

It's Never Ok: a report on sexual harassment against healthcare staff

Introduction

NHS hospitals, clinics and other places providing care should be harassment-free zones for the millions of staff working in healthcare across the country. This also includes those in ambulance teams and staff looking after patients in the community.

However, the unacceptable reality is that many employees including nurses, healthcare assistants, administrative workers and cleaners endure sexual harassment when doing their jobs. Many women and some men experience this behaviour on a daily basis.

Sexual harassment can be defined as an incident where a person engages in unwanted verbal, non-verbal or physical behaviour of a sexual nature. This creates an intimidating, hostile or humiliating work environment.

As the largest union in the UK, UNISON represents nearly half a million staff working in the health service. Campaigning against sexual harassment in the workplace and for tougher policies are major priorities for the union.

The health sector is already experiencing a staffing crisis, with many employees quitting because of increasing workloads. UNISON is concerned that incidents of sexual harassment are adding to the mental strain workers are facing.

Worries about being believed or taken seriously can mean that, instead of making a complaint, many suffer in silence – or leave for a job outside the NHS.

To understand the extent of the problem, UNISON has conducted a UK-wide survey on sexual harassment, the results of which are published in this report *It's Never Ok*.

About the survey

UNISON surveyed healthcare staff including ambulance workers, occupational therapists and pharmacy staff from 7 to 31 May 2019 and received 8,487 responses. The majority (82%) worked for NHS trusts or health boards, with the rest employed by organisations including arm's-length bodies such as healthcare regulators, charities, social enterprises, contractors or job agencies.

Of the people responding to the survey, 8% (695) had suffered sexual harassment in the past two years. This report is based on their experiences.

Survey findings

The survey revealed that this type of unwanted behaviour is a major issue – for some employees, on a daily basis.

Nearly one in ten (8%) respondents (695) said they'd been sexually harassed in the last year. Of these, nearly a third (31%) said the harassment was frequent/regular, and more than one in ten (12%) said it occurred daily/weekly.

The vast majority (81%) of those harassed identified as female, and the rest (19%) male.

Most (61%) said the harasser was older than them, nearly two in five (37%) said they were in a more powerful position, with under a third (32%) experiencing harassment from a colleague with the same level of responsibility.

Nearly half (48%) of those harassed were aged 35 to 54, over a third (36%) 34 and under, and 16% were 55 or older.

The type of sexual harassment

The most common unwanted experiences were verbal. But physical assaults were also reported including three rapes and one incident of a patient performing a sex act:

- Remarks, 'banter' or 'jokes' (64%)
- Invasion of personal space (53%)
- Unwanted or derogatory comments about clothing or appearance (49%)
- Leering and suggestive gestures (48%)
- Sexual assault including kissing, stroking, touching, or hugging (22%).

The perpetrators

The majority of respondents (54%) said someone in their team had committed the sexual harassment, nearly a quarter said it was other staff (24%) and two fifths (42%) reported it had been a patient.

The effect

Many of those who experienced sexual harassment said it had a damaging effect on their lives. Some respondents even said they had felt suicidal, had resorted to self-harm or had been diagnosed with traumatic stress disorder (PTSD) as a result:

- More than half (55%) reported they ended up isolating themselves or avoiding certain colleagues/situations
- Two in five (40%) said that it made them want to leave/look for another job
- More than a third (35%) said the harassment affected their mental health
- More than a third (34%) said it had affected their confidence.

Reporting sexual harassment

Staff should not suffer in silence but should be supported to talk about and report this form of workplace abuse.

The survey findings reveal that staff responded in various ways to the harassment with nearly a half (46%) telling a colleague, nearly three in ten (28%) keeping quiet, a quarter (26%) telling a friend/family member outside work, and just over a fifth (23%) speaking directly to the perpetrator.

However, when it came to formal reporting, more than seven in ten (71%) shared their reasons for not doing so which included:

- They felt nothing would be done (49%)
- They'd be dismissed as oversensitive (37%)
- They feared the perpetrator(s) would retaliate (24%)
- They were scared it could harm their career (22%).

Of those who did report the sexual harassment, only 15% believed their case was dealt with properly.

Employers appear to be failing to take a tough line on harassment. More than two thirds (68%) of those who experienced sexual harassment confirmed a policy existed in their workplace, yet fewer than one in five (17%) said it was implemented.

Some examples of the experiences of staff responding the survey

“One of my team ‘upskirted’ a colleague, then sent the video recording to another member in the team by ‘accident’.”

“A colleague touched my groin during handovers to ‘show’ where a patient had pain. The same person also touched around my side to ‘search’ for keys that I had in my pocket.”

“I work in a control centre and regularly get sexually based comments from patients.”

“While I was on placement a patient attempted to take my tunic off, but none of the staff on the ward did anything.”

“I left the organisation. The nurse who made me feel uncomfortable made things awkward and I hated working on the same days as her.”

“I suffered with severe anxiety, and couldn't be left alone at work. This went on for 12 months even though reported it to a manager.”

“As a result of my experience, I am now more wary about treating patients that are intoxicated or under the influence.”

“It was an incident that spooked me. I now purposely wear a larger uniform and feel myself tense up if we're called to the area where the patient lives.”

“It makes me feel nervous and panicked every time I see that member of staff.”

Case studies

- Hannah is a care worker from the South East. A male colleague she gets on well with would touch her arms and legs while they cared for patients. At first she thought it was accidental, as they sometimes have to be in close contact to assist patients. Then he started making comments about how attractive she was. She told him she wasn't interested but he carried on and one day kissed her. She reported him and he was reprimanded. Now the atmosphere is so cold when they work together she feels anxious and sometimes doesn't want to go to work. The situation is so bad she'd rather lose money by changing shifts than be around him.

- Sally is a hospital administrative worker from the South West. She's part of an all-male team and says she enjoys the banter with colleagues and can more than hold her own. But a regular visitor to her office has, over a number of months, made several inappropriate comments about her appearance and how much he's attracted to her. She initially brushed off his comments but he recently asked her if she'd ever fancy a 'one night stand or a quickie'. Although shocked and upset, she's reluctant to report him because she doesn't want her colleagues to think she's weak.

Conclusion

UNISON believes incidents of sexual harassment are even more widespread than indicated by this survey.

Poor procedures, including a failure to follow up reports of bad behaviour, and the removal of legal protections have contributed to a climate where sexual harassment is, at best, being ignored but, at worst, tolerated.

This form of abuse needs to be addressed as a matter of urgency. Initiatives being taken by UNISON include ensuring women are directed to appropriate external organisations for counselling and expert advice.

However, employers need to be more proactive in tackling sexual harassment, and the government too through reforms including:

- Reinstatement of section 40 of the Equality Act which ensured staff were safeguarded against harassment by third parties (for example, patients and their friends or relatives). Under this clause, employers were liable if they failed to act after two incidents. However, the government scrapped this 'three-strikes' rule in October 2013 on the grounds that other laws gave staff similar protection, a claim disputed by UNISON
- The creation by the NHS of a 'gold standard' complaints procedure that's robust and gives workers confidence that their case will be properly considered. Having good complaints procedures will increase the number of staff who report an issue and will create an expectation that complaints will be taken seriously.