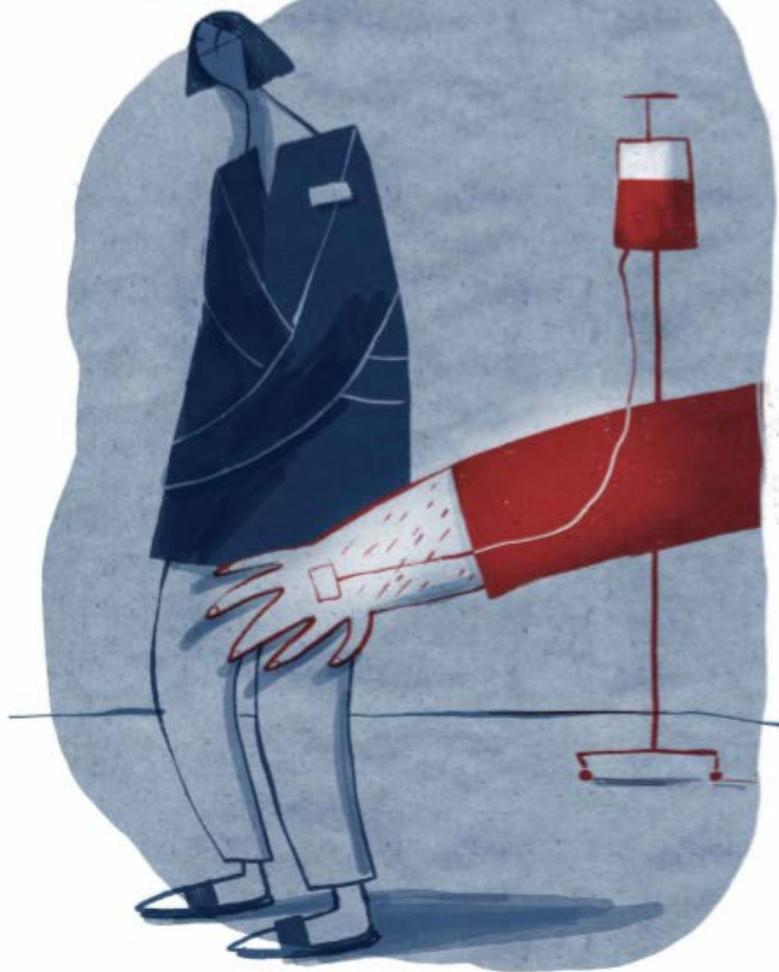


Let's talk about sexual harassment



Results from the project “Sexual harassment in municipal health- and care sector in Iceland, Norway and Sweden”, going from 2018-2020.



ARENDALE KOMMUNE



Akureyrarbær



Eskilstuna
kommun



Uia Centre for Gender
and Equality

NIKK project 2018-2020 – Sexual harassment in Healthcare:
Experiences from Akureyri, Arendal and Eskilstuna

Preface

This report is the final and assembling report from the NIKK project “*Sexual harassment in the Healthcare sector*”. The Centre for Gender and Equality, in collaboration with the municipalities Akureyri, Eskilstuna and Arendal, received a grant from the Nordic Council of Ministers to fund a two-year NIKK – Nordic Information on Gender project. NIKK is a Nordic collaborative organization under the Nordic Council of Ministers for Gender Equality.

The objective of the project has been to develop a Nordic experience-based network that gives room for new ideas on methods, knowledge development and awareness with regards to the prevention and management of sexual harassment in the healthcare sectors of the selected Nordic municipalities.

The project’s activities revolved around the collection of data with regards to the present situation, as a starting point for innovative development in Nordic municipalities with regards to sexual harassment in healthcare. This outline has resulted in a collection of ideas and methods on how to prevent sexual harassment actively. Concluding the project, a Nordic Conference is to be organized, which will present the results and communicate experiences to all relevant parties. During the period 2018-2020, the project has resulted in the three following reports:

Report 1: A collection of data on the legislation, scale, guidelines and management of sexual harassment in the healthcare sector on a municipal and a national level, in the municipalities of Akureyri, Arendal, and Eskilstuna. The objective of this study has been to increase knowledge and awareness on how and to what extent prevention and management of sexual harassment is implemented at work in the healthcare sector in the involved municipalities.

Report 2: Comments to questionnaires of healthcare employees in Akureyri, Arendal, and Eskilstuna. With this collection of data, the objective has been to get a broader knowledge of the extent of sexual harassment happening within the healthcare services in Nordic municipalities, and how the healthcare sector can prevent sexual harassment within the workplace.

