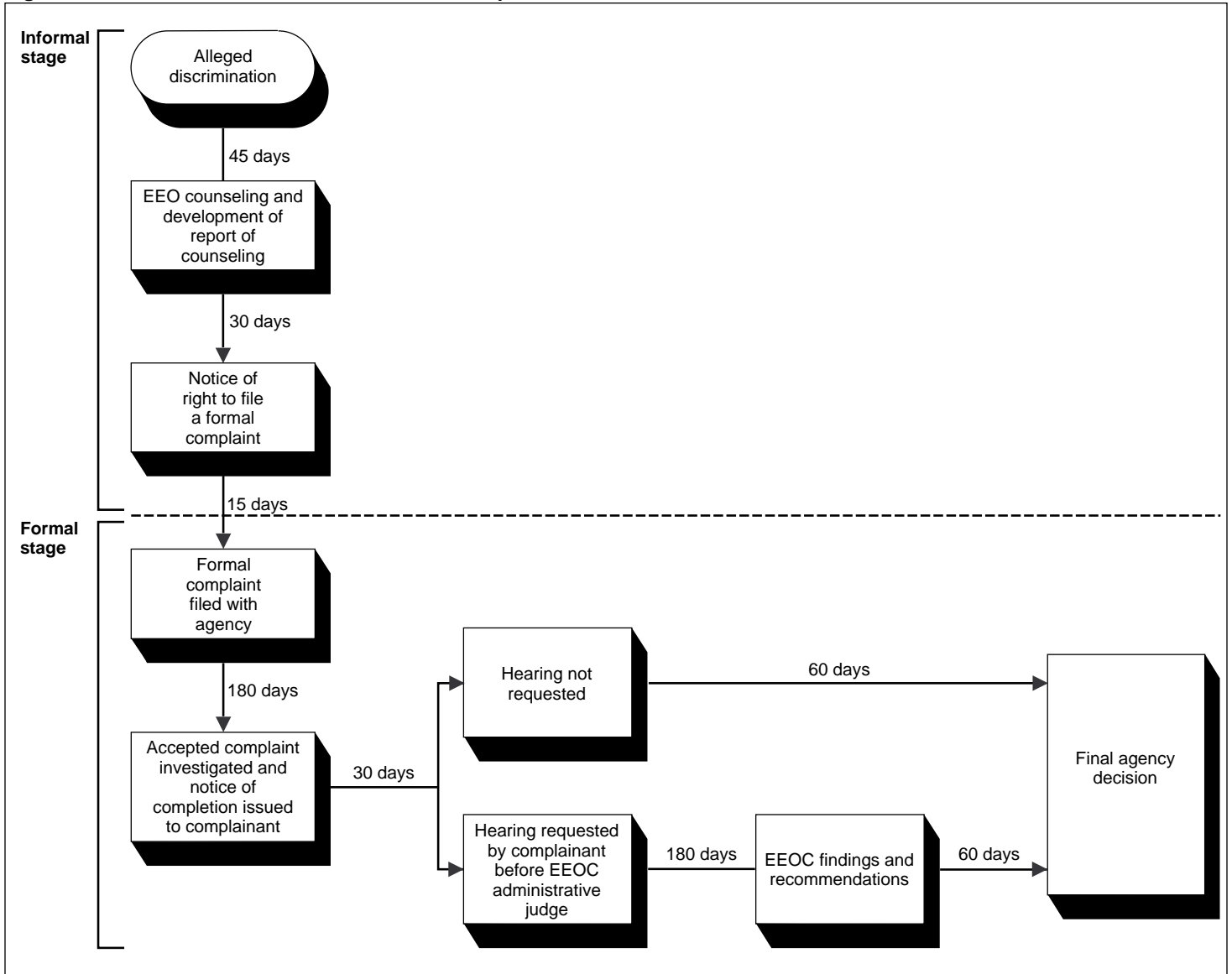
An NIH employee who believes he/she has been sexually harassed or discriminated against because of his/her sex can seek advice or assistance from various sources before filing an informal complaint. A supervisor or other management official can initially become involved to assist in resolving the situation at an early stage, or the employee can go directly to the EEO officer at the ICD where he/she works. If the situation cannot be resolved, or if the employee chooses not to have ICD officials address the situation, an informal complaint can be filed with NIH's OEO. An employee who believes he/she has been sexually harassed or discriminated against because of his/her sex has 45 days from the alleged event to file an informal complaint with the OEO. An OEO-appointed counselor is allotted 30 days to attempt to resolve the matter by contacting employees associated with the situation.¹

If the situation is not resolved within 30 days from the start of counseling (and the involved parties have not agreed to an extension), the complainant is to be given a counselor's inquiry report and notified of the right to file a formal complaint within 15 days with HHS's Office of Human Relations. HHS has responsibility for deciding whether to accept a complaint, hiring investigators, determining whether sexual harassment or sex discrimination has occurred, and arranging settlements. An accepted formal complaint is investigated by an independent contractor. The agency has 180 days to complete the investigation and provide the complainant with a report. If the complainant is not satisfied with the results of the investigative report, he/she is given appeal rights and has 30 days (from receipt) to request a hearing from the EEOC or an agency decision from HHS.

¹NIH initiated an "expedited sexual harassment process" in 1992 to facilitate the review and resolution of allegations in the precomplaint phase. Under this procedure, ICD officials must advise OEO officials immediately about any sexual harassment allegations that have come to their attention. OEO assigns an independent contractor to conduct and complete an inquiry within 2 weeks. The inquiry summary is then reviewed by OEO and NIH officials to determine the appropriate action. The employee may also file an informal complaint concerning the same allegation. In addition, NIH now has independent contractors investigating sexual harassment complaints at the informal stage in an effort to expedite their resolution.

Appendix I
NIH's EEO Complaint Process

Figure I.1: General Overview of Federal Sector Complaint Process Under 29 C.F.R. Part 1614



Source: GAO, based on NIH data.

National Institutes of Health Employee Survey



U.S. General Accounting Office

National Institutes of Health Sexual Harassment - Sex Discrimination Survey

INTRODUCTION

Congress has requested that the U.S. General Accounting Office (GAO), an independent agency of Congress, review the extent and type of sexual harassment and sex discrimination that may be happening at the National Institutes of Health (NIH). To do this, we are surveying a randomly selected sample of NIH employees.

This questionnaire asks about your experiences at NIH and your opinions about NIH's Equal Employment Opportunity (EEO) system, including the EEO complaint process.

The responses of all NIH employees included in our sample are very important in order for us to accurately measure the occurrence of sexual harassment and sex discrimination at NIH. Because these are sensitive topics, the survey is anonymous. We cannot identify you from this questionnaire.

The results will be presented in summary form. Any discussion of individual answers will not contain information that can identify you.

To ensure your privacy, please return the postcard separately from the questionnaire. This will let us know that you completed your questionnaire.

The questionnaire should take about 15 to 25 minutes to complete. Please return the questionnaire in the enclosed pre-addressed envelope within 10 days of receipt. If the envelope is misplaced, the return address is:

U.S. General Accounting Office
441 G Street, NW
Room 3150
Washington, DC 20548

Attention: Ms. Jan Bogus

If you have any questions, please call Ms. Jan Bogus at (202) 512-8557 or Ms. Annette Hartenstein at (202) 512-5724.

With your help, we will be able to identify the problems that affect NIH employees and recommend solutions.

Thank you for your help.

**Appendix II
National Institutes of Health Employee
Survey**

I. EXPERIENCE WITH SEXUAL HARASSMENT

This section asks about sexual harassment. Sexual harassment involves uninvited, unwanted sexual advances, requests for sexual favors, and other comments, physical contacts, or gestures of a sexual nature. Such actions may negatively affect one's career and may create an intimidating, hostile, or offensive environment.

