Sexual Harassment: Are We Safe at Our Professional Space?

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The unnamed should not be taken for non-existence. - Mackinnon, 1979

Sexual harassment at work places, colleges or educational institutes is violation of funda mental human rights. It is an attack on a person's privacy and dignity. It affects the victims in terms of emotional stress, humiliation, anxiety, depression, anger, powerlessness, fatigue and physical illnesses. It has been reported in both work place and educational institute where there is uneven power (Menon et al, 2009). Sexual harassment at educational institutes or workplace has become an issue of increasing concern globally in the past decades. The latest # "Me Too" campaign is the evidence of this. It is highly prevalent in our Indian society, but it is not addressed openly, as it is considered a taboo. It is a discrimination against women as workers at the work place. It is a preventive measure to women excelling in their education coming to the work environment. It is misogyny. It is indirectly means of putting women in their place (Chaudhari, 2007). It has two major concerns: Violence to the women and taking away her fundamental human rights as an equal.

It can also occur in different settings such as academic (Mazer & Percival, 1989), in the public (Macmillan et al, 2000) and in work place (Sabitha, 2002). Sexual harassment and 'work place flirtations' are different. Flirtations are generally based on mutual consent and attraction, whereas harassment is coverage and mostly accompanied by threat, physical and abuse (Subedi et al, 2013). Farley (1978), Wehrli (1976) and others coined the term sexual harassment. Since then the issue of victim's harassment had been a focal point of struggle of victim's right throughout the world. Workers in the service industries often express being sexually harassed by customers as well as by other staff. Among those sexually harassed victims are workers' in retail, catering, health care and nursing industries have been regarded as vulnerable groups (China Daily Asia, 2013). It is not only women, but males too experience sexual harassment (Stockdale, 2008). They are harassed by their own gender (Morgan & Gruber, 2008). Sexual harassment is a violation of women on a continuum that ranges from the smallest gestures of sexism of every day to murder of women and girls by men (Merlin, 2008).

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Nurses and nursing students are the easiest targets because above 94 percent of them are females and generally hail from poorer economic condition and may belong to socially challenged groups. Because of the nature of their job, which is intimately caring for another human being is taken as if the nurses and nursing students are open and welcome to this unwanted intrusion. Many nursing students and nurses suffer emotional distress, lower self-esteem which in turn affects their professional and personal lives (Wang et al, 2012).

The issue is multi-factorial (Arulogun et al, 2013). Many of the nurses and students who are harassed generally do nothing or just pretend as if they have not witnessed, felt or experienced the situation. They are afraid to share this with colleagues, friends and authorities.

Many times the perpetrators are those in regular contact with the victim. Often nurses are not given the autonomy to act independently. They are forced to contact the perpetrators. Power dynamics of the hospital setup and academic setups make the working nurses and student nurses and junior doctors and other staff vulnerable to sexual harassment and victimisation. The fear of removal from job limits the victims from making formal complaints (Chaudhari, 2007). Harassment is a high impact experience, where the victim struggles with words, descriptions, embarrassment and fear. To construct a meaning to their experience, much of their efforts are wasted (directed) towards minimising or explaining it away as not harassment.

To understand this violence against half of the population, we need to understand the nature, categories, reasons and methods of sexual harassment. What are the response of victims and witnesses, the perpetuating myths and ground realities, the actual anecdotes in India, international and national legislative actions on sexual harassment, legal rights of nurses in India and elsewhere as also the harm and implications of poor awareness and action.

Definition, Types and Reasons

Section 354A defines sexual harassment as unwelcome physical contact and advances, including unwanted and explicit sexual overtures, a demand or

request for sexual favours, showing someone sexual images (pornography) without their consent, and making unwelcome sexual remarks. Sexual harassment at the workplace includes anyone or more of the following: 1. Physical contact or advances; 2. A demand or request for sexual favours; 3. Making sexually coloured remarks; 4. Showing pornography; 5. Any other unwelcome physical, verbal or non-verbal conduct of a sexual nature (Handbook on Sexual Harassment of Women at Workplace: Prevention, Prohibition and Redressal Act, 2013). Methods of harassment are outlined in Table 1.