Report 3: Working note from focus group interviews with managers, department leaders, union representatives, and safety representatives from the health sector in Akureyri, Arendal, and Eskilstuna municipalities. The purpose of the qualitative study has been to examine how people in these crucial roles understand sexual harassment, how it is prevented and how it is handled at their workspace.

Another outcome of the project have been the developed materials based on the findings from the three reports. This material consists of a flyer and posters with illustrations showing health care workers being exposed for unwanted sexual attention in their work place. Two of these illustrations are shown in the front and backpage of this document. The material will be implemented and sent out to all employees and health care institutions involved. The material is available for all Nordic countries and can be downloaded from www.senterforlikestilling.org.

The findings in this project has also caused outcomes with regards to synergy in developing a course against sexual harassment, especially adapted to the worklife within the health care sector. The course has been given in Iceland and Norway, and has been held for more than 800 course participants.

We want to thank all the health care workers, managers, department leaders, union representatives, and safety representatives from the health sector in Akureyri, Arendal, and Eskilstuna municipalities, who were willing to use their time to share their stories and experiences with us. A big thanks to the municipalities who facilitated for our surveys and interviews. Especially would we want to thank each member in the project group who by their contributions in time, knowledge and experiences have made this project happen; Tone Merete W. Kløcker and Ingrid Kjørstad in Arendal Municipality, Anna Fridell, Karin Silfer, Sofie Tenser and Catharina Jacobsen in Eskilstuna Municipality, Bryndis Elfa Valdemarsdóttir Kristinn J.Reimarsson and Lilja Björnsdóttir in Akureyri Municipality.

Kristiansand, March 2020

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Collaborative parties

The municipality of Akureyri is an Icelandic university city. With 17 000 inhabitants, it is Iceland's fourth-largest city. Iceland scores in the top ranges in many studies concerning political freedom, gender equality and sociological development. In Iceland, access to knowledge and health is known to be very gender-equal; the country has been listed at the top of the World Economic Forum report "Global Gender Gap" during the last years. Iceland is the country where women are most likely to participate as fully as men in economic and political aspects of society. Iceland is also the first country in the world to legalize the right to equal pay. The law has been enforced since 8 March 2017.

Nevertheless, there are some challenges with regards to gender equality in Iceland, as well. The university college in Akureyri participated in a Nordic project on men in nursing education. Reform – the Resource Centre for Men – received funding from the Nordic Council of Ministers for Gender Equality for the project «Men in Nursing Education - Mapping Educational Practices and Student Experiences in Iceland, Denmark, and Norway». In collaboration with partners from the University College in Akureyri on Iceland, the Icelandic Centre for Gender Equality and Roskilde University in Denmark are doing a research of the project to see how the nursing education programmes can contribute to better recruitment, increased enjoyment and successful study completion for male students. In Iceland, 2% of nurses are men. In Denmark, this is 3,5 % and in Norway 9%. These figures have been low for a long time, and they paint a picture of a still highly gendered Nordic labour market.

The municipality of Arendal is a city in the county of Aust-Agder in Norway, consisting of 45 000 inhabitants. The municipality of Arendal is strongly committed to active citizenship and is preoccupied that all inhabitants should be given the opportunity to participate in society regardless of personal circumstance. Active citizenship is an interactive process between municipality, private business, individuals, groups and unions. Citizens of Arendal should not be kept outside society because of any economic or functional limitations. With "Heart for Arendal – A good place to live for all", a collaborative project between the municipality, KS Agder and several volunteer organizations such as the Salvation Army, Red Cross, Blue Cross, Church City Mission (Kirkens Bymisjon) and the National Organization for Public Health (Nasjonalforeningen for folkehelsen), Arendal municipality has seen good progress achieving active citizenship and well-being. Over time this has resulted in a network of almost 100 groups, unions, societies and congregations, as well as committed individuals who also work together with the municipality. The "Heart for Arendal" project made Arendal win the Innovation Prize in 2014. The project has become an inspiring example of collaboration between volunteers and the municipality, mentioned in the White Paper "Future Care" (Morgendagens omsorg).

The municipality of Eskilstuna is located in Södermanland, Sweden. It consists of about 100 000 inhabitants and thereby ranges among Sweden's 15 largest municipalities.

Eskilstuna has worked systematically with gender equality for many years already. There is a common wish that all citizens should be included and that all should have equal access rights to municipal services. At present, the municipality is responsible for the operation of programme Viktig Interessant Person (VIP – Important Interesting Person). This programme aims to contribute in the prevention of abuse of people with intellectual disabilities by teaching them how to better understand their feelings, to set limits, as well as by increasing understanding on the definition of violence and abuse. This is acknowledged as an essential programme, and it will now also be implemented in Norway. Eskilstuna received the Swedish Equality prize – as a result of the successful work in this field. In part as a consequence of this success, the municipality is now an important actor where equality is concerned. The municipality has consequently contributed by its expertise in several research projects in this field.