1. As far as you are aware, is sexual harassment currently a problem at NIH and at your institute, center, or division? *(Check one box in each row.)*

		Not a problem (1)	A slight problem (2)	A moderate problem (3)	A serious problem (4)	A very serious problem (5)	No basis to judge (6)
a.	At NIH N=8,991	38.3%	23.4%	22.3%	11.5%	4.4%	(N=4,161)
b.	At your institute, center, or division N=11,742	64.6%	21.7%	8.5%	3.7%	1.5%	(N=1,477)

2. As far as you are aware, currently, is sexual harassment at NIH and at your institute, center, or division less of a problem, more of a problem, or about the same as it was 1 year ago, or, has it not been a problem in the last year? *(Check one box in each row.)*

		Currently much less of a problem (1)	Currently somewhat less of a problem (2)	Currently about the same (3)	Currently somewhat more of a problem (4)	Currently much more of a problem (5)	It has not been a problem (6)	No basis to judge (7)
a.	At NIH N=7,575	7.4%	16.2%	36.4%	3.3%	2.2%	34.5%	(N=5,533)
b.	At your institute, center, or division N=10,752	8.2%	10.5%	26.7%	1.8%	0.5%	52.2%	(N=2,370)

3. Do you agree or disagree that: a) NIH, as an agency; b) your institute, center, or division; and c) your immediate supervisor are doing enough to eliminate sexual harassment? *(Check one box in each row.)*

		Strongly agree (1)	Generally agree (2)	Neither agree or disagree (3)	Generally disagree (4)	Strongly disagree (5)	No basis to judge (6)
a.	NIH N=9,724	27.1%	40.0%	17.6%	10.1%	5.2%	(N=3,423)
b.	Your institute, center, or division N=11,503	34.1%	38.2%	15.8%	8.4%	3.4%	(N=1,736)
c.	Your immediate supervisor N=11,519	46.2%	28.5%	15.9%	5.7%	3.7%	(N=1,663)

**Appendix II
National Institutes of Health Employee
Survey**

4. How frequently, if at all, have you witnessed each of the following behaviors at NIH within the last year?
(Check one box in each row.)

Behavior you have witnessed at NIH in the last year	Not at all (1)	Once or twice (2)	Several times a year (3)	About once a month (4)	About once a week (5)	On a daily basis (6)
a. Sexual jokes, remarks, teasing N=13,327	35.2%	29.0%	17.1%	6.4%	8.1%	4.1%
b. Gossip about people's sexual behavior N=13,362	56.1%	23.1%	10.3%	4.3%	4.2%	2.1%
c. Conversations filled with sexual bragging, talk of others' sexual characteristics, stories of "sexual conquests" N=13,361	80.0%	10.5%	4.1%	1.6%	2.6%	1.2%
d. Negative sexual remarks about a group (e.g., women, men, homosexuals) N=13,301	50.5%	27.0%	11.9%	4.6%	3.9%	2.2%
e. "Wolf whistles" or sexual hoots, calls, or yells N=13,315	82.6%	10.4%	3.7%	1.9%	0.8%	0.6%
f. Sexual touching, leaning over, cornering, pinching, or brushing against N=13,389	85.2%	8.7%	3.2%	1.3%	1.1%	0.5%
g. Passing around or posting nude or sexy pictures N=13,376	87.3%	9.0%	2.4%	0.4%	0.3%	0.6%
h. Sexual gestures, looks, or other suggestive body language N=13,331	73.6%	15.3%	6.3%	1.7%	2.0%	1.2%
i. Someone receiving letters, phone calls, or other material of a sexual nature N=13,364	93.9%	4.7%	0.8%	.03%	0.1%	0.2%
j. Someone being pressured for a date N=13,398	90.3%	7.2%	1.4%	0.6%	0.2%	0.3%
k. Someone being asked or pressured for sexual favors N=13,396	97.0%	2.1%	0.3%	0.1%	0.2%	0.3%
l. Threatened, attempted, or actual rape or sexual assault N=13,393	98.8%	0.8%	0.2%	0.0%	0.0%	0.1%
m. Other sexual talk or behavior not listed above? Please specify: _____ N=372	2.4%	21.3%	22.3%	14.0%	12.8%	27.2%

**Appendix II
National Institutes of Health Employee
Survey**

5. How frequently, if at all, have any of the following sexual attentions **been directed at you during the last year** from anyone associated with NIH? (*Check one box in each row.*)

Please limit your answers only to sexual attention you consider uninvited or unwanted.

Uninvited, unwanted sexual attentions directed at you over the last year	Not at all (1)	Once or twice (2)	Several times a year (3)	About once a month (4)	About once a week (5)	On a daily basis (6)
a. Sexual jokes, remarks, teasing directed at you N=13,396	81.0%	12.1%	3.4%	1.8%	1.4%	0.3%
b. Gossip told to you about people's sexual behavior N=13,353	74.7%	16.5%	4.2%	2.1%	2.2%	0.4%
c. Conversations told to you containing sexual bragging, talk of others' sexual characteristics, stories of sexual "conquests," and the like N=13,392	87.4%	7.5%	2.0%	1.7%	1.1%	0.3%
d. Negative sexual remarks said to you about a group (e.g., women, men, homosexuals) N=13,357	71.4%	17.7%	5.9%	2.1%	2.1%	0.8%
e. "Wolf whistles" or sexual hoots, calls, or yells directed at you N=13,382	92.1%	4.4%	2.2%	0.4%	0.5%	0.4%
f. Sexual touching, leaning over, cornering, pinching, or brushing against you N=13,381	92.3%	4.8%	1.1%	0.7%	1.0%	0.1%
g. You receiving or being shown nude or sexy pictures N=13,402	95.2%	3.9%	0.5%	0.3%	0.1%	0.1%
h. Sexual gestures, looks, or other suggestive body language directed at you N=13,395	89.0%	6.2%	2.5%	0.9%	1.0%	0.4%
i. You being pressured for a date N=13,401	96.0%	2.5%	0.7%	0.4%	0.3%	0.1%
j. You receiving requests for sexual favors or being pressured for such favors N=13,398	98.5%	1.0%	0.1%	0.0%	0.2%	0.0%
k. You receiving letters, phone calls, or other material of a sexual nature N=13,388	98.6%	0.9%	0.3%	0.1%	0.0%	0.1%
l. Threatened, attempted, or actual rape or sexual assault N=13,403	99.6%	0.4%	0.0%	0.0%	0.0%	0.0%
m. Other uninvited, unwanted sexual attention not listed above directed at you. Please specify: N=202	14.1%	31.4%	25.2%	11.7%	12.6%	5.0%

6. Look at your answers to question 5 above. Did you indicate that you received **any** uninvited, unwanted sexual attentions listed above (checked any column 2 through 6)? (*Check one.*) N=13,354

1. Yes, I did receive some attention(s) ---> **Continue with question 7.** 32.1%
2. No, I did not receive any attention ---> **Skip to question 13 on page 10.** 67.9%

**Appendix II
National Institutes of Health Employee
Survey**

7. What was the source(s) of the uninvited, unwanted sexual attention(s) directed at you that you indicated in question 5? (Check all that apply.)

* Estimated eligible number of respondents = 4,292

- 1. My immediate supervisor N=403
- 2. Other manager(s) N=666
- 3. People who work for me N=353
- 4. Other co-workers in my immediate work group N=2,026
- 5. Other NIH employees N=2,021
- 6. Contractors who work on the NIH campus N=892
- 7. Other - Please specify: _____ N=194

8. Of those sources of uninvited, unwanted sexual attention(s) directed at you, **which one source** would you say was the **most troublesome**? (Check one.)

