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NON-TAKE-UP INSTITUTIONAL SUPPORT
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Non-take-up of institutional support for medical students experiencing violence or discrimination during their studies: a study protocol

INTRODUCTION

The World Health Organization defines violence as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in, or has a high likelihood of, resulting in injury, death, psychological harm, maldevelopment or deprivation."[1]. Under French law, discrimination is characterized by distinct treatment between individuals on the basis of one or more of the 26 criteria prohibited by law[2].

Worldwide, violence experienced during medical training is prevalent: 90% in Saudi Arabia, 100% in Benin[3,4]. Verbal violence is the most common form of violence experienced by healthcare students in the workplace[3,5]. In the United Kingdom, 37% of medical students report having experienced sexual harassment or an instance of sexual assault. Women are twice as likely to be affected as men[6,7]. Mistreatment during clinical training may influence students' choice of specialty, particularly among women studying medicine and students who identify as a sexual minority[8,9]. Medical students belonging to certain minority groups face a lack of representation and support within their institutions. They are likely to experience more assault and discrimination, which can affect their mental health and lead to absenteeism or even to leaving the medical profession[9–12]

In 2020, the prevalence of violence and discrimination (all forms combined) among students enrolled in general practice training in France was estimated at 98%[13]. In a survey conducted in 2013 among 7 192 medical students, 15.5% reported having experienced psychological pressure or harassment during clinical training, 26.4% reported having been a victim of or witnessed sexist, homophobic, or racist remarks during clinical training[14]. In a survey conducted in 2024, 22% reported having experienced sexual harassment, 17% humiliation, and 6% sexual assault[15]. Violence is experienced in hospitals (76%), at student parties (28%), and at university (10%)[15].

In 2018, a report on the quality of life of healthcare students was submitted to the ministers responsible for Health and Higher Education[16]. Dedicated support services for students who are victims of violence and discrimination were established in every faculty of health sciences[17]. They guarantee confidentiality and access to appropriate support. Unions and associations representing medical students inform their members about support and counseling services, including university health services and equality and diversity offices[18,19]. These initiatives are part of a broader effort to address psychosocial risks and promote a safe working environment.

Internationally, reporting rates for violence experienced by medical students are very low[20]. In the United Kingdom, 67% to 74% of students who experienced harassment or sexual assault did not report the incidents[7]. In France, a study funded by the Defender of Rights found in 2024 that only 13.2% of students who reported having experienced a serious instance of discrimination had reported it to a competent institution[21]. Among medical students who were victims of sexual harassment, approximately 80% confided in someone close to them, whereas fewer than 1% reported the incidents to hospital and university administration or to the judicial authorities. None reported them to the university's legal services[22].

In the field of political science, non-take-up of social policies has been studied in relation to social benefits such as minimum social benefits and social protection schemes[23]. According to the Observatory of Non-Take-Up of Rights and Services (ODENORE), non-take-up refers to a situation in which a person who is eligible for a social policy does not receive the benefits to which they are entitled[24]. The 4 forms of non-take-up of rights or services are presented in Box 1.

For a student who is a victim of violence or discrimination to benefit from institutional protection, the student must be aware of the institutional support mechanisms (or be offered support that they

Lack of awareness: the right or service is unknown to the user,
Decision not to claim: the right or service is known, but the user does not request it,
Non-receipt: the right or service is known and requested but is not received by the user,
Non-offering: the right or service is not activated by the service providers despite the user's eligibility, regardless of whether the user is aware of the offer.

Box 1- The 4 forms of non-take-up of rights and services[24]

were previously unaware of), report the incidents through these mechanisms (or be offered the opportunity to report the incidents), and receive a response from the institution. This social policy is subject to the phenomenon of non-take-up, that is, the fact that a student who is a victim of violence or discrimination does not receive institutional protection. However, to date, the relative importance of each form of non-take-up has not been studied.

The primary objective is to determine the relative proportion of the different forms of non-take-up of institutional protection among medical students who are victims of violence or discrimination during their studies. The secondary objectives are to: (i) describe the types of violence and discrimination reported by medical students, (ii) describe the proportion of each type of violence and discrimination reported by medical students, (iii) describe the resources identified by medical students for reporting violence or discrimination, (iv) describe the reasons for non-take-up due to failure to request, (v) assess satisfaction among students who received an institutional response following their report of violence or discrimination.