The Centre for Gender and Equality coordinates and strengthens research and competence on equality in Agder. The Centre also contributes to communication and education about the subject and aims to be a driving force behind

increased equality within the region. The objective of the Centre is closely linked to a wide definition of the word equality by including dimensions such as gender, ethnicity, religion, sexual orientation, gender expression, sexual identity and disability. The Centre for Gender and Equality is a collaborative platform for research and education on gender and equality, the public and private sector and volunteer organisations in the region.



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NIKK project 2018-2020 – Sexual harassment in Healthcare

Report 1: A collection of data on the legislation, scale, guidelines and management of sexual harassment in the healthcare sector on a municipal and a national level, in the municipalities of Akureyri, Arendal, and Eskilstuna.

Introduction

The following report presents the findings of this survey. The objective is to increase knowledge and awareness on how and to what extent prevention and management of sexual harassment are implemented at work in the healthcare sector in the municipality of Akureyri on Iceland, the municipality of Arendal in Norway and the municipality of Eskilstuna in Sweden.

Nurses, Learning Disability Nurses and Carers are among those professionals most exposed to sexual harassment. The healthcare sector also faces challenges with a high percentage of part-time workers, temporary contracts, a high percentage of sick leave and a female-dominated workplace (SSB, 2017). Men and women must have an equal opportunity to participate in working life and to be economically independent. To implement an intersectional perspective of sexual harassment is necessary to work systematically towards an equal and productive working life. Sexual harassment is affecting value creation of and it is an obstacle to creating safe and stable working environments. This is a gender and equality challenge, which has a negative economic influence on the welfare state, and which conflicts with the principles of the Nordic welfare model. The focus on the healthcare sector is especially important for the public sector since healthcare is one of the welfare state's largest sectors.

These summarizing comments are based on three surveys performed by the municipalities; of which one is on a national level and two on a municipal level.

In chapter 1, we present the results from the national survey. The chapter presents an overview of all legislation and procedures/actions taken with regards to sexual harassment in Norway, Sweden and Iceland. The scope of the occurrence of sexual harassment in working life is presented as based upon the available public statistics and reports from these three countries. In order to get insight in how relevant the issue is, search queries related to sexual harassment were performed both on these governments' websites as well as on the websites of the countries' most read newspapers.

The increase in hits from 2016 to 2018 indicate that the #Metoo campaign contributed to draw attention toward sexual harassment. At the same time, the national survey indicates that while there has been a lot of attention for sexual harassment at the workplace the last two years, there has been a lack of attention for the most exposed professionals employed within the healthcare sector. An example of this is that as of today, no evaluation reports or action plans exist which deal with sexual harassment within the healthcare sector in Sweden, Norway or Iceland.

In chapter 2, we present a document analysis of 12 municipal documents from Arendal, Akureyri and Eskilstuna. The analysed documents consist of the societal plan of the municipality, the plan relating to health and living conditions, the action plan for Health, Safety and Environment (HSE) and the Strategy for Employment of Civil Servants (Arbeidsgiverstrategi). The analysis of these documents allows for an insight into how the municipalities operate with regards to the prevention of and actions against sexual

harassment among the employees within the municipality. The survey indicates that there is in general very little focus on sexual harassment in the municipal documents.

In chapter 3, we present a survey of guidelines related to the prevention and handling of sexual harassment within the healthcare sectors of the municipalities Akureyri, Arendal and Eskilstuna. This includes any available written warning routines, follow-up routines after sexual harassment, preventive measures and the manager's responsibility to act and follow up. The survey shows that writing warning routines are in place in all municipalities. However, it also uncovers that none of the municipalities prepared their guidelines on how to handle sexual harassment within the health care sector.

Survey of sexual harassment on a national level

Introduction

In this chapter, we will present the findings of the national survey. We will give a short overview of the legislation, definitions and the implemented procedures/action plans related to sexual harassment in Norway, Sweden and Iceland. We have also researched to what extent there are public evaluation reports on sexual harassment at the working place available, most particularly within the healthcare sector. In conclusion, we will refer to the attention to sexual harassment by presenting hits from search queries of words related to sexual harassment. These search queries have been performed both on the websites of the countries' governments, as well as on the websites of the countries' most read newspapers.