* Estimated eligible number of respondents = 4,292

- 1. **I selected only one category in question 7** - (If one category selected in question 7, response entered in appropriate category below.)
- 2. My immediate supervisor N=282
- 3. Another manager N=426
- 4. A person who works for me N=175
- 5. A co-worker in my immediate work group N=1,324
- 6. Some other NIH employee N=1,263
- 7. A contractor who works on the NIH campus N=439
- 8. Other - Please specify: _____ N=151

**Appendix II
National Institutes of Health Employee
Survey**

9. We now want you to think of the one incident of uninvited, unwanted sexual attention **directed at you that you consider the most serious**, or, if you experienced only one incident, think of that one.

Did any of the following happen **to you** as a result of this uninvited, unwanted sexual attention?

(Check all that apply.)

* Estimated eligible number of respondents = 4,292

- 1. My overall working conditions got worse N=279
- 2. My overall working conditions got better N=46
- 3. My work assignments got worse N=162
- 4. My work assignments got better N=34
- 5. I no longer felt a part of my work group(s) N=349
- 6. I felt more a part of my work group(s) N=34
- 7. I was humiliated in front of coworkers N=435
- 8. I gained status among my coworkers N=28
- 9. I was not given important information that others got N=206
- 10. I was given important information that others did not get N=17
- 11. I lost respect from my coworkers in my office N=319
- 12. I gained respect from my coworkers in my office N=60
- 13. I was denied a promotion or pay increase N=135
- 14. I was awarded a promotion or pay increase N=20
- 15. I was denied an appropriate performance rating or reference N=155
- 16. I was given a glowing performance rating or reference N=13
- 17. I was reassigned, detailed, or transferred against my wishes N=42
- 18. I was reassigned, detailed, or transferred according to my wishes N=32
- 19. I was placed on a Performance Improvement Plan and/or leave restriction N=64
- 20. I was removed from a Performance Improvement Plan and/or leave restriction N=0
- 21. Other changes or events - Please specify: _____ N=307
- 22. **None of the above happened to me as a result of the uninvited, unwanted sexual attention** N=3,162

**Appendix II
National Institutes of Health Employee
Survey**

10. Think back to the incident of uninvited, unwanted sexual attention directed at you that you referred to in the previous question.

If you took any of the following actions, did they generally make things better, generally make things worse, or have no effect on the situation?

(Check one box in each row which identifies an action you took. If you did not take a particular action listed below, leave that row blank.)

* Estimated eligible number of respondents = 4,292

Action(s) I took		If you took this action, it . . .		
		Generally made things better (1)	Had no effect (2)	Generally made things worse (3)
a. I avoided the person(s)	N=1,710	64.1%	28.1%	7.7%
b. I went on leave	N=159	26.7%	57.3%	16.0%
c. I asked for a transfer	N=132	26.8%	47.2%	26.0%
d. I made a joke of it	N=771	47.9%	40.8%	11.3%
e. I went along with it	N=496	30.0%	47.3%	22.7%
f. I discussed it with a co-worker or asked a co-worker to help	N=922	57.7%	33.2%	9.1%
g. I asked/told the person(s) to stop it	N=1,087	61.4%	30.7%	7.9%
h. I threatened to tell others	N=177	30.1%	51.3%	18.6%
i. I discussed it with a supervisor or other non-EEO official	N=473	50.4%	38.0%	11.6%
j. I spoke to an EEO official	N=215	42.3%	33.2%	24.5%
k. I filed an informal or formal EEO complaint	N=131	29.9%	31.8%	38.3%
l. I filed a grievance/adverse action appeal	N=55	11.6%	52.4%	36.0%
m. I transferred the person, took disciplinary action, or gave the person a poor performance rating	N=47	28.6%	65.7%	5.8%
n. I ignored it or did nothing	N=1,951	38.8%	56.5%	4.8%
o. I did something other than the actions listed above - Please specify: _____	N=177	73.0%	23.5%	3.5%

**Appendix II
National Institutes of Health Employee
Survey**

11. Because of any action that you might have taken with respect to this particular incident of uninvited, unwanted sexual attention, did anyone at NIH do any of the following? (Check all that apply.)

* Estimated eligible number of respondents = 4,292

- 1. **I did not take any action** -----> *Go to question 12.* N=2,197

- 2. People said bad things to me N=103
- 3. I was isolated from other staff or managers N=153
- 4. I was denied desirable assignments N=93
- 5. I was denied opportunities to attend key meetings or conferences N=85
- 6. I was denied a promotion N=109
- 7. I was denied training or other developmental opportunities N=74
- 8. I was denied awards, bonuses, or pay increases N=79
- 9. I was denied resources (e.g., staff, equipment, space, etc.) N=78
- 10. I was transferred to an office or location where I did not wish to go to N=37
- 11. I was forced to continue working with the person who committed the uninvited, unwanted sexual attention - would not allow me to transfer N=77
- 12. I was demoted N=16
- 13. An attempt was made to force me to resign N=75
- 14. I was given poor performance appraisals and/or poor references N=66
- 15. I was not provided feedback on my performance N=67
- 16. Other? Please specify: _____ N=65
- 17. **None of the above was done to me because of the action I took** N=1,508

**Appendix II
National Institutes of Health Employee
Survey**

12. Referring to this same incident of uninvited, unwanted sexual attention, did you indicate in Question 10 that you filed either an informal EEO complaint, a formal EEO complaint, or a grievance or adverse action appeal? (Check "Yes" or "No" and follow the appropriate arrow.)

* Estimated eligible number of respondents = 4,292

1. **Yes** N=155

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|
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V

Which of the following describes how the responsible officials handled it? (Check all that apply.)

- 1. An agreement or settlement was reached N=37
- 2. The situation was corrected to my satisfaction N=54
- 3. An attempt was made to deal with the situation but I was not satisfied with what was done N=41
- 4. Action was taken against the person(s) who committed the uninvited, unwanted sexual attention N=24
- 5. People were hostile or took action against me N=30
- 6. Action is still being processed N=38
- 7. I don't know if anything was done N=9
- 8. Nothing was done N=15
- 9. Other way it was handled? Please specify: N=25

2. **No** N=3,878

|
|
|
V

Which of the following describes why you did not file a complaint, grievance, or adverse action appeal for this incident? (Check all that apply.)

- 1. I did not consider it serious enough N=2,642
- 2. I was too embarrassed N=248
- 3. I wanted to try to deal with it myself N=1,090
- 4. I decided to ignore it N=1,251
- 5. My supervisor/other official resolved it to my satisfaction N=182
- 6. I did not know what actions I could take N=230
- 7. I did not believe my situation would be kept confidential N=394
- 8. I was concerned that I would not be treated fairly N=292
- 9. I did not believe the harasser would be punished N=565
- 10. I was concerned that filing a complaint would not be worth the time or cost N=448
- 11. I was concerned that I would be retaliated against N=484
- 12. I was told/advised that I did not have a strong enough case to support a complaint or grievance N=47
- 13. Someone discouraged me from filing a complaint or grievance N=77
- 14. I did not think I would be believed N=174
- 15. I did not think my complaint would be adequately looked into N=332
- 16. Other reason for not filing? Please specify: N=530

**Appendix II
National Institutes of Health Employee
Survey**

13. In your opinion, how good or poor a job is NIH currently doing concerning the following actions relating to **sexual harassment**? (Check one box in each row.)