Categories of Sexual Harassment

Sexual coercive: some direct consequence to the victims' employment for some gain or loss of tangible job. *Sexual annoyance:* sexually related hostile conduct, intimidating or offensive to the recipient, but no direct link to tangible job benefits. *Quid pro quo:* where submission to harassment is used as the basis for employment decisions; and favours. *Hostile environment:* where harassment creates an offensive working environment that affects all working class, regardless of age, colour, ethnicity.

Reasons

(1) Sexual harassment and rape lie on a single continuum of male sexual aggression against women. (Goodman et al, 1993). (2) It is about gaining or retaining power over subordinates by those in position of power of authority. Men in higher positions have reinforced their privileges and maintained dominance over women at work and in society (Padavic & Orcutt, 1997). It reflects the underlying dynamics of gender and power in our culture (Goodman et al, 1993). (3) Despite being invisible in existence, sexual harassment has always plagued women for years because society considered it more of a private problem rather than a public issue. (4) When potential harassers perceive that they are free to do it, and management is seen to tolerate and condone such behaviour. (5) Absence of supportive behaviour: Probably fear of being ridiculed not taken seriously. (6) Lack of awareness: I did not know and did not go and try and look for the sexual harassment policy or procedure, is there a policy, does it exist, how do you go about it, what are the procedures involved if you are sexually harassed…. (7) Poor projection of nurses in media: The media specifically movies and television demean nurses by projecting them as poor hapless workers and sex symbols. The dominant images portrayed remain the stereotypes in the most popular television shows and movies. 'In these ubiquitous media products, nurses tend to be no more than submissive helpers of the physicians who do everything that matters, or else vacuous sex toys who help companies sell everything from milk to chewing gum" (Sandy Summers, 2010).

Table 1: Methods of Sexual Harassment

1. Physical: Body private, Body not private	2. Patting
3. Kisses	4. Hugs
5. Pinching	6. Brushing
7. Standing close	8. Over familiar behaviour: non-verbal items
9. Comments on appearance – verbal items	10. Pressure for date
11. Stay late	12. Intimate – physical item
13. Suggestive looks – non-verbal items	14. Ogling
15. Sexual jokes: verbal items	16. Pinups: visual items
17. Cloth: verbal items	18. Body: verbal items
19. Sexual practices	20. Demands
21. Letter	22. Telephone calls
23. Whistling	24. Computer messages
25. Sex life comments	26. Sexual intercourse
27. Treated differently	28. Putdown
29. Sexual rumours	30. Sexual innuendos
31. Patronising	32. Sexual gestures
33. Promoting intimacy	

Response of Victims and Witnesses

"It is everywhere; at the work place, in public place, on transit transport and all possible location that one can think of".

"I did not tell anyone about it for a long time. I felt they might think that I invited it in some way and I did not think I had, but I would not have liked people to think that I had."

"It is very strange… That women are so damaging to other women and I think nowhere more so is this demonstrated than in nursing that we don't care and nurture each other at all because I don't think we are terribly good at nurturing ourselves… to be selfish, to take time for ourselves. Nurses shame the victims".

"It is amazing how powerless you feel … like, I am a pretty strong person and I have survived all sorts of things, but it's almost like they took advantage of me… feeling powerless because you are different and so therefore they pick on you…. But where I am now is certainly more accepting of my sexuality, so that is not an issue for them. I was really surprised that women do it too, women harass differently."

"Generally the trend is, the harasser remains in his current position with the harassed person being removed. In an unsupportive work place, when assertive and formal complaint are received, if seems that resignation, shift change or job transfer for the harassed person are the norm."

"I believe somebody did put it in written now… A formal complaint, but the perpetrator is still working here, I think that person (the harassed) was moved to another area of the campus. We nurses are letting ourselves down because empowerment comes from within and somehow we are letting our young nurses down by not addressing the issue of empowerment. We are not accepting personal responsibility of confronting issues and protecting our young ones rather were helping them (the perpetrators) to deal with the issues in an unfazed manner."

Informants described unsupportive supervisors, efforts to limit or eliminate complaints or concerns and being encouraged to smile and play a complicit role.

