

Sexual Violence, Sexual Harassment and Bullying: Why Good Process Matters

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Definitions

Sexual Violence:

Any sexual act or act targeting a person's sexuality, gender identity or gender expression, whether the act is physical or psychological in nature, that is committed, threatened or attempted against a person without the person's consent, and includes Sexual Assault, Sexual Harassment, stalking, indecent exposure, voyeurism, and sexual exploitation.

University of Toronto Policy on Sexual Violence

Definitions

Sexual Harassment:

Sexual harassment includes but is not limited to engaging in a course of vexatious comments or conduct that is known or ought to be known to be unwelcome.

Sexual Harassment includes any sexual solicitation or advance made by a person in a position to confer, grant or deny a benefit or advancement to the person where the person making the solicitation or advance knows or ought reasonably to know that it is unwelcome. Sexual harassment also includes a reprisal or a threat of reprisal for the rejection of a sexual solicitation or advance, where the reprisal is made or threatened by a person in a position to confer, grant or deny a benefit or advancement to the person.

University of Toronto Policy on Sexual Violence

Definitions

Sexual Assault:

Sexual assault is any form of sexual contact without a person's consent, including the threat of sexual contact without consent. A Sexual Assault can range from unwanted sexual touching to forced sexual intercourse; and a Sexual Assault can involve situations where sexual activity is obtained by someone abusing a position of trust, power, or authority.

University of Toronto Policy on Sexual Violence

Definitions

Workplace Bullying:

Workplace bullying is “the repeated less favourable treatment of a person by another or others in the workplace, which may be considered unreasonable and inappropriate workplace practice. It includes behaviour that intimidates, offends, degrades or humiliates a worker”. This behaviour may include:

- physical or verbal abuse;
- yelling, screaming or offensive language;
- excluding or isolating employees;
- psychological harassment;
- intimidation;
- assigning meaningless tasks unrelated to the job;
- giving employees impossible jobs
- deliberately changed work rosters to inconvenience particular employees;
- undermining work performance by deliberately withholding information vital for effective work performance

Australian Human Rights Commission

CASES

Case 1:

- Dr AB was interviewing for a staff Emergency Medicine position at Northpond Hospital.
- The Chair of the Committee asks whether she has plans to have children over the next several years.

CASES

Case 1:

Strategies:

- Avoid the question.
- Make clear that questions about personal life are inappropriate.
- Complain to the Chief of the Medical Staff at Northpond about gender discrimination in the hiring process if she is not offered the job.
- Complain to the Chief of the Medical Staff at Northpond about gender discrimination in the hiring process even if she is offered the job.
- Rather than a formal complaint, tell the CMS about it in informal conversation and ask that it be raised with the Committee.

DID WE MISS AN OPTION?

CASES

CASE 2

Patient X insists on referring to the physician he is seeing in the Urgent Care Centre as “Miss,” even though he calls a male physician “doctor,” when he pokes his head in to ask a question.

The patient is in an urgent care centre, and other staff hear the way he addresses the female physician.

The dilemma: is there a conflict between patient-centred care and the need to address the discrimination?

CASES

Case 2:

Strategies:

- Ignore the issue.
- Make it clear to the patient that you expect to be addressed by your title.
- Make it clear to the patient that he is engaging in gender discrimination and that you expect to be addressed by your title.

DID WE MISS AN OPTION?

CASES

Case 3:

A senior female physician in pediatric orthopedics is bullying a young male resident by mocking his skills in front of staff and patients in a clinic. She calls him a “know nothing” and tells him he should go back to school instead of coming back to her clinic. She tells him that “men just don’t get it.”

CASES

Case 3:

Strategies:

- The resident should ignore the problem.
- The resident should quietly but firmly tell the senior physician that her comments are inappropriate and ask to meet with her.
- The resident should complain to the Chief of the Department and ask that the issue be addressed and that he be informed.
- The resident should complain to the Director responsible for residents' medical education and ask that the issue be addressed and that he be informed.

DID WE MISS AN OPTION?

CASES

CASE 4:

A senior nurse consistently addresses the male physicians by their title but addresses female physicians by their first name. This is a long-standing practice that has been brought to her attention more than once by female physicians but her behavior does not change.

CASES

CASE 4:

Strategies:

- The female physicians ignore the problem.
- They complain informally to the nurse's supervisor to ask that the issue be addressed but ask that their names be withheld.
- They complain to the Director of Nursing and request that a process be initiated to address the issue and that they be informed of the outcome.
- They ask their Department Head or Chief of the Medical Staff to address the issue with the Director of Nursing and report back on the outcome.

DID WE MISS AN OPTION?