Is the definition of sexual harassment the same in Iceland, Sweden and Norway? In this survey, we will discuss the official definitions of sexual harassment in Sweden, Iceland and Norway. Iceland's and Norway's definition of sexual harassment have in common that they accentuate that sexual harassment can be defined as any form of unwelcome sexual attention that is experienced as offensive to the person affected. The Equality and Anti-discrimination Ombud (LDO) in Norway, and the Equality Ombudsman (DO) in Sweden differentiate between verbal, non-verbal and physical sexual harassment. A similar differentiation is also found in the Icelandic Equality Act.

country	Definition of sexual harassment
Iceland	<i>Sexual harassment consists of "any form of unwelcome sexual attention with the purpose or the effect of being offensive, frightening, hostile, degrading, humiliating or troublesome. The attention can be expressed verbally, non-verbally or physically" (Equality Act, 2008).</i>
Sweden	<i>Sexual harassment: behaviour of sexual nature that offends another person's dignity (Discrimination Act, 2008).</i>
Norway	<i>Sexual harassment means any form of unwanted sexual attention that has the purpose or the effect of being offensive, frightening, hostile, degrading, humiliating or troublesome (Equality and Anti-Discrimination Act, 2018).</i>

Table 1: Definition of sexual harassment in Norway, Sweden and Iceland

Legislation relating to sexual harassment in Iceland, in Sweden and in Norway

In this part, we will present what we found in the relevant legislation with regards to sexual harassment at the workplace. Protection against sexual harassment is stated in the legislation stipulated in the Criminal Act, the Equality and Anti-Discrimination Act¹ and the Working Environment Act in all Nordic countries in question. Iceland is the only country of the three that directly mentions sexual harassment in the penal code, while Norway and Sweden state protection against any sexual acts that appear harmful, frightening or offensive.

Legislation in Iceland

In Iceland, the prohibition of gender-based violence, gender-based harassment and sexual harassment is mentioned in the Equality Act. Article 22- 1 «Employers and the directors of institutions and non-governmental organisations shall take special measures to protect employees, students and clients from gender-based violence, gender-based harassment or sexual harassment in the workplace, in institutions, in their work for, or the functions of, their societies, or in schools» (Act on Equal Status and Rights of Women and Men, 2008:10). If a superior is charged, he or she shall resign while the case is under criminal investigation and during any legal court procedures. We find further stipulative protection under the Working Environment Act, Article 38 “The Minister shall issue regulations on which provisions shall be complied with as concerns the organisation, arrangement and execution of jobs, such as measures against bullying, sexual harassment, gender-based harassment and violence in workplaces (Act on Working Environment, Health and Safety in Workplaces, 1980:46). It is the responsibility of the employer to prepare a written safety and health plan for the working environment, based on a risk assessment. The objective is to promote the employees’ safety. The risk assessment must cover all aspects of the working environment that can influence health or safety. Whenever the risk assessment indicates the existence of a problem, the employer must implement necessary preventive measures in order to prevent or reduce the risk of harassment, sexual harassment and bullying.

In addition to the statements in the Equality Act, and the Working Environment Act, sexual harassment is also mentioned in the Icelandic Penal Code, article 199 «Those who commit sexual harassment can be imprisoned up to two years. Sexual harassment consists of touching a person’s genitalia, or breasts without his or her consent. It can also consist of verbal expressions which are offensive, frightening, degrading, humiliating, or annoying» (Penal Code, 1940:19).

Handling of sexual harassment cases on the workplace

Employees who think they have been a victim of discrimination can take this up with the Equality Complaints Board who handles complaints cases. The employer shall not terminate the employment of any employee who has filed a complaint or started court procedures. The employer has in such cases the responsibility to verify or prevent harassment on the working

place. Any person who is in breach of the legislation around equality and equal rights to women and men may be liable for any damage as in according to general principles. The affected person may be entitled to compensation. Furthermore, any infringement of the law may lead to penalties, in addition to imprisonment (Icelandic confederation of Labour, 2018).

Legislation in Norway

In Norway, stipulations on the prohibition of sexual harassment on working places are mainly found under the Equality and Anti-Discrimination Act and the Working Environment Act. «Harassment on the basis of factors specified in section 6, first paragraph, and sexual harassment, is prohibited» (Equality and Anti-Discrimination Act 2018, section 13). For the conduct to be considered as harassment, a certain degree of seriousness must be present, usually in the form of repetitive or continuous actions. However, also single incidents may be considered as harassment. In the evaluation process during which is to be established to what degree the attention is troublesome, the affected person's subjective experience of the situation is a heavy weighting factor. The experience of the complainant shall be complemented by a more objective assessment of the actions and the seriousness of the situation. The relationship and the power balance between the involved parties is an important factor in this connection. Other important factors are the nature of the act, time and place, and to what extent the actions have led to negative consequences physically, psychologically or work-related.

