The Larry Nassar Abuse Case
Full Timeline, Lessons, & Recommendations

Larry Nassar is perhaps the most prolific sexual predator of our time. Over a 25 year period beginning in 1992 and culminating with his arrest on three counts of first degree criminal sexual abuse in late 2016, Nassar is believed to have sexually assaulted at least 150 adolescent and teen girls. Nassar was able to abuse so many girls due to his stature as a well-regarded sports medicine physician. As an osteopathic doctor, Nassar had positions of influence as the chief medical coordinator for US Gymnastics as well as that of an assistant professor and clinical physician at the Sports Medicine Clinic at Michigan State University.

Under the guise of performing legitimate medical procedures to treat sports injuries, Nassar would grope, fondle, and digitally penetrate his victims. While intra-pelvic manipulation is recognized as a legitimate medical technique for certain disorders, Nassar’s actions can be characterized as abuse due to the fact that he never wore gloves, used lubricant, or explained the procedure to his patients. Clearly, Nassar was a pedophile who used his medical degree and his renown within the sports medicine community to target and exploit young victims.

While the abuse itself is alarming enough, perhaps the most concerning aspect of this scandal is the institutional and cultural failures that allowed Nassar to prey on so many young victims for such a long period of time. Evidence shows that complaints about Nassar’s treatments reached at least 14 Michigan State University representatives in the two decades before his arrest. Eight different women reported being sexually assaulted by Nassar while receiving medical treatment, but the women’s complaints were routinely ignored, discounted, brushed off, or not pursued appropriately.

The timeline of event which follows is intended for use as a tool in exploring and teaching the institutional failings which led to a culture where abuse went unchallenged. We ask you to share this document widely, and to use it to develop practical strategies for eliminating such short-comings from your own organizations and communities.

Together, we can take significant steps to protect our communities. Thank you for your efforts to prevent any such abuse from occurring on your watch.

I. Timeline of Events
a. 1986 – Nassar joins the medical staff of USAG as a volunteer athletic trainer
b. 1988 – Nassar begins working as a volunteer athletic trainer with John Geddert, a Michigan gymnastics coach
c. 1992 – While still a medical student at Michigan State, Nassar assaults a 12-year-old girl under the guise of medical research. The assaults took place at a gymnastics facility in Lansing Michigan as well as Nassar’s apartment.
   i. No evidence that the child reported the abuse to anyone
d. 1993 – Nassar receives his osteopathic medical degree from MSU
e. 1994 – Nassar begins abusing future Olympic medalist Jamie Dantzscher. The abuse continued for a 6 year period.
   i. No evidence that Dantzscher complained to anyone at the time.
f. 1996 – Nasser is named the national medical coordinator for USAG ahead of the 1996 Olympics in Atlanta. The same year, Geddert opens Twistars, a Michigan gymnastics club.

g. 1997
   i. Nassar is named the team physician for MSU gymnastics and is given an assistant professorship.
   ii. A parent complained to Geddert about Nassar’s medical treatments
       1. Geddert failed to investigate the allegations and continued to recommend Nassar as a doctor.
   iii. 16-year-old Larissa Boyce is abused by Nasser during treatment for a back injury. She tells her coach, who tells her to inform MSU gymnastics coach Kathie Klages.
       1. Klages discourages Boyce from filing a complaint, saying that Boyce must be misunderstanding what was going on and that filing a complaint would have serious repercussions for Boyce.

h. 1998 – Nassar begins abusing Kyle Stephens, the then 6-year-old daughter of a family friend.
   i. When Stephens disclosed the abuse to a therapist, the therapist scheduled a meeting between Stephens’s parents and Nassar. Nassar convinced the parents that nothing had happened and the parents forced Stephens to recant her story. The therapist (a mandatory reporter under a 1975 Michigan law) never reported the allegation of abuse.

i. 1999 - A MSU cross country runner tells athletic program staff that she was sexually assaulted by Nassar while receiving treatment for a hamstring injury.
   i. The athlete was told by a coach that Nassar was an Olympic doctor who knew what he was doing.

j. 2000
   i. MSU softball player Tiffany Thomas Lopez tells three MSU athletic trainers and one MSU staff member that Nassar was sexually inappropriate during medical treatments.
      1. Lopez’s concerns were dismissed and she was told that she was fortunate to receive the best medical care possible from a world-renowned doctor.
   ii. Nassar assaults USAG member Rachael Denhollander while the 16-year-old was receiving treatment for lower back pain.
   iii. Nassar attends the 2000 Olympics in Sydney as the U.S. women’s artistic gymnastics team physician.

k. 2004
   i. Nassar solicited and received child pornography
      1. Tried and sentenced to 60 years for possession of child pornography on December 7, 2017
   ii. A 16-year-old student athlete filed a report with Meridian Township police claiming that Nassar sexually assaulted her during treatment.
      1. The report was closed without charges being sought and the police did not notify MSU of the complaint.

