

# **2024 Public Description of Work for Action Collaborative on Preventing Sexual Harassment in Higher Education**

## **Duke University**

### **Shifting the Paradigm: Restorative Justice as a Framework for Workforce Well-being**

#### **Relevant Rubric Area(s):**

1. Response: Implementing Restorative or Transformative Justice and Alternative Means of Resolutions
2. Prevention: Civility or Respect Promotion Programs
3. Prevention: Identifying and Reinforcing Community Values

#### **Description of Work:**

The 2018 NASEM report notes that, “in an effort to change behavior and improve the climate, it may also be appropriate for institutions to undertake some rehabilitation-focused measures.” Such responses might include opportunities to learn, empathize, and recognize and value differences, and they might involve focus groups with professional facilitators, participation in restorative justice circles, and empathy training.” Additionally, the report notes that “target-led resolution options and mechanisms” can reduce the harm from reporting an experience of harassment. The NASEM report provides examples of a target-led resolution, including restorative or transformative justice.

In 2021, Duke University’s School of Medicine developed an antiracism strategic plan, which recommended expanded access to restorative practices such as restorative justice (RJ) for repairing harm resulting from incidents of bias that are not actionable as discrimination or harassment under Duke policy. In response to this recommendation, and in recognition of overwhelming rate of burnout in the workforce of healthcare, especially at the intersection of race, sex, and other protected identities, the School of Medicine’s Office for Faculty is implementing a pilot program to develop, implement, and study the impact of a Duke RJ training model. This program was initiated in Jul 2023.

Research suggests specific training in practices of cooperative work, effective communication, conflict resolution, and collective problem solving can build connection, understanding, and appreciation within communities. Restorative Justice (RJ) is an ethical framework that focuses on building community by living our shared values of respect, honesty, responsibility, empathy, and inclusivity. RJ has its roots in indigenous traditions, which uphold the belief that people are interconnected and that focus on the role of community. Restorative practices can create the

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environment necessary for building and sustaining relationships, maintaining shared accountability, and repairing damage caused by harmful behaviors, all of which contribute to a work culture in which power-based violence and harassment are not tolerated.

A call for applications was circulated in July 2023 for teams of 2-4 individuals from the same organizational unit within the School of Medicine (department, center, division, program, or similar). There was an overwhelming degree of interest, and 7 groups were selected for participation, with a total of 27 participants. Participating groups reflect the diversity of the School of Medicine community in terms of race, ethnicity, gender, and role.

Participants are taking part in an intensive RJ training program that began in the fall of 2023 and has run through June 2024. Participants have developed and implemented restorative interventions within their individual units, with the support of fellow participants in the pilot program as well as experienced RJ practitioners. Through this year-long pilot, participants became part of a longitudinal learning community of individuals interested in exploring the use of RJ in the School of Medicine. The training program included classroom training sessions, asynchronous reading and reflection, and the expectation to implement restorative practices in the respective work units in the Spring of 2024 and beyond. Through this cohort-based experiential learning program, participants applied what they learned in the fall training sessions to address particular needs and interests in their units. Opportunities to discuss the successes and challenges of those efforts with the cohort enhanced the learning opportunities and contributed to a collection of “best practices” for future dissemination. For this pilot program, we will focus our evaluation strategy to assess: 1) local unit feasibility and acceptability; 2) indicators of self-efficacy of the RJ Champions and examples of unit uptake; and 3) early indicators of impact upon work culture. We will develop a mixed-methods approach to analyze the impact of the program on the work units of the participants.

Early analysis shows there is high acceptability (88-100% (median 100%)) of the program and high confidence to implement the core RJ practices. So far, there were 65 RJ activities that touched 532 faculty/staff encounters across the SOM across these 7 groups and units. Preliminary assessment of focus group data revealed initial themes that encompass personal transformation, transforming culture, professionalism, and addressing harm, and restoring community.

This program builds upon existing programs such as Bystander Intervention Training and Civility Champions that were based in part on restorative practices and offered either school-wide or in certain departments, as well as upon academic medicine-specific RJ training by the AAMC attended by several faculty. Moreover, teams will be supported by a group of individuals with previous RJ experience, including staff in Duke’s Office for Institutional Equity who oversees the enterprise-wide Alternative Resolution Techniques Program. (See [Duke’s Year 3 Description of Work](#))

The project received funding through a private endowment, and the School of Medicine

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offered additional financial support for participant stipends and additional in-kind support. We are able to provide a small stipend to participants and RJ coaches and able to support the efforts of several co-investigators of this application.

Based on the success of this pilot, we will seek additional funding from private and federal sources to support expansion and scaling of this work. Pilot data will allow us to understand what constitutes successful uptake and early signals of impact, thus providing the foundational information necessary for ongoing internal support for program expansion. Piloting restorative practices is a worthy step in our investment in the well-being of our employees and the culture of our organization.

**Website for further information (if applicable):** <https://medschool.duke.edu/about-us/faculty-resources/faculty-development/our-programs/shifting-paradigm-restorative-justice>

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