The employer has the obligation to prevent and stop harassment and sexual harassment as stated in the Equality and Anti-Discrimination Act, section 13. This is valid for both public and private business. The obligation to prevent may, for example, take shape in the formulation of guidelines concerning reporting of harassment and on how harassment cases should be handled. The obligation to stop harassment concerns finding solutions to challenges in the working environment and reports on harassment, how to evaluate such situations and how to resolve them. The employer can be held directly responsible for not having stopped harassment between employee/from superior, as well as from customers, users, clients and the like. There is also a mention of the protection against retaliation in the Equality and Anti-Discrimination Act, section 14 (Equality and Anti-Discrimination Act, 2018).

The Working Environment Act¹ prohibits harassment in general, and this includes sexual harassment. «The working environment in the undertaking shall be fully satisfactory when the factors in the working environment that may influence the employees' physical and mental health and welfare are judged separately and collectively» (Working Environment Act, 2005). Furthermore, the employee has the right to notify on censurable conditions at the workplace².

¹ Section 4 of the Working Environment Act regulates the requirement of an optimal working environment

² Regulated in Working Environment Act, section 2 A-1.

Whistle-blowers shall be protected against retaliation³. Undertakings with more than five employees are obliged to have procedures for internal notification of censurable conditions⁴. The employee must ensure that the employer or elected representative is notified about the incidents involving harassment or discrimination in the undertaking⁵. The legislation accentuates that health and safety representative, in particular, have an obligation to notify any censurable conditions (Working Environment Act, 2005).

The survey also indicates that the Norwegian Working Environment Act⁶ stipulates that the employer shall work systematically with Health, Safety and Environment (HSE-work) on the workplace (Working Environment Act, 2005). This work shall be executed as a collaboration between employees and their elected representatives. The requirements to this systematic work consist among other of, preparing a survey, assessment of risk factors and implementation of preventive measures. The form and extent of the work shall be documented in line with the undertaking's nature, activities, risk conditions and size. Matters of psycho-social working environment challenges such as sexual harassment, fall under the requirements to systematic HSE-work (Bråten & Øistad, 2018⁷).

In many cases, sexual harassment is punishable by law. The penalty for sexual harassment follows from the regulations of the Penal Code. To what extent one is punishable, depends on whether the harassment meets the conditions stipulated by the Penal code. The most relevant regulations of the Penal Code that deal with sexual harassment are found in chapter 24, section 266 «Any person who by frightening or bothersome behaviour or other harassing conduct stalks a person or otherwise violates another person's peace shall be subjected to a fine or imprisonment for a term not exceeding two years», in chapter 26 section «A penalty or fine or imprisonment for a term not exceeding one year shall be applied to any person who performs a sexual act with a person who has not consented thereto» and section 298 «A penalty or fine or imprisonment for a term not exceeding one year shall be applied to any person who by words or conduct exhibits sexually offensive or other indecent conduct in a public place or, in the presence of or directed at any person who has not consented thereto» (The Penal Code, 2005).

Handling of sexual harassment cases on the workplace

It is the Equality and Anti-Discrimination Tribunal (LDN) that enforces the prohibition of discrimination and harassment as mentioned in the Equality and Anti-Discrimination Act and chapter 13 of the Working Environment Act on equal treatment. Sexual harassment is the only

³ Protection against retaliation, Working Environment Act, section 2 A-2.

⁴ Working Environment Act §2 A-3.

⁵ Working Environment Act §2-3.

⁶ Working Environment Act §3-1.

⁷ Fafo – report 2018 «*Sexual harassment in the hotel sector in Scandinavia – experiences from three hotels in Denmark, Norway and Sweden*»

kind of harassment that LDN does not enforce. Cases concerning sexual harassment must be taken to court. Persons exposed to sexual harassment thereby risk considerable economic and personal consequences. The Equality Ombudsman points out that there is a need for a national low-threshold offer for victims of sexual harassment. The establishment of an alternative to court proceedings has been out for public hearing in autumn 2018 (LDO, 2018).

Legislation in Sweden

In Sweden, the prohibition of sexual harassment at the workplace is mentioned in Chapter 1, section 4 «In this Act discrimination is defined as ... (point 5.) Sexual harassment: conduct of a sexual nature that violates someone's dignity...» (Anti-Discrimination Act, 2008: 567). In chapter 2 of the Anti-Discrimination Act, the responsibility and scope of what is prohibited with regards to discrimination, harassment and retaliation at the workplace, in education, in healthcare and social services, and elsewhere. The employer is responsible for ensuring that individuals are not exposed to discrimination at work. If the employer is notified that employees are exposed to sexual harassment at work, he must investigate the harassment and implement measures to prevent sexual harassment in the future. The same applies to interns, temporary employees and hired staff.