NIH actions relating to sexual harassment	A very good job (1)	A somewhat good job (2)	Neither a good nor a poor job (3)	A somewhat poor job (4)	A very poor job (5)	No basis to judge (6)
a. Informing you about current NIH policies and procedures prohibiting sexual harassment N=12,445	56.8%	29.1%	8.6%	3.0%	2.5%	(N=522)
b. Informing you about specific behaviors or actions that constitute sexual harassment N=12,380	51.2%	28.7%	10.9%	5.7%	3.5%	(N=573)
c. Informing you about NIH penalties for those who engage in sexual harassment N=11,962	37.1%	26.0%	17.3%	11.6%	8.0%	(N=970)
d. Encouraging you to contact a manager or EEO Officer about any sexual harassment problems N=11,987	50.2%	24.7%	14.4%	6.1%	4.5%	(N=940)
e. Encouraging you to seek assistance from NIH's Office of Equal Opportunity if you encounter sexual harassment N=11,848	48.1%	25.6%	16.3%	5.5%	4.5%	(N=1,101)
f. Providing counseling to victims of sexual harassment N=5,320	40.1%	17.5%	21.6%	9.6%	11.2%	(N=7,573)
g. Preventing reprisals/retaliation for reporting sexual harassment N=5,746	36.9%	19.4%	21.5%	8.6%	13.6%	(N=7,185)
h. Taking action against employees who engage in sexual harassment N=5,604	34.3%	18.7%	20.1%	12.3%	14.6%	(N=7,316)

**Appendix II
National Institutes of Health Employee
Survey**

II. EXPERIENCE WITH SEX DISCRIMINATION

This section asks about sex discrimination. Sex discrimination is any practice(s) which denies employment opportunities because of one's sex. These practices cover hiring, development, advancement, and overall treatment. Sex discrimination also covers situations in which employees' talents are not fully utilized because of their sex.

14. As far as you are aware, is sex discrimination currently a problem at NIH and at your institute, center, or division? (Check one box in each row.)

		Not a problem (1)	A slight problem (2)	A moderate problem (3)	A serious problem (4)	A very serious problem (5)	No basis to judge (6)
a. At NIH	N=9,047	31.2%	18.5%	24.4%	16.5%	9.4%	(N=3,812)
b. At your institute, center, or division	N=11,512	51.2%	18.4%	14.1%	9.9%	6.5%	(N=1,373)

15. As far as you are aware, currently, is sex discrimination at NIH and at your institute, center, or division less of a problem, more of a problem, or about the same as it was 1 year ago, or, has it not been a problem in the last year? (Check one box in each row.)

		Currently much less of a problem (1)	Currently somewhat less of a problem (2)	Currently about the same (3)	Currently somewhat more of a problem (4)	Currently much more of a problem (5)	It has not been a problem (6)	No basis to judge (7)
a. At NIH	N=7,804	7.1%	13.8%	49.8%	2.9%	3.6%	22.8%	(N=5,061)
b. At your institute, center, or division	N=10,323	7.4%	10.6%	40.7%	2.9%	2.6%	35.7%	(N=2,536)

16. Do you agree or disagree that: a) NIH, as an agency; b) your institute, center, or division; and c) your immediate supervisor are doing enough to eliminate sex discrimination? (Check one box in each row.)

		Strongly agree (1)	Generally agree (2)	Neither agree or disagree (3)	Generally disagree (4)	Strongly disagree (5)	No basis to judge (6)
a. NIH	N=9,320	24.9%	32.3%	16.3%	17.3%	9.1%	(N=3,536)
b. Your institute, center, or division	N=11,004	30.3%	29.6%	17.0%	14.5%	8.6%	(N=1,892)
c. Your immediate supervisor	N=11,074	45.1%	25.6%	14.1%	8.1%	7.1%	(N=1,819)

**Appendix II
National Institutes of Health Employee
Survey**

17. As far as you are aware, do the following attitudes or situations currently exist **in your institute, center, or division?** (Check one box in each row.)

Attitudes or situations in your institute, center, or division	Yes, for the most part (1)	Yes, to some extent (2)	No (3)	No basis to judge (4)
a. Resources (e.g., equipment, space, staff, etc.) are distributed equally to male and female employees. N=12,105	73.5%	13.1%	13.3%	(N=866)
b. Men and women are viewed as having comparable knowledge, skills, and abilities to perform. N=12,427	63.0%	20.7%	16.2%	(N=548)
c. Women and men are given formal recognition for similar performance at the same rate. N=11,771	62.5%	17.8%	19.7%	(N=1,198)
d. Women and men are paid the same for similar work. N=10,768	63.1%	16.7%	20.2%	(N=2,181)
e. Women and men with similar qualifications are promoted at the same rate. N=10,653	51.6%	18.3%	30.1%	(N=2,293)
f. Efforts are made to recruit and hire women. N=11,043	66.5%	22.3%	11.2%	(N=1,907)
g. Training opportunities are provided equally to men and women. N=12,000	73.9%	17.9%	8.2%	(N=1,004)
h. Men and women have similar opportunities for visibility (e.g., serving on key committees and task forces). N=11,599	64.7%	19.7%	15.5%	(N=1,407)
i. Men and women have similar success finding mentors. N=9,124	57.9%	19.2%	22.8%	(N=3,807)
j. Women and men get equally desirable assignments. N=10,895	59.0%	21.9%	19.0%	(N=2,021)
k. Women have been placed in positions beyond their level of competence because of affirmative action programs. N=9,510	11.6%	25.0%	63.4%	(N=3,425)
l. Family responsibilities (e.g., caring for children/elders) prevent women from being considered for advancement more so than men. N=9,553	12.6%	31.1%	56.3%	(N=3,399)
m. An "old boy network" prevents women from advancing in their careers. N=10,304	17.9%	32.3%	49.8%	(N=2,656)
n. Hostility exists between male and female employees. N=11,664	5.4%	20.5%	74.1%	(N=1,348)
o. Productivity is viewed to have suffered because of problems related to sex discrimination. N=10,407	7.3%	17.6%	75.1%	(N=2,582)

**Appendix II
National Institutes of Health Employee
Survey**

18. **Over the past 2 years at NIH**, do you believe that **your sex** has generally helped you, generally hurt you, or had no effect on **how you were treated** with regard to the following? (Check one box in each row.)

		Not applicable to me / Do not know (1)	Generally helped me (2)	Had no effect (3)	Generally hurt me (4)
Developmental opportunities					
a.	Getting on-the-job training	N=11,034 (N=2,299)	2.7%	92.7%	4.6%
b.	Being given opportunities for formal training	N=11,238 (N=2,103)	2.9%	90.6%	6.5%
c.	Being offered special assignments such as being appointed to task forces, etc.	N=10,399 (N=2,938)	3.9%	85.3%	10.8%
d.	Obtaining feedback on performance	N=11,697 (N=1,609)	3.9%	88.6%	7.5%
e.	Attending key professional meetings	N=10,565 (N=2,765)	3.0%	87.8%	9.2%
f.	Getting counseling on how to advance your career	N=10,354 (N=2,970)	4.9%	82.2%	12.9%
g.	Working with key experts/managers	N=10,839 (N=2,411)	3.9%	85.6%	10.6%
Assignments					
a.	Being assigned to desirable work projects	N=11,289 (N=2,051)	3.3%	87.1%	9.7%
b.	Gaining approval to do self-initiated assignments/projects	N=11,359 (N=1,996)	3.6%	87.5%	8.9%
c.	Being given opportunities to write/publish results of your work	N=8,850 (N=4,472)	1.7%	93.1%	5.2%
d.	Getting appropriate resources (e.g., staff, space, computers, equipment, etc.)	N=11,117 (N=2,204)	3.7%	85.6%	10.7%
e.	Being provided opportunities to brief management about your work accomplishments	N=10,679 (N=2,654)	3.3%	89.1%	7.6%
f.	Being permitted to work a flexible work schedule	N=10,906 (N=2,324)	5.8%	88.9%	5.3%
Recognition/awards/rewards					
a.	Getting recognition/credit for work done (e.g., letters of recognition, co-author status, etc.)	N=11,478 (N=1,839)	3.6%	85.0%	11.4%
b.	Getting award(s) for performance	N=11,408 (N=1,917)	3.7%	85.3%	11.0%
c.	Getting bonus(es) for performance	N=11,464 (N=1,834)	3.7%	85.3%	11.0%
d.	Having the opportunity to serve on committees, journal editorial boards, etc.	N=9,386 (N=3,934)	3.2%	88.5%	8.3%
e.	Being given the opportunity to speak at professional meetings	N=8,624 (N=4,678)	2.9%	89.7%	7.4%
Promotions/advancements					
a.	Getting an appropriate performance rating	N=11,976 (N=1,377)	3.7%	87.2%	9.0%
b.	Being awarded promotions at the same rate as your peers	N=11,431 (N=1,932)	2.5%	81.3%	16.2%
c.	Receiving a salary similar to your peers	N=11,549 (N=1,800)	3.0%	84.9%	12.1%