METHOD

Study Design

This is a national, multicenter, descriptive cross-sectional study using a self-administered online questionnaire.

Study population

The study population consists of students pursuing the Diploma of Specialized Studies (DES) in General Practice at French universities. The inclusion criteria are being a student pursuing the DES in France (including students on extended leave or undertaking a research year). The non-inclusion criteria are lack of consent, prior completion of the DES, and enrollment in the 1st or 2nd cycle of medical studies or in a DES other than General Practice. An incomplete questionnaire is also an exclusion criterion.

No formal sample size calculation was performed because of the descriptive nature of the study. However, assuming a participation rate of 20% based on comparable surveys and using the number of students enrolled in the DES in General Practice in France in 2024 (n = 12 093), the expected number of respondents is estimated 2 400 participants[13]. This sample is drawn from the source population through the widespread distribution of the questionnaire to the entire source population, with the voluntary participation of the departments of general practice (DMG) contacted.

Selection of the assessment tool

The university and hospital services in the city of Lyon dedicated to reporting violence and discrimination and providing support to medical students who are victims of such incidents (student health service, equality and diversity offices, and the center for the prevention and intervention against harassment, sexism and abuse among second cycle medical students and residents) were contacted to define the scope of their activities and the different types of violence and discrimination to be studied.

In this study, violence or discrimination is defined as any act, statement, or behavior occurring at university or during clinical training, committed by healthcare, teaching or administrative staff, or a peer, that violates a student's physical or psychological integrity or dignity. Violence or discrimination committed by patients or people close to them, as well as incidents occurring outside the institution, are not included in the study. The typology of the violence and discrimination examined is presented in Box 2.

Rape
Sexual assault
Sexist abuse
Physical violence
Insults or verbal abuse
Gender-based discrimination
Discrimination based on gender identity or sexual orientation
Discrimination based on physical appearance
Discrimination based on family circumstances or pregnancy
Discrimination based on health status or disability
Discrimination based on origin or ethnicity
Discrimination based on religious practices
Discrimination based on political opinions or union activities

Box 2 - Typology of the violence and discrimination examined

A prior literature review failed to identify any widely accepted tool for assessing the different forms of non-take-up of institutional protection among medical students who are victims of violence or discrimination. However, the wording of the questions and the selection of the institutional services were based on the literature[13,21]. Non-offering is a form of non-take-up related to the staff assisting individuals: as it has been conceptualized for populations experiencing socioeconomic disadvantage or social exclusion; it is not judicious to the study of non-take-up among medical students[25,26]. The forms of non-take-up studied are lack of awareness, decision not to claim, and non-receipt.

The expertise of general practice faculty members (n = 7) from several departments of general practice (DMGs) was solicited. All their suggestions were taken into account to produce the final version of the

questionnaire, which includes 90 items (Appendix: questionnaire). Prior to the study, the original online questionnaire developed using LimeSurvey® was pretested among volunteer participants (n = 10) who were in the final stage of the DES, to assess the relevance and clarity of the questions, the exhaustiveness of the response options, the overall coherence of the questionnaire, and the time required to complete it (10 minutes).

Data Collection

An email is sent by the French College of Academic General Practitioners (CNGE), the study sponsor, to each department of general practice (DMG) to: inform them about the study, obtain local authorization to circulate the questionnaire to DES students, and ask them to designate a local faculty contact. These contacts ensure that the approvals for circulating the questionnaire to participants are obtained (if required), as well as the effective local circulation of the questionnaire and the sending of reminders. They help identify any local difficulties encountered during data collection as part of the monitoring committee (Figure 1). Each DMG then send an invitation email containing a link to access the online questionnaire to students locally enrolled in the corresponding General Practice DES who meet the inclusion criteria. Two reminder emails are sent 1 and 2 months following the launch of the study (Figure 1).

Data Analysis

Data collection is anonymous and self-reported. Data are stored on the secure servers of Lyon1 University. Analyses are performed using R®. A descriptive analysis is used to describe the data for the study population as a whole, using counts (n) and percentages (%) for each category of the variables collected: gender, type of violence (13 raw categories, which are then grouped into categories according to their nature), and DMG (raw anonymized categories, which are then grouped according to size, geographical location, or similarity of results).