The Work Environment Act⁸ enforces employers to systematically work on ensuring that the mandatory requirements for a satisfactory working environment are met. Employers and employees must cooperate in order to achieve a suitably organised work environment⁹ (Work Environment Act, 1977:1160). The employer must ensure that managers and supervisors have the necessary knowledge on how to prevent and manage victimisation and that this knowledge is applied in practice at the workplace. (The Swedish Work Environment Authority's Statute Book, 2015:4).

Further on in the Work Environment Authority's Statute Book¹⁰ on victimisation, additional requirements are stated both with regards to the employer's responsibility to take measures, as well with regards to the employer's responsibility to make it clear that victimisation will not be tolerated at work. Cases of sexual violence are punishable pursuant to the Penal Code and must be reported to the police (Brottsbalken, 1962:700). Pursuant to the law on public employment¹¹, employers must report cases of serious harassment to the police. In such cases, the employer is still responsible to continue with the assessment and prevention of harassment at work.

⁸ Chapter 2 and 3 of the Work Environment Act.

⁹ Chapter 6, section 1 and Chapter 3, section 1a.

¹⁰The Swedish Work Environment Authority's Statute Book contains provisions in line with the framework, the Work Environment Act and other legislation. These contain mandatory paragraphs, general advice, recommendations and guidelines.

¹¹ (LOA, §22)

Handling of sexual harassment cases on the workplace

The Equality Ombudsman (DO) has the authority to oversee and examine whether employers meet the legal requirements of the Anti-Discrimination Act. DO can take cases to court with regards to harassment, sexual harassment or retaliation from employers, or in cases where the employer is in breach of his obligation to assess and prevent. The labour court decides whether the plaintive is entitled to compensation or not. DO has taken a considerable number of cases to court and received compensations of up to 75 000 Swedish Kroner. Unions also have the right to make employers appear before the court on behalf of the employee who is exposed to sexual harassment. If an employer does not follow the regulations on taking active measures, for example with regards to assessing the risk for harassment at work, or when the employer has not implemented company guidelines and routines to prevent harassment and retaliation, DO or unions may approach the Anti-Discrimination Tribunal. The Anti-Discrimination Tribunal can issue an order to force the employer to follow the law. The Work Environment Authority oversees that the Work Environment Act is followed. The Work Environment Authority can instigate inspections and issue sanctions if the employer does not follow the law (Bråten & Øistad, 2018).

The extent of sexual harassment at work

In this part, we will present findings from public statistics, which will say something on the extent to which sexual harassment occurs at work in Sweden, Norway and Iceland. In addition, we will present numbers from national surveys relating to sexual harassment at work¹². Based on these findings, we have prepared a summary that shows the occurrence of sexual harassment at work.

The statistics include the extent of sexual harassment at work, the percentage exposed to violence and threats at work, as well as statistics on sexual harassment within the healthcare sector. The reason why the numbers for violent threats are included in this summary is that a Norwegian survey by Statistics Norway (SSB) indicate a connection between violence, threats and sexual harassment in the healthcare sector (With, 2018). So far, there have been no national surveys on the extent of sexual harassment at work, of the kind that are available in Sweden and Norway. The only numbers on the occurrence of sexual harassment in Iceland, are based on questionnaires in which employers are asked how often they have received complaints or reports from employees on harassment¹³.

Review of working life surveys in Nordic countries included in this research, indicates that sexual harassment occurs in all of these countries. See the table below. The main tendency

¹² The statistics presented have been carried out in different eras, with different methodological approaches.

¹³ In the Norwegian and Swedish surveys, employees in the workplace are asked how often they have experienced sexual harassment in connection with work. Similar research is lacking in Iceland (2018).

that can be deduced from all surveys, is that young females are most exposed to sexual harassment. In addition, in Sweden and Norway, we find that most incidents with sexual harassment take place among employees in the healthcare sector. The instigators of sexual harassment are usually patients, users or next-of-kin. In Sweden and Norway, on average one in ten employees experience violence and threats at work.