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Survey**

19. **Over the past 2 years**, do you believe you have been personally discriminated against at NIH because of your sex? (Check one.)

N=13,314

1. Yes --> **Continue with question 20.** 13.0%
2. No --> **Skip to question 24.** 87.0%

20. Think of the sex discrimination experience that you consider the most serious, or if it only happened once, think of it. For that particular experience, which of the following action(s), if any, did you take? (Check all that apply.)

* Estimated eligible number of respondents = 1,730

- | | | |
|---|-------|-------------------------------------|
| 1. <input type="checkbox"/> I discussed it with an EEO official | N=297 | } Continue with question 21. |
| 2. <input type="checkbox"/> I discussed it with my immediate supervisor | N=510 | |
| 3. <input type="checkbox"/> I discussed it with some other non-EEO official | N=312 | |
| 4. <input type="checkbox"/> I filed an <u>informal</u> EEO complaint with NIH's office of Equal Opportunity | N=126 | |
| 5. <input type="checkbox"/> I filed a <u>formal</u> EEO complaint with HHS's Office of Human Relations | N=79 | |
| 6. <input type="checkbox"/> I filed a grievance or adverse action appeal with the personnel office within my institute, center, or division | N=67 | |
| 7. <input type="checkbox"/> I took some other action - Please specify: _____ | N=168 | |
| 8. <input type="checkbox"/> I took <u>no action</u> -----> Skip to question 23. | | N=856 |

21. For the sex discrimination experience referred to in question 20, which of the following describe the outcome of the action you took? (Check all that apply.)

* Estimated eligible number of respondents = 874

- | | |
|---|-------|
| 1. <input type="checkbox"/> An agreement or settlement was arranged | N=122 |
| 2. <input type="checkbox"/> The situation was corrected to my satisfaction | N=56 |
| 3. <input type="checkbox"/> An attempt was made to deal with the situation but I was not satisfied with what was done | N=172 |
| 4. <input type="checkbox"/> Action was taken against the person(s) who discriminated | N=5 |
| 5. <input type="checkbox"/> People were hostile towards me | N=185 |
| 6. <input type="checkbox"/> Action is still being processed | N=108 |
| 7. <input type="checkbox"/> I don't know if anything was done | N=111 |
| 8. <input type="checkbox"/> Nothing was done | N=338 |
| 9. <input type="checkbox"/> Other? Please specify: _____ | N=124 |

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22. Because of the action(s) that you took regarding this sex discrimination experience, which of the following, if any, were done to you? (*Check all that apply.*)

* Estimated eligible number of respondents = 874

- | | | |
|--|-------|-------|
| 1. <input type="checkbox"/> People said bad things to me | N=113 | |
| 2. <input type="checkbox"/> I was isolated from other staff or managers | N=190 | |
| 3. <input type="checkbox"/> I was denied desirable assignments | N=179 | |
| 4. <input type="checkbox"/> I was denied opportunities to attend key meetings or conferences | N=134 | |
| 5. <input type="checkbox"/> I was denied a promotion | N=176 | |
| 6. <input type="checkbox"/> I was denied training or other developmental opportunities | N=162 | |
| 7. <input type="checkbox"/> I was denied awards, bonuses, or pay increases | N=218 | |
| 8. <input type="checkbox"/> I was denied resources (e.g., staff, equipment, space, etc.) | N=156 | |
| 9. <input type="checkbox"/> I was transferred to an office or location where I did not wish to go to | N=97 | |
| 10. <input type="checkbox"/> I was forced to continue working with the discriminator(s) - would not allow me to transfer | N=145 | |
| 11. <input type="checkbox"/> I was demoted | N=21 | |
| 12. <input type="checkbox"/> An attempt was made to force me to resign | N=106 | |
| 13. <input type="checkbox"/> I was given poor performance appraisals and/or poor references | N=181 | |
| 14. <input type="checkbox"/> I was not provided feedback on my performance | N=128 | |
| 15. <input type="checkbox"/> Other? Please specify: _____ | N=83 | |
| 16. <input type="checkbox"/> None of the above was done to me because of the action I took | | N=307 |

23. For the sex discrimination experience you referred to in question 20, did you indicate that you filed either an informal EEO complaint with NIH's Office of Equal Opportunity, a formal EEO complaint with HHS's Office of Human Relations, or a grievance or adverse action appeal with the personnel office within your institute, center, or division? (*Check one.*)

* Estimated eligible number of respondents = 1,730

- | | |
|---|-------|
| 1. <input type="checkbox"/> Yes --> Go to question 24. | 10.5% |
| 2. <input type="checkbox"/> No -----> Which of the following describes why you did <u>not</u> file a complaint, grievance, or adverse action appeal for this experience? (<i>Check all that apply.</i>) | 89.5% |

* Estimated eligible number of respondents = 1,482

- | | |
|--|-------|
| 1. <input type="checkbox"/> I did not consider it serious enough | N=166 |
| 2. <input type="checkbox"/> I was too embarrassed | N=105 |
| 3. <input type="checkbox"/> I wanted to try to deal with it by myself | N=369 |
| 4. <input type="checkbox"/> I decided to ignore it | N=187 |
| 5. <input type="checkbox"/> My supervisor/other official resolved it to my satisfaction | N=59 |
| 6. <input type="checkbox"/> I did not know what actions I could take | N=296 |
| 7. <input type="checkbox"/> I did not believe my situation would have been kept confidential | N=494 |
| 8. <input type="checkbox"/> I was concerned that I would not be treated fairly | N=651 |
| 9. <input type="checkbox"/> I was concerned that filing a complaint would not be worth the time or cost | N=619 |
| 10. <input type="checkbox"/> I was concerned that I would be retaliated against | N=730 |
| 11. <input type="checkbox"/> I was told/advised that I did not have a strong enough case to support a complaint or grievance | N=164 |
| 12. <input type="checkbox"/> Someone discouraged me from filing a complaint or grievance | N=202 |
| 13. <input type="checkbox"/> I did not think I would be believed | N=288 |
| 14. <input type="checkbox"/> I did not think my complaint would be adequately looked into | N=623 |
| 15. <input type="checkbox"/> Other reason - Please describe: _____ | N=427 |

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24. In your opinion, how good or poor a job is NIH currently doing concerning the following actions relating to **sex discrimination**? (Check one box in each row.)

