

TOO CLOSE FOR COMFORT



SEXUAL HARASSMENT IN THE MEDICAL WORLD

By Jolene Tan and Dr Kanwaljit Sooin

Questions of ethics, professionalism and privacy often loom large over the medical realm. In discharging their vocational duties, healthcare workers (HCWs) come into uniquely close contact with the human body, creating particular vulnerabilities for both HCWs and patients. How then can hospitals and clinics best ensure respect for individual personal boundaries, to ensure that they remain safe and welcoming places for all? A piece regarding the issue of patients abusing HCWs, physically and verbally was recently published in *SMA News*,¹ and with this article we turn our attention to the related challenge of sexual harassment.

Workplace sexual harassment is highly prevalent in Singapore. In 2008, a survey by the Association of Women for Action and Research (AWARE)² found that over half (54%) of 500 respondents had personally experienced workplace sexual harassment. The victims were primarily, though by no means exclusively, female (79%). Colleagues and superiors were frequently identified as perpetrators, and a sizeable number of victims (11%) received career threats such as termination or withholding of promotions if they did not comply with the harassers' demands. These figures are broadly consistent with findings in other countries.

The healthcare industry is not immune to this phenomenon. Although we are not aware of any study focusing specifically on the sexual harassment of HCWs in Singapore, the experience of comparable industrialised nations is worth noting. About two-thirds of female Israeli doctors and nurses report experiences of workplace sexual harassment,³ while over half of female Australian doctors say they have faced such behaviour from patients.⁴

Fearing the potential personal and professional repercussions, victims of sexual harassment in healthcare, as in every other sector, are often reluctant to make their stories publicly known. But a number of HCWs in Singapore acknowledge, in private conversation, that sexual harassment in their workplaces is a worrying reality.

What is sexual harassment?

Contrary to popular belief, sexual harassment is not difficult to define. It is any unwelcome conduct of a sexual nature, which has the effect of creating an intimidating, hostile, degrading, humiliating or offensive environment for the victims. It can take various forms, including:

- **Quid pro quo:** this involves the promise of reward or the threat of reprisal for complying with sexual requests, such as going on a date or engaging in physical intimacy. It is usually perpetrated by a person who occupies a position of power or authority over the victim, such as their supervisor.
- **Physical harassment:** this includes any form of unwanted touching, from non-consensual stroking, embracing or kissing to especially serious forms of sexual assault such as rape. Standing too close to another person, in contravention of their wishes, also constitutes physical harassment.
- **Verbal harassment:** this commonly manifests as unwelcome sexual comments, such as unsolicited appraisals of a co-worker's body, and requests for sexual favours. It is verbal harassment to persist with flirting or sexual jokes in the face of someone else's discomfort. This can happen both in person and through digital means such as email or text messages.
- **Visual harassment:** unwelcome sexual intent can also be communicated without a single word. Sexual harassment can take the form of leering at someone else's body, making sexualised gestures or exposing

one's genitals, or subjecting others to unwanted displays of pornographic material, whether it is printed or digital.

Of course, human beings' levels of tolerance vary. Some people are more comfortable with casual contact or physical proximity than others, and a joking remark that is amusing to one person may be gravely offensive to another. Moreover, in some cases, carrying out or assisting a medical procedure may involve certain forms of physical contact that not all HCWs are comfortable with. For instance, a male surgeon may ask a female nurse to reach into the pockets of his trousers to answer his ringing phone while he is operating – a measure that has a practical purpose but which may nevertheless unsettle the nurse.

These differences can be negotiated by using the basic guiding principle of respect for every individual's personal boundaries. In a truly inclusive medical environment, every HCW would feel secure enough to express their unease with a given situation, and request for the unwelcome behaviour to cease. Conduct which persists in the face of someone's statement of discomfort is then clearly identifiable as sexual harassment. In the case of unwanted contact occasioned by a medical procedure, this may usually be unavoidable, but alternative arrangements could be made in situations involving a prior existing complaint of sexual harassment.

I may have been sexually harassed. What should I do?

- **Speak up.** If you find yourself facing unwanted behaviour of a sexual nature, the most helpful initial response is usually to make a direct, unambiguous request that the conduct stop. (For example, "I don't find that kind of joke funny – stop telling them.") Do not worry about offending the other person – it is better to be firm than to be seen as "nice". If an apparent harasser genuinely fails to appreciate that their behaviour is inappropriate, a simple clarification can go a long way. Speaking up for boundaries need not be perceived as hurling accusations, but rather as engaging in healthy communication to find ways of working which accommodate the legitimate needs of all. If you are not comfortable saying "no" in person, you can always send an electronic message, which you should keep as evidence.
- **Make notes.** If the unwelcome behaviour persists, this is a case of sexual harassment. Start a detailed

written log of the incidents. Did it take place in an office, a ward or at a work social function? When did it happen? What exactly did the harasser say or do, and how many times did it happen? Who else was there? If you have received harassing electronic messages, resist the urge to delete them – it is important to keep the evidence. You may also wish to document your own work, in case the harasser tries to question your performance.

- **Speak to others.** Tell a trusted co-worker, friends or family members about the incident, so that they can give you support and possibly testify on your behalf at a later stage. Consult your HR department or a supervisor, showing them your evidence and asking them to take action to end the harassment. If they have a sexual harassment or complaints policy – which is unfortunately not the case in every hospital or clinic – they should begin to investigate and address the situation. A proactive employer may be helpful even if they have no official policy. It can be useful to ask from the outset for a written clarification of how they will handle your complaint and the expected timeline for its resolution.
- **Consider the law.** Although the Government has announced an intention to strengthen the laws against harassment, at the moment legal recourse remains limited. Physical harassment may amount to outrage of modesty, rape or sexual penetration under the Penal Code, but most cases of non-physical harassment are likely to fall between the legal cracks. Criminal charges also rarely produce the result that most victims desire: an apology and an end to the harassment. If you have faced a severe case of harassment, consider contacting a lawyer or AWARE's Sexual Assault Befrienders Service (email sabs@aware.org.sg or call 6779 0282) for advice.

Towards best practice

Employer action is ultimately the most critical piece of the puzzle. By adopting and enforcing appropriate codes of conduct, backed up with formal processes for handling sexual harassment complaints, employers can set the right tone for inclusive working environments. AWARE is experienced at providing organisational and staff training which promotes a strong ethos of zero tolerance for sexual harassment, reducing the prevalence of incidents

from the start. If staff have been found to behave in problematic ways, employers are also in a position to investigate and intervene with far less cost and difficulty than through legal methods.

The distress caused by sexual harassment is a grave matter in itself, but it has further dangerous implications in the medical context. HCWs who are distracted by the need to avoid harassers cannot concentrate fully on ensuring the safety and well-being of patients. Sexual harassment therefore threatens to compromise the very mission of every medical establishment. It will take decisive action on the part of medical institutions to root it out.

Visit AWARE's workplace sexual harassment microsite at <http://www.aware.org.sg/ati/wsh-site> to find out more. **SMA**

References

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