Official Statistics/ Survey	Question relating to work and sexual harassment	Result
Norway		
National Statistics Work Environment Survey, 2017	«Exposed to unwanted sexual attention, comments or the like a few times a month or more often»	In total 4 per cent have experienced unwanted sexual attention. Gender division: 2 per cent men and 7 per cent women. <ul style="list-style-type: none"> • Young women between the age of 18 and 24 years are most exposed. • Nurses and employees in overnight- and catering services are most exposed working sectors.
Fafo- report 2017:09: Sexual harassment at work. ¹⁴	The survey investigates who commits the harassment, how often it occurs and which implications it has for targeted employees.	In total 19 per cent of participants answered that they had been exposed to sexual harassment at work during the last three years. The percentage of participants experiencing this was slightly higher in the hospitality sector (21 per cent) than in the healthcare sector (18 per cent). Physical, verbal and non-verbal harassment is common. Employees in hospitality experience sexual harassment from customers, colleagues and supervisors. Employees in the healthcare sector most commonly experience sexual harassment from users and clients, but also from colleagues and supervisors
SSB analysis 2018/22: Violence, threats or harassment at work	Percentage exposed to violence, threats or sexual harassment at work.	Even though the Work Environment Act should protect against violence, threats and harassment, 9 per cent of employed individuals are exposed for at least one of these kinds of unacceptable behaviour at work. 6 Per cent of employed woman and 2 per cent of employed men experienced violence at work during the last year while 5 per cent of women and 2 per cent of men experienced threats that were considered frightening. 7 Per cent of women and 2 per cent of men regularly experience unwanted sexual attention or harassment at work.
Sweden:		
Swedish official statistics: Work Environment 2017, report 2018:2	Exposed to sexual harassment from supervisors/colleagues and/or other periods at work during the last 12 months Exposed to violence or threats of violence during the last 12 months.	Almost one in ten employed individuals were exposed to sexual harassment at work in 2017. <ul style="list-style-type: none"> • The percentage was highest for young women between the age of 16 and 29 years (30 per cent). • About 6 per cent of workers experienced sexual harassment from other individuals than supervisors and colleagues at least once during the last 12 months. These consist for example of clients, patients, passengers or schoolchildren. <p>About one in ten men and two in ten women experienced violence or threats of violence at work at least once during the last 12 months. The highest percentage was for young women between 16 and 29 years of whom almost one in four were exposed. (Percentages for both women and men were stable during the reported years 2009-2017)</p>
Framtidens Karriär – Sjuksköterska, 2017. Survey of a random selection of female nurses	Exposed to sexual harassment or violence in your profession?	40 per cent of female nurses experienced sexual harassment or sexual violence at work. In 69 per cent of these cases, the misconduct was committed by a patient, in 33 per cent of cases by a colleague and in 26 per cent of cases by a superior or supervising colleague.
Iceland:		
Jafnrétti á vinnustöðum á Íslandi, 2014 (Equal opportunity at work in Iceland)	Did you receive a complaint or report on sexual harassment from an employee during the last three years?	16,5 per cent answered yes, 83,5 per cent no. 25,6 per cent of managers at workplaces with more than 90 employees received complaints or reports of sexual harassment.

table 2: National reports on the extent of sexual harassment at work

Official assessments of sexual harassment at work

Based on the findings from the present report on sexual harassment, we can conclude that sexual harassment is a widely spread problem and an issue for the work environment. In this part of the report, we discuss the governmental websites, in order to analyse to what extent public reports and action plans exist in relation to sexual harassment. We found that there are several official reports with regards to sexual harassment at work in Iceland, Norway and Sweden. Still, it is only in Norway that investigations exist that discuss sexual harassment within the healthcare sector. Three of Norway's Official Reports (NOU) are relevant¹⁵ in particular, though dated back to respectively 2004, 2008 and 2010.

In February 2018, the Icelandic Ministry of Welfare instructed a committee to investigate the extent of sexual harassment, gender harassment or gender-related violence and bullying within Icelandic private. The committee shall present its findings from this investigation before 30 April 2019 (Stjornarradid, 2018). There are no official reports that concentrate on the healthcare sector available in Sweden, but the government nevertheless has issued several investigations around sexual harassment at work.

As of today, there are no action plans available that are specifically aimed at the healthcare sector in Sweden, Norway or Iceland. There is a need for a new investigation with regards to sexual harassment within the healthcare sector in all of these countries.

Search Queries on governmental websites

As part of our mapping activities, we performed search queries on governmental websites. Figure 2 presents an overview of words and combinations of words used in the search queries. Consequent hits on the websites are not limited to a specific time period.

¹⁴ Survey among union members of the Confederation of Unions for the hospitality sector and members of the Union for the Healthcare sector.