Assessment of associations between two categorical variables is performed using the chi-square test or Fisher's exact test when appropriate. P-values are reported. The alpha significance level is set at 5%. The representativeness of respondents by gender and research and training department (UFR) are verified.

The dependent variable, non-take-up of reporting (Y), is analyzed across four levels: 0) successful take-up resulting in an institutional response; 1) unsuccessful take-up due to the absence of a response (failure to receive); 2) unsuccessful take-up due to failure to request support, and 3) unsuccessful take-up due to lack of awareness of the support mechanisms.

Univariable and then multivariable analyses are performed to identify factors associated with the different levels of non-take-up, including gender, type of violence, and UFR as variables.

To address the secondary objectives of the study, the types of violence and discrimination reported, as well as the resources identified by students for reporting such incidents, is described, and their proportions calculated, then stratified by gender and UFR. If necessary, a logistic regression model is used.

The reasons for non-take-up due to decision not to claim are described, and the relationship between request and awareness of the relevant institutions in cases of violence or discrimination is examined.

Satisfaction among students who received an institutional response following their report is as-

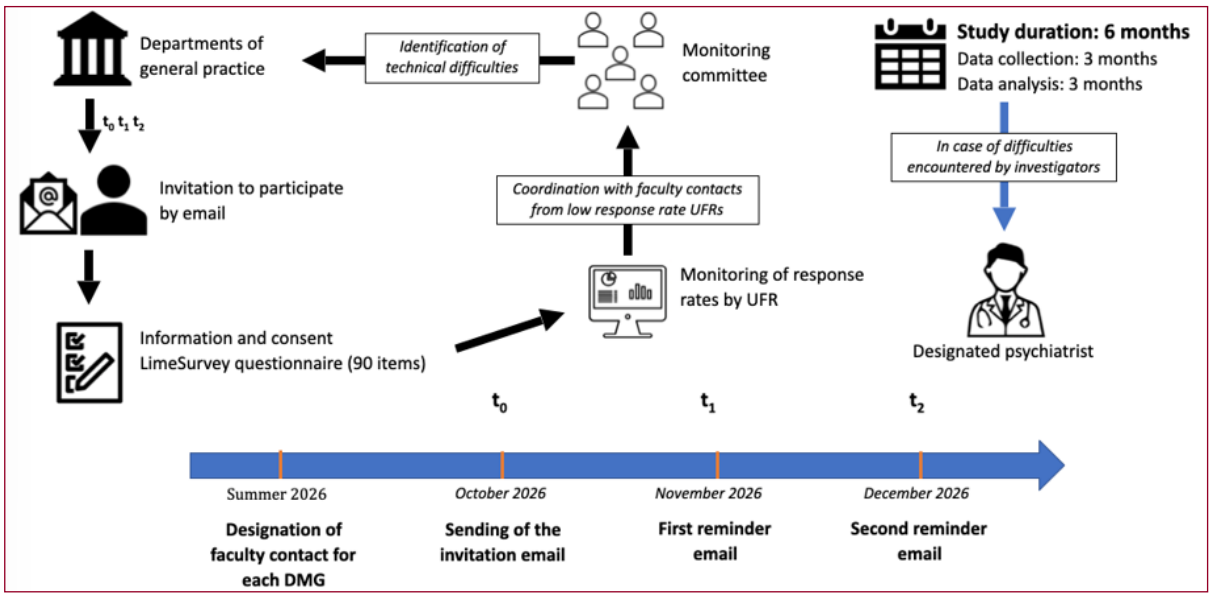

Figure 1 - Data collection procedures and access to the study's designated psychiatrist

sessed using a five-point Likert scale.

Data from free-text fields undergo inductive thematic qualitative analysis.

The main statistical biases anticipated are selection bias (related to participant recruitment) and recall bias (related to the retrospective reporting of violence).

Ethical and regulatory framework

This study is conducted in compliance with French regulations, the Declaration of Helsinki, and the principles of good clinical practice. The study protocol has been entered into the register of processing activities by the data protection officer of Lyon1 University (No. 2023/012). The data controller has undertaken to implement the study in accordance with the MR-004 reference methodology, approved by the National Commission on Informatics and Liberty (CNIL).

An information sheet is provided before participants begin the questionnaire. The contact details of the study's scientific lead (TB) allow participants to ask any questions prior to their participation. Participant consent is obtained by means of a checkbox before the questionnaire begins.