NIH actions relating to sex discrimination	A very good job (1)	A somewhat good job (2)	Neither a good nor a poor job (3)	A somewhat poor job (4)	A very poor job (5)	No basis to judge (6)
a. Informing you about current NIH policies and procedures prohibiting sex discrimination N=12,632	43.3%	29.4%	14.7%	7.3%	5.4%	(N=681)
b. Informing you about specific behaviors or actions that constitute sex discrimination N=12,590	38.3%	29.0%	17.0%	8.9%	6.9%	(N=723)
c. Informing you about NIH penalties for those who engage in sex discrimination N=12,061	30.3%	23.0%	21.8%	13.7%	11.2%	(N=1,245)
d. Encouraging you to contact a manager or EEO Officer about any sex discrimination problems N=12,035	38.8%	27.3%	17.9%	8.4%	7.7%	(N=1,236)
e. Encouraging you to seek assistance from NIH's Office of Equal Opportunity if you encounter sex discrimination N=11,792	38.1%	26.5%	19.3%	8.3%	7.9%	(N=1,501)
f. Providing counseling to victims of sex discrimination N=5,611	32.1%	19.6%	21.3%	12.3%	14.7%	(N=7,692)
g. Preventing reprisals/retaliation for reporting sex discrimination N=5,759	30.4%	18.9%	21.4%	10.7%	18.5%	(N=7,534)
h. Taking action against employees who engage in sex discrimination N=5,781	28.0%	16.9%	19.6%	13.4%	22.0%	(N=7,524)

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III. EQUAL EMPLOYMENT OPPORTUNITY OFFICES, OFFICIALS, AND POLICIES

This section focuses on your views about NIH's Equal Employment Opportunity (EEO) System.

25. In your opinion, how good or poor a job is NIH currently doing in accomplishing the following?
(Check one box in each row.)

	A very good job (1)	A somewhat good job (2)	Neither a good nor a poor job (3)	A somewhat poor job (4)	A very poor job (5)	No basis to judge (6)
a. Informing you about your rights and responsibilities under federal government EEO regulations N=12,431	34.3%	30.9%	17.7%	10.4%	6.7%	(N=846)
b. Helping your managers/supervisors develop awareness of and skills in handling EEO problems N=10,758	30.9%	32.1%	16.2%	11.5%	9.4%	(N=2,528)
c. Helping you and your co-workers develop awareness and skills in handling EEO problems N=11,745	24.9%	28.3%	21.6%	14.7%	10.5%	(N=1,511)
d. Informing you about the roles of EEO officials, counselors, and investigators N=12,087	24.7%	27.2%	21.4%	15.7%	11.0%	(N=1,180)
e. Providing competent EEO staff N=8,357	21.9%	27.2%	20.1%	14.1%	16.7%	(N=4,865)
f. Informing you about the various complaint channels open to NIH employees N=11,936	24.4%	29.2%	20.2%	15.5%	10.7%	(N=1,312)
g. Ensuring that EEO officials/counselors work to resolve EEO problems at the earliest stages N=7,135	23.7%	25.4%	22.5%	12.2%	16.2%	(N=6,125)
h. Ensuring that EEO complaints are handled in an unbiased, objective manner N=6,503	24.4%	23.2%	19.5%	14.1%	18.7%	(N=6,757)
i. Enforcing penalties for those who engage in sex discrimination or sexual harassment N=4,988	22.1%	20.1%	20.5%	14.4%	22.9%	(N=8,282)
j. Ensuring that EEO complaints are handled in a timely manner N=5,561	22.8%	20.4%	20.3%	13.7%	22.9%	(N=7,693)
k. Ensuring that EEO awards go to those who deserve them N=5,221	22.7%	21.9%	21.8%	14.0%	19.6%	(N=8,024)
l. Seeking your feedback about the effectiveness of NIH's EEO system N=9,133	15.5%	16.3%	25.9%	17.5%	24.9%	(N=4,128)

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IV. DEMOGRAPHICS AND WORK SETTING

Please answer the following questions in terms of your current job.

Although all responses will be presented in summary form only, we are asking below if you currently work at one of the five largest institutes, centers, and divisions. Having more specific information about the five largest institutes, centers, and divisions will help in our reporting of sexual harassment and sex discrimination.

26. What is your current institute, center, or division? (Check one.)
(These are the five largest institutes, centers, and divisions at NIH.)

N=13,460

- | | |
|---|-------|
| 1. <input type="checkbox"/> National Cancer Institute (NCI) | 15.7% |
| 2. <input type="checkbox"/> National Institute of Allergy and Infectious Diseases (NIAID) | 6.8% |
| 3. <input type="checkbox"/> National Institute of Mental Health (NIMH) | 5.3% |
| 4. <input type="checkbox"/> Office of the NIH Director (OD) | 7.2% |
| 5. <input type="checkbox"/> Clinical Center (CC) | 12.4% |

6. Check this box if you work at one of the following institutes, centers, or divisions: 52.6%

National Center of Human Genome Research (NCHGR)
National Center for Research Resources (NCRR)
National Eye Institute (NEI)
National Heart, Lung, and Blood Institute (NHLBI)
National Institute on Aging (NIA)
National Institute of Alcohol Abuse and Alcoholism (NIAAA)
National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS)
National Institute of Child Health and Human Development (NICHD)
National Institute of Deafness and Other Communication Disorders (NIDCD)
National Institute of Dental Research (NIDR)
National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)
National Institute on Drug Abuse (NIDA)
National Institute of Environmental Health Sciences (NIEHS)
National Institute of General Medical Sciences (NIGMS)
National Institute of Neurological Disorders and Stroke (NINDS)
National Institute of Nursing Research (NINR)
National Library of Medicine (NLM)
Division of Computer Research and Technology (DCRT)
Division of Research Grants (DRG)
Fogarty International Center (FIC)
Office of Research Services (ORS)

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27. What is your pay category or classification? (Check one.) N=13,357

1. General Schedule (GS, GM, GG, GW, etc.) 91.9%

PLEASE ENTER GRADE LEVEL: -

2. Executive (SES, ST, EX) 2.8%

3. Administratively Determined (AD) 2.8%

4. Commissioned Corps (CC) 0.2%

5. Other - Specify: _____ 2.3%

28. Is your job in a scientific field such as:
Investigator, Nurse, Social Worker, Laboratory Technician, Recreation Therapist, Social Scientist, M.D., Ph.D, etc. ? (Check one.) N=13,351

1. Yes 53.1%

2. No 46.9%

29. Do you currently supervise anyone? (Check one.) N=13,436

1. Yes 39.2%

2. No 60.8%

30. How long have you worked at NIH? (Check one.) N=13,402

1. Less than 1 year 3.0%

2. 1 to less than 5 years 31.0%

3. 5 to less than 10 years 18.2%

4. 10 to less than 15 years 14.7%

5. 15 to less than 20 years 12.1%

6. 20 years or longer 20.9%

31. How long have you worked in your current institute, center, or division? (Check one.) N=13,429

1. Less than 1 year 6.4%

2. 1 to less than 5 years 37.6%

3. 5 to less than 10 years 20.3%

4. 10 to less than 15 years 13.2%

5. 15 to less than 20 years 8.9%

6. 20 years or longer 13.7%

32. Is your immediate supervisor female or male? (Check one.) N=13,422

1. Female 37.7%

2. Male 62.3%

33. How would you categorize the people you work with during a normal workday? (Check one.) N=13,434

1. All or almost all women 14.9%

2. More women than men 30.5%

3. About equal numbers of women and men 33.7%

4. More men than women 15.0%

5. All or almost all men 3.4%

6. I work independently 1.1%

7. Varies on a day-to-day basis 1.5%

34. What is your sex? (Check one.) N=13,460

1. Female 59.9%

2. Male 40.1%

35. What was your age as of your last birthday? (Check one.) N=13,403

1. Less than 20 years old 0.1%

2. 20 to 25 years old 4.1%

3. 26 to 30 years old 8.0%

4. 31 to 35 years old 10.8%

5. 36 to 40 years old 14.4%

6. 41 to 50 years old 31.2%

7. 51 to 60 years old 23.6%

8. 61 or older 7.8%

36. What is your race? (Check one.) N=13,291

1. Native American (American-Indian) 0.8%

2. Asian/Pacific Islander 6.3%

3. African-American 12.3%

4. White 79.3%

5. Other - Please specify: _____ 1.2%

37. Are you of Hispanic origin? (Check one.) N=13,252

1. Yes 2.2%

2. No 97.8%

38. What is your marital status? (Check one.) N=13,406

1. Single 22.8%

2. Married 62.8%

3. Divorced or separated 12.4%

4. Widowed 2.0%

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V. COMMENTS

39. If you have any comments related to the issues of sexual harassment or sex discrimination, please write them here. *(If necessary, you may attach additional sheets.)*

40. If you have any suggestions on how NIH can better address the problems of sexual harassment or sex discrimination, please write them here. *(If necessary, you may attach additional sheets.)*

This completes our survey. Thank you for your assistance.
Please return this questionnaire in the envelope provided and return the postcard separately.