l. 2008 – Nassar attends the Olympics in Beijing as the US women’s artistic gymnastics team physician.
m. 2014 - MSU graduate Amanda Thomashow files a report with MSU campus police and reports to Dr. Jeff Kovan of the MSU Sports Medicine Clinic that Nassar sexually assaulted her during treatment for a hip injury.
   i. Prosecutors decline to press charges, recognizing Nassar’s acts as medically legitimate procedures.
   ii. A Title IX investigation is started and MSU president Lou Anna K. Simon is made aware of the investigation and the complaint.
   iii. Nassar continues to treat patients for 16 months during MSU’s investigation.
   iv. The result of the investigation: special protocols were established for Nassar’s treatments. Nassar was told to always have a third party in the room, to use gloves to minimize skin-to-skin contact, and to explain such treatments to the patients in great detail to ensure informed consent.

n. 2015 – USAG relieves Nassar of his duties after hearing athlete concerns about Nassar’s treatments.
   i. After hearing of concerns, USAG conducted an internal investigation and waited five weeks before alerting authorities of the allegations of child abuse.
   ii. USAG neglects to inform MSU and other programs with which Nassar is affiliated about the abuse allegations.

o. 2016
   i. Rachael Denhollander files a complaint with MSU police, alleging that Nassar sexually assaulted her in 2000 when she was 15-years-old.
      1. One day later, Nassar is reassigned from all clinical duties at MSU.
      2. One month later, MSU officially fires Nassar on the grounds that Nassar failed to follow the special protocols established for him in 2014.
         a. One week prior to being fired by MSU, Nassar assaults a 15-year-old in the MSU Sports Clinic.

II. Cultural & Institutional Issues
   a. Culture lies at the heart of this abuse scandal. Pedophiles are only as good as the people who surround them and Nassar was surrounded by some people, within MSU and USAG, who were very, very willing to put other things above the protection of children.
      i. These events are characterized by multiple instances of (1) victims being urged to not pursue complaints, (2) complaints being discounted, and (3) victims being afraid to disclose the abuse due to Nassar’s status and reputation within MSU, USAG, and the sport of gymnastics. Two victim statements really hit at this:
         1. “He was MSU’s golden boy. He was USAG’s golden boy. He was so loved in the community that I was very sure . . . I would be crucified and he would end up empowered to know that he couldn’t get caught.”
         2. “The way they would speak about Dr. Nassar, it was like he was a god almost.”
      ii. Sexual predators tend to occur more in organizational cultures in which a person’s rank or prestige commands influence and respect.
b. While much research has been done on abuse in institutional cultures, there are three key examples of organizational cultures which can encourage or foster sexual abuse:
   
i. Pedophiles are best able and most inclined to sexually abuse children when the organizational culture endorses grooming behaviors. In the case of USAG, Nassar was viewed by the gymnasts as the good guy, balancing out the harsh behavior of the coaches. Nassar would form close relationships with the athletes by sneaking them candy and listening to their struggles with a seemingly sympathetic ear. 
   
   1. To prevent this type of culture from forming in an organization, the organization should purge their culture of the assumption that the development of close, personal relationships with children are essential. Instead, the standard assumption should be that professional relationships with children should be the norm.

   ii. Victims are less likely to disclose and report abuse when the organization exhibits a “macho culture” which values stoicism in the face of harsh treatment at the hands of staff or peers. The sport of gymnastics in general and college sports as a whole tend to exhibit macho cultures. Harsh treatment at the hands of coaches and trainers is a common occurrence and the notion that the value of an athlete is completely relative to their skill level and potential is pervasive.

   1. To minimize the relationship between a macho culture and the potential for abuse, organizational cultures should replace the notion that remaining silent is honorable and a sign of strength with the opposite – that reporting abuse is honorable and a sign of true strength.

   iii. Leaders and staff members are less likely to believe and respond strongly to children’s allegations of sexual abuse when the organization’s cultural norm is that children are unfaithful reporters of their own experiences.

   1. To minimize this, the organization should purge the cultural norm that abuse claims are dubious until proven to be true and should replace it with a cultural norm in which children’s reports of abuse are taken at face value and responded to if true until proven otherwise.

c. Organizational leaders play a huge role in creating and transferring cultures and can convey cultural content in 5 key ways:

   i. By the kinds of people they hire and fire;

   ii. By the kinds of behavior they reward and punish;

   iii. By the matters on which they focus;

   iv. By the way they respond to crises; and

   v. By the attitudes and behaviors they exhibit

   vi. Child Sexual Abuse Prevention falls into a number of these and can have both practical and cultural significance. By way of example, suppose an organization has strict policies and procedures to vet and background check all applicants and volunteers. This has practical significance in that it reduces the likelihood that the organization will hire staff or volunteers who have been suspected of child abuse. Additionally, this has cultural
significance by conveying to staff members that vigilance around Child Sexual Abuse Prevention is a highly valued employee attribute.

d. Creating and establishing a strong safety culture generally is an essential aspect of creating a strong child-safe organizational culture. Child save organizations have many characteristics, but at a minimum they must have written policies which inform staff of 5 main staff expectations:

i. To understand children’s rights;

ii. To know and be willing to learn about child development, child abuse, and child protection;

iii. To act on any concerns raise by children or their parents;

iv. To protect children; and

v. Not to obstruct or prevent anyone from reporting instances of abuse

vi. The scandal at issue here can be linked to the fact that MSU and USAG have cultures far from those exhibited by child-safe organizations. Child-safe organizational cultures formulate and espouse values and beliefs that prioritize child safety relative to all other organizational objectives. In the case here, child safety took a backseat to the glory of winning.