A remediation procedure is provided as an attachment to the invitation email and at the end of the questionnaire for all participants, so that they can access various useful resources in the event of discomfort. A designated psychiatrist is consulted if investigators encounter difficulties during data analysis, particularly when analyzing free-text responses. No personally identifiable information is collected.

The study protocol received a favorable opinion from the Research Ethics Committee of the University College of General Practice in Lyon on 11 July 2026 (Institutional Review Board identification number: 2026-07-07-03).

Study funding

No funding was received for this study.

DISCUSSION

Several reasons for not reporting violence and discrimination during medical training have been described: lack of awareness of support mechanisms and procedures, fear of retaliation, doubts about the institution's ability to handle the situation, absence of an institutional response to a previous report[7,27]. The hypothesis of this national study is that institutional protection for medical students who are victims of violence or discrimination can be considered a right or service and is subject to non-take-up in the forms of lack of awareness, decision not to claim, and non-receipt. To our knowledge, this is the first study to establish the relative proportion of each form of non-take-up of institutional protection, based on a model derived from political science. The scope of the violence and discrimination examined in this study is based on French criminal law classifications.

Although this study focuses solely on students enrolled in the General Practice DES, they constitute the largest cohort among the specialties available in the third cycle of French medical studies. Beyond the General Practice DES, the findings of this study shed light on the violence and discrimination experienced by students in the first and second cycles of medical studies across all specialties.

In the absence of a widely accepted tool to investigate under-reporting amongst medical students, this study justified the development of an *ad hoc* questionnaire, supported by the expertise of general practice, on the one hand, and a statistician on the other. This questionnaire may subsequently be distributed to the wider educational community. The study is sponsored by the CNGE, representing general practice teachers in France. This help ensure the questionnaire is widely distributed, with a view to obtaining a sufficiently large sample. Furthermore, this reflects a concern amongst the general practice teaching community regarding a widespread issue that has yet to be thoroughly documented. A psychiatrist is available to the investigators if needed, in accordance with the ethical procedures followed.

This study does not examine where the violence or discrimination occurred (current or previous), which constitutes a limitation but help ensure the participants' anonymity and encourage free expression. Finally, non-offering, although described as a form of non-take-up, is not being investigated: medical students are not considered to be in a situation of socioeconomic disadvantage such that non-take-up would primarily be explained by a lack of support from professionals responsible for facilitating their access to mainstream schemes. Nevertheless, future studies could specifically investigate this form of non-take-up of institutional protection among medical students who are victims of violence or discrimination.

A better understanding of the forms of non-take-up associated with each type of violence or discrimination help improve the way student victims are received and assisted, and ultimately contribute to preventing such violence and discrimination. This study reflects the commitment of the academic community with regard to this issue, as part of efforts to combat psychosocial risks and, more broadly, to promote social responsibility in healthcare.

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Abstract

Introduction. Medical students frequently experience violence and discrimination during their studies. These experiences may lead to psychosocial distress, influence their choice of specialty or even result in career abandonment. Students who are victims of such acts can report them in order to gain institutional protection. Despite the high prevalence of violence and discrimination experienced during training, there are occurrences of medical students who fail to seek institutional protection. Political science identifies three main forms of non-take-up of rights and services: lack of awareness, decision not to claim, and non-receipt.

Aim. To determine the relative proportion of the different forms of non-take-up of institutional protection among medical students who are victims of violence or discrimination during their studies.

Method. A national, multicenter, descriptive cross-sectional study conducted using a self-administered online questionnaire. An original questionnaire was designed. The expertise of general practice faculty members was sought in designing the 90-item questionnaire. The questionnaire was tested as part of a pilot study. It is sent to students pursuing the Diploma of Specialized Studies (DES) in General Practice in France. Descriptive and analytical statistical analyses, including univariate and multivariate analyses as well as logistic regression, supplemented by an inductive thematic analysis of the qualitative data are carried out. The French College of Academic General Practitioners is the study sponsor. A research ethics committee issued a favorable opinion.

Discussion. Determining the relative proportion of the different forms of non-take-up of institutional protection among medical students who are victims of violence or discrimination enable the academic community to identify the most appropriate courses of action according to their needs: raising awareness of the available support mechanisms, removing individual and collective barriers to reporting violence and discrimination, or improving the institutional response to such reports.

Keywords. Medical student*; Violence; Perceived discrimination; Reporting

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