Survey Notes

Note 1: All “Ns” (number in the population) are estimates based on appropriately weighting the sample results.

Note 2: For questions in the matrix format, all percentages are based on those who chose a response other than “No basis to judge.”

Note 3: For questions in the matrix format, the “Ns” to the left of the first percentage represent the estimated size of the population who responded with a basis to judge. The “Ns” to the right of the last percentage represent the estimated size of the population who responded with “No basis to judge.”

Questionnaire Objective, Scope, and Methodology

The objective of our questionnaire survey was to obtain information on the extent and type of sexual harassment and sex discrimination that may be happening at the National Institutes of Health (NIH). Using mail questionnaires, we asked about the general climate at NIH regarding sexual harassment and sex discrimination and specifically about the occurrence of behaviors at NIH that respondents considered to be instances of sexual harassment and about the occurrence of situations at NIH that respondents considered to be instances of sex discrimination. For those who indicated that they believed sexual harassment was directed toward them, we inquired about what the respondent did to deal with the situation. We asked a set of similar questions to see how individuals dealt with sex discrimination when it affected them. We also asked for respondents' views on NIH's equal employment opportunity (EEO) system and asked some general questions about the respondents' work setting and background. Due to the sensitive nature of the information we required, the questionnaire was anonymous. It did not contain any information that could identify an individual respondent. A postcard containing an identification number was included in the package sent to NIH employees. The postcard was to be mailed back to GAO separately from the questionnaire. Receipt of the postcard allowed us to remove names from our mailing list. The questionnaire was first mailed in early January 1994. In late February, we sent out a follow-up mailing, which contained another questionnaire to those in our sample who did not respond to our first mailing. In mid-April, we sent a letter to those who still had not yet responded, urging them to take part in the survey.

The questionnaire was designed by a social science survey specialist in conjunction with GAO evaluators who were knowledgeable about the subject matter. We pretested the questionnaire with 15 NIH employees from a number of occupational categories before mailing to help ensure that our questions were interpreted correctly and that the respondents were willing to provide the information required. After the questionnaires were received from survey respondents, they were edited and then sent to be keypunched. All data were double keyed and verified during data entry. The computer program used in the analysis also contained consistency checks.

Sampling Methodology

Our study population represents the approximately 13,000 white-collar employees at NIH and excludes staff fellows and contract employees. Since NIH is composed of 26 institutes, centers, and divisions (ICD), we wanted the results of our survey to provide specific estimates for the 5 largest ICDS

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and a general estimate for the remaining 21 ICDS. In addition, we wanted to look specifically at the experiences of male and female employees in the five largest ICDS and in the other ICDS as a whole. We asked NIH to provide us with a computer file containing the names and home addresses of all NIH employees. From this list, we deleted staff fellows and “blue collar” employees. We used standard statistical techniques to select a stratified random sample from this universe of names. The sample contained 4,110 employees of the universe of 13,473 employees. Table III.1 presents the universe and sample sizes for each stratum.

Table III.1: Universes and Sample Sizes by Stratum

Stratum	Universe	Sample
Clinical Center		
Females	1,286	530
Males	365	200
National Cancer Institute		
Females	1,242	520
Males	887	270
National Institute of Allergy and Infectious Diseases		
Females	522	320
Males	403	200
Office of the NIH Director		
Females	629	370
Males	333	200
National Institute of Mental Health		
Females	417	300
Males	300	200
Other Institutes, Centers, and Divisions		
Females	3,967	500
Males	3,122	500
Total	13,473	4,110

Because this survey selected a portion of the universe for review, the results obtained are subject to some uncertainty or sampling error. The sampling error consists of two parts: confidence level and range. The confidence level indicates the degree of confidence that can be placed in the estimates derived from the sample. The range is the upper and lower limit between which the actual universe estimate may be found. For example, if all female employees of the Clinical Center had been surveyed,

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the chances are 19 out of 20 that the results obtained would not differ from our sample estimates by more than 5 percent.

Questionnaire Response Rates

Not all NIH employees who were sent questionnaires returned them. Of the 4,110 NIH employees who were sent questionnaires, 2,642 returned usable ones to us, an overall usable response rate of 64.3 percent. Table III.2 summarizes the questionnaire returns for the 4,110 questionnaires mailed.

Table III.2: Questionnaire Returns

Types of returns	Number	Percent
Usable returns	2,642	64.3
Delivered but not returned	1,368	33.3
Undeliverable	49	1.2
Returned not completed or unusable	51	1.2
Total	4,110	100.0

The usable response rates for the individual stratum range from 49.5 to 77 percent. Table III.3 presents the response rates for each stratum.

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**Table III.3: Usable Response Rates by
Stratum**

Stratum	Sample	Usable returns	Response rate
Clinical Center			
Females	530	295	55.7%
Males	200	99	49.5%
National Cancer Institute			
Females	520	374	71.9%
Males	270	192	71.1%
National Institute of Allergy and Infectious Diseases			
Females	320	215	67.2%
Males	200	138	69.0%
Office of the NIH Director			
Females	370	234	63.2%
Males	200	154	77.0%
National Institute of Mental Health			
Females	300	209	69.7%
Males	200	124	62.0%
Other Institutes, Centers, and Divisions			
Females	500	317	63.4%
Males	500	291	58.2%
Total	4,110	2,642	64.3%

**Estimates From the
Sample Results**

Given our overall response rate of 64.3 percent, we wanted to get some indication that the 35.7 percent of our sample that did not respond to our survey were generally similar in their experiences regarding sexual harassment and sex discrimination to those who did respond to the survey. To find this out, in June 1994 we conducted a small-scale, nonstatistical telephone survey of 41 NIH employees who were in our sample but did not respond to the questionnaire. We asked these individuals two questions that were included in the questionnaire. The first was the extent to which they believed sexual harassment was a problem at NIH as a whole and at their ICD. The second was a similar question regarding sex discrimination. Although these 41 employees perceived less sexual harassment and sex discrimination than did the 2,642 employees that responded earlier, the differences in their perceptions were not statistically significant. We decided to not modify the main survey results on the basis of the 41 telephone respondents' views because the telephone

respondents did not form a statistically representative sample and the observed differences were not statistically significant.

The 2,642 usable returned questionnaires have been weighted to represent the study population of 13,473 white-collar employees at NIH (excluding staff fellows and contract employees). The weighted total population size for the sample was slightly different (13,460) due to rounding errors introduced in the sample weighting process.