Perpetuating Myths and Ground Realities

1. Stereotypes and myths provide an easy solution to the complexities of human relationship they obviate the need for men to understand individual women and are thus, tools of oppression.
2. Myths associated with nurses as sexy, nurturing, female, intimate carer, bath lady or battle axe were described. The caring mother myth is identified.
3. Stereotype of a dependent practitioner, unable to function without direction and order from the doctor.
4. The myth of easy nurse available and sexy… the perception by the other personnel and public is that as a nurse you were easy for an affair was very annoying… I was the youngest of the nurses and there was a general perception that you were, fair game, you were available, you were ready, you were willing.
5. I wonder though whether that professional respect is existent in hospitals or whether it is like this where and when I did my training, and nurses here are there to do any of the consultants bidding and - I can remember in my institute the old ward rounds where the sister, the charge nurse, used to put the consultants in place and refuse to pick up after them.
6. Though all the nurses recognise that something is amiss they are over loaded with emotional, physical responses. In the midst of personal, emotional, physical anxiety and anguish they develop rationalization to explain their own behaviour and that or the harasser.

Anecdotes of Sexual Harassment

Coimbatore: A city-based doctor, who runs a hospital in Singanallur, was arrested for allegedly sedating and sexually assaulting a 17-year-old nursing student. The girl was part of a seven-member student group sent to ARR Medical Centre for a six-month practical training by a private nursing college in Dindigul in November 2017. According to police, the perpetrator asked the student, who was suffering from severe cold and fever, to come to his chamber for treatment. "He then gave her sedative and sexually assaulted her for at least 30 minutes as she went into a semi-conscious state," said an officer. As she came out of the chamber, the girl collapsed. Her classmates rushed to her help and took her to their room, where she narrated the incident to them, the officer said. Later, she contacted Childline (1098) and narrated the incident to one of its coordinators. Based on the complaint, police registered a case against the perpetrator under Sections 7, 9 (e) read with 10 of the Protection of Children from Sexual Offences (Pocso) Act 2012 and detained him (Deccan Chronicle, 2017).

Owner of a Nursing and Medical College in Gadchirolli, Maharashtra was accused of alleged molestation by thirty tribal girl nursing students (The Wire, 2017). Nursing College professor accused of sexual harassment (The Times of India, 22 July 2016). In a petition filed by the principal, the professor was accused of harassing students and faculty. Guntur: Nursing students allege ragging and sexual harassment by senior students (Deccan Chronicle, 7 Dec 2017).

A nurse working in an orthopaedic was alone, when the doctor held her hand and misbehaved with her. The doctor submitted an apology to the nurse in the presence of leaders of employees' joint action committee. The nurse in turn withdrew her complaint (The Indian Express, 20 April 2015).

Army charges officers with sexual harassment. The Chief of Staff asked a dozen officers to quit on grounds of moral turpitude in Allahabad where a few Nursing officers have accused the Commanding Officer for the misbehaviour and the Principal Matron for abetting the awful act (India Today, 2015).

The Dean of IRT, Medical College of Chennai was accused of sexual harassment by a staff nurse. The Madras High Court directed the Institute of Road Transport to set an independent probe on this allegation. (The Indian Express, 10 November 2017).

International Legislative actions on Sexual Harassment:

The United Nations General Assembly resolution endorsed the urgent need for the universal application of women's rights of equality, security, liberty integrity and dignity. Article 55 and 56 of United Nations charter cast a legal obligation on United Nations organisation to promote respect for equality

and human rights. The Universal Declaration of Human Rights, article 5, states that no one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. There have been three United Nations world conferences on women. Mexico (1975), Copenhagen (1980) and Nairobi wherein strategies were framed to promote gender equality and opportunities for women. These were based on three objectives: Equality, development and peace. The Vienna Declaration, 1993 calls for action to integrate the equal status human rights of women. It stresses toward elimination of violence against women in public and private life. The Beijing Conference, 1995 focused on issues such as discrimination against women, violence against women, etc. The Convention on Elimination of all forms of Discrimination against Women (CEDAW), 1981 to which 166 countries are members, is a landmark document as it framed violence against women within the framework of human rights. It identified female as the primary risk factor for violence and broadened the definition of gender violence (to include all aspects of women's life) (The Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013).