¹⁵

- NOU 2010: 13 - Arbeid for helse: Sykefravær og utstøting i helse- og omsorgssektoren. «14.12.2010 - Helse- og omsorgsdepartementet ... viktigste risikoområdene for helsepersonell anses å være: tyveri, verbal aggresjon, fysisk aggresjon, innbrudd og seksuell trakassering».
- NOU 2008: 17 - Skift og turnus – gradvis kompensasjon for ubekvem arbeidstid: Skift/turnusutvalget 2007–2008. «03.10.2008 NOU Arbeids- og sosialdepartementet ... oftere, mot 10 prosent blant andre ansatte i helse- og sosialsektoren. 16 prosent av turnusansatte blir utsatt for seksuell trakassering, mot 4 prosent blant andre ansatte».
- NOU 2004: 29 – Kan flere jobbe mer?: Deltid og undersysselsetting i norsk arbeidsliv. «31.12.2004 NOU Arbeids- og sosialdepartementet ... Kvinner er mer utsatt for vold, trusler om vold og seksuell trakassering. Kvinner har det høyeste sykefraværet. De er mer utsatt for arbeidsrelaterte sykdommer og skader».

The result indicates to what extent emphasize sexual harassment, especially with regards to the healthcare sector. On both the Norwegian and Swedish governmental websites, there are over 160 hits on sexual harassment, while the governmental website of Iceland returns somewhat over 60 hits. However, Sweden returns far more hits relating to sexual harassment relating to the healthcare sector than Iceland and Norway, respectively ca 60 in Sweden and 40 in Iceland, while there are no hits at all that relate to sexual harassment and the healthcare sector on the governmental website of Norway.

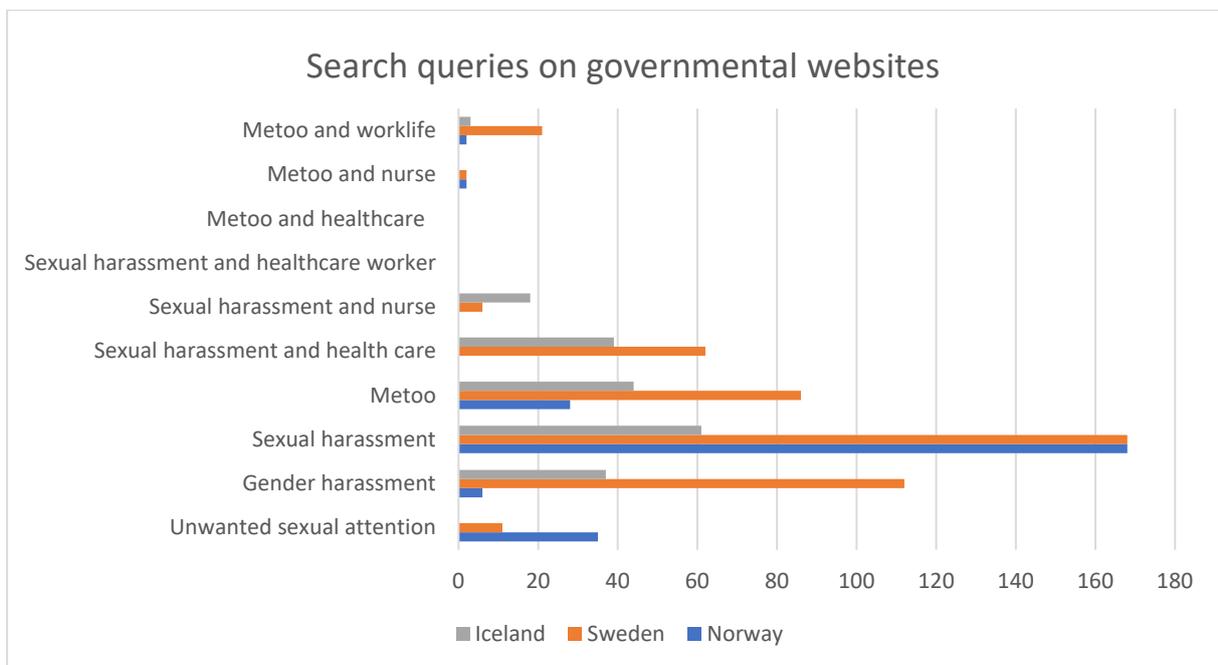


Figure 1: Search queries on governmental websites.

Search queries on websites of a selection of national newspapers

We also performed search queries on the websites of three national newspapers, one each for Iceland¹⁶, Sweden¹⁷ and Norway¹⁸. The number of women who reported during the #Metoo campaign in autumn of 2017 made it clear that sexual harassment and violence occurs across religions, social classes, nationality and ethnicity, and that is a global phenomenon that also occurs in