Because we sampled a portion of NIH employees, our survey results are estimates of all employees' views and are subject to sampling error. For example, the estimate that 32 percent of the employees have experienced sexual harassment is surrounded by a 95 percent confidence interval of ± 2 percent. This confidence interval thus indicates that there is about a 95-percent chance that the actual percentage falls between 30 and 34 percent. All of the survey results in this report have 95 percent confidence intervals of less than ± 5 percent unless otherwise noted.

Nonsampling Errors

In addition to the reported sampling errors, the practical difficulties of conducting any survey may introduce other types of errors, commonly referred to as nonsampling errors. For example, differences in how a particular question is interpreted, in the sources of information that are available to respondents, or in the types of people who do not respond can introduce unwanted variability into the survey results. We included steps in the development of the questionnaire, the data collection, and data analysis for minimizing such nonsampling errors. These steps have been mentioned in various sections of this appendix.

Cost of Handling Complaints

There are many different levels at which an EEO situation can be handled before and during the actual EEO complaint process. Employees can involve supervisors and/or other management officials; institute, center, or division (ICD) EEO officers; and others in the pursuit of resolution before filing informal complaint paperwork with NIH's Office of Equal Opportunity (OEO).

Department of Health and Human Services (HHS) officials estimated the cost of processing an informal complaint in NIH's OEO during fiscal year 1994 to be about \$860. If the complaint is not resolved and the employee chooses to file a formal complaint with HHS, an additional \$8,700 in costs could be borne by HHS' Office of Human Relations and NIH's OEO. This includes the cost of an investigation, which HHS contracts out to an investigative firm.

The procedures for handling sexual harassment complaints differ from those established for handling other types of EEO complaints. In order to speed up the process, an investigation is contracted for when an informal complaint has been filed. This shifts the costs for the investigation from the formal to the informal stage. An HHS official said that under this process, total costs (informal and formal) can range from \$10,225 to \$11,825. Our work did not include an analysis of the difference in cost between the two approaches.

It should be noted that these cost estimates cannot be applied to all cases. Each case is unique—a complaint can be resolved at any step in the process or it may involve others outside of the normal EEO process. Also, none of these estimates include costs accrued at the ICD level, lost work time, settlement costs, complaints pursued through processes other than EEO (i.e., grievances), and costs that go beyond the formal complaint stage.

NIH attorneys can become involved if the employee chooses NIH's alternative dispute resolution process before filing an informal complaint. However, the employee can later file an informal complaint if he/she is not satisfied with the outcome. NIH attorneys are also involved in EEO complaints that are appealed to the Equal Employment Opportunity Commission's (EEOC) Office of Federal Operations if the complainant is not satisfied with the outcome of the formal complaint stage. HHS attorneys and Justice Department officials defend NIH if the complainant decides to appeal the case beyond the EEOC to the court system.

Comments From the Department of Health and Human Services



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Inspector General

Washington, D.C. 20201

SEP 14 1995

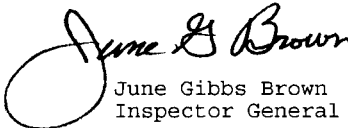
Mr. L. Nye Stevens
Director, Federal Management and
Workforce Issues
United States General
Accounting Office
Washington, D.C. 20548

Dear Mr. Stevens:

Enclosed are the Department's comments on your draft report, "Equal Employment Opportunity: NIH's Handling of Alleged Sexual Harassment and Sex Discrimination Matters." The comments represent the tentative position of the Department and are subject to reevaluation when the final version of this report is received.

The Department appreciates the opportunity to comment on this draft report before its publication.

Sincerely,


June Gibbs Brown
Inspector General

Enclosure

The Office of Inspector General (OIG) is transmitting the Department's response to this draft report in our capacity as the Department's designated focal point and coordinator for General Accounting Office reports. The OIG has not conducted an independent assessment of these comments and therefore expresses no opinion on them.

Appendix V
Comments From the Department of Health
and Human Services

COMMENTS OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES
ON THE GENERAL ACCOUNTING OFFICE DRAFT REPORT,
"EQUAL EMPLOYMENT OPPORTUNITY: NIH'S HANDLING OF ALLEGED
SEXUAL HARASSMENT AND SEX DISCRIMINATION MATTERS,"
GAO/GGD-95-192, AUGUST 1995

General Comments

The Department has reviewed the General Accounting Office (GAO) draft report and generally agrees with its recommendations.

The report acknowledges that "NIH [National Institutes of Health] management has acted to improve the EEO [equal employment opportunity] climate at NIH," and that "NIH management has made progress towards improving its EEO climate." These efforts have included: mandated sexual harassment training for each NIH Institute, Center and Division (ICD) in September 1992; the distribution of volumes of brochures, pamphlets, fact sheets and posters throughout NIH on the prevention of sexual harassment; and workshops conducted by the NIH Office of Equal Opportunity (OEO) to train the trainers, where 18 instructors were certified to conduct prevention of sexual harassment training throughout the NIH. During 1992 and 1993, more than 10,000 NIH employees received training on the prevention of sexual harassment. A survey of the ICDs conducted by OEO in December 1994, revealed that 21 ICDs conducted additional training during 1994, and 23 ICDs planned to conduct training during Calendar Year 1995.

The NIH is aggressively pursuing the handling of alleged sexual harassment and sex discrimination matters through expedited complaints processing and the use of an alternative dispute resolution process, pay equity resolution, a new NIH affirmative action planning process, and a focus on diversity in the workplace. These initiatives have been designed to assess the agency "as a whole," to assist the Director, NIH, in ensuring that the EEO climate continues to improve, thereby enabling early identification of problems throughout the various ICDs.

GAO Recommendation

We recommend that the Secretary, HHS, and the Director, NIH, take steps to decrease the time it takes to process and resolve sexual harassment and sex discrimination complaints at NIH.

Department Comment

We concur. The NIH has taken steps to decrease the time that it takes to process and resolve sexual harassment and sex discrimination complaints. Complaints of sexual harassment

**Appendix V
Comments From the Department of Health
and Human Services**

are now conducted under special NIH procedures issued as a policy statement by the Director, NIH in June 1992, and subsequently codified by NIH Manual Issuance 2216 dated May 4, 1994. These procedures permit the performance of the inquiry and the investigation simultaneously, and provide for a reassignment of the named official to minimize the potential of coercion or intimidation during the course of the inquiry. This not only decreases the processing time, it also provides for faster resolution and disciplinary action when needed. The Department expects to delegate to NIH, by October 1, 1995, the authority to accept and dismiss complaints; to investigate complaints; and to authorize settlement agreements containing provisions for back pay and attorneys' fees. These delegations will speed resolutions by giving NIH more control over and accountability for the process. The NIH has also increased the number of staff processing complaints, which has led to reduced caseloads for specialists and is expected to result in more timely processing.

GAO Recommendation

We also recommend that [the Director, NIH] take further steps to provide guidance for and monitoring of the agency's EEO program by:

- periodically conducting an employee attitude survey, such as the one we developed, so that the existence of sexual harassment and sex discrimination trends and problems can be more easily identified and dealt with; and
- establishing minimum standards for sexual harassment and sex discrimination-related training offered to NIH employees as well as procedures for monitoring the implementation of the training to ensure that employees participate as intended.

Department Comment

We concur that there is a need to take further steps to provide guidance for and monitoring of NIH's EEO program.

The Public Health Service (PHS) has already begun an initiative to provide minimum standards for agency policy statements, information and training. The NIH will adopt the PHS initiative to provide consistency throughout its ICDs.

In addition, NIH will develop a survey instrument to be disseminated at regularly scheduled intervals. The use of a single instrument will provide relevant comparisons of employees in different grade levels, occupations, and NIH

Appendix V
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organizations. The NIH will use the baseline data over time to assess improvement and the effectiveness of programs to eradicate discrimination.

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