Domestic Legal Remedies in India

The Constitution of India Article 14 is on equality. Difference in treatment between men and women by the state is totally prohibited on grounds of religion race, caste, sex or place of birth. Article 21 is on right to live; right to live with human dignity. The National Commission for Women was set up as a statutory body in January 1992 under the National Commission for Women Act, 1990 to review the constitutional and legal safeguards for women; recommend remedial legislative measures, facilitate redress of grievances and advise the Government on all policy matters affecting women. The Supreme Court guidelines on sexual harassment at work place: For the first time, the Court drew upon an international human rights law instrument, the CEDAW to pass a set of guidelines. The Court defined sexual harassment at work place as any unwelcome gesture, behaviour, words or advances that are sexual in nature. "It shall be the duty of the employer or other responsible persons in work places or other institutions to prevent or deter the commission of acts of sexual harassment and to provide the procedures for the resolution, settlement or prosecution of acts, of sexual harassment by taking all steps required."

The legislation relating to violence against women comprises the Indian Penal Code (IPC) civil law and special laws under IPC. Sections 354, 354A, 354B, 354C, D, and 509. Other provisions: POSH Act, Sexual Harassment of Women at Work (Prevention, Prohibition and Redressal) 2013; Hotline: The Ministry of Women and Child Development has launched "SHe-Box" an online platform for reporting complaints of sexual harassment at workplace (accessible at www.Shebox.nic.in); "# me too campaign" India, 2018 an online platform for women to share their experience of sexual harassment.

The Rights of Nurses in South Africa: South Africa has clearly laid down rights of a practicing nurse. These are rights to enable the nurse a safe working environment which is compatible with efficient patient care and which is equipped with at least the minimum physical, material and personnel requirements. Further, they can refuse to implement a prescription or to participate in activities which, according to his/her professional knowledge and judgment, are not in the interest of the patient. The working environment is free of threats, intimidation and/or interference.

In addition to the above, the nurse is entitled to his/her rights in terms of the Constitution of the Republic of South Africa and relevant labor legislation; provided that the exercising of such rights does not put at risk the life or health of patients (http://www.sanc.co.za/policyrights.htm).

The Rights of Indian Nurses

Indian Nursing Council and State Nursing Councils do not have any policy documents on the Legal Rights of Nurses at workplace. There is no document on practicing rights of nurses in India. A study by Sreelekha Nair and Madelaine Healey on Nurses in Feb 2006 states that threats and sexual harassment are unavoidable experience for nurses at the hands of patients, families, doctors and class four employees. The case of Aruna Shanbaugh proves their statement right. Most of such issues are either ignored, addressed vaguely or remain unaddressed by the regulatory authorities. Both the Central and State Councils are facing existential crisis due to lack of clarity of their responsibilities and scope; leave alone their protection of the registered nurses' legal rights at workplace.

Implications of Poor Awareness

When there is no clear fencing the fields are eaten by hungry animals. So when no clarity from regulatory authorities in nursing regarding scope of practice and legal rights of nurses, the nurses become easy prey for exploitation. Therefore it is the onus on us as nurses to protect our fellow colleagues and younger ones.

Along with these the male dominated structures of our health care delivery system have to change to

achieve a reductions or elimination of harassment in the work place of nurses. The entrenched patriarchal system should change. Open acceptance and discussions among professional nurses groups are essential as an initial step in prevention, prohibition and redressal of sexual harassment.

Conclusion

Despite all extensive researches, national and international media attention, and legal actions on sexual harassment, a silent unsupportive authorities and work place replete with negative stereotypical expectations is present even today for nurses. Consequences of assertive and direct action when confronted with sexual harassment are nebulous at best under the circumstances described. Despite their own discomfort and angst, informants feel abandoned, fearful and alone. This is not a good frame of reference for assertive action. This is the starting point for open discussion and education on the basic level of information about sexual harassment and then we need to progress to the complex, social, cultural and interactional issues identified with sexual harassment. A long way to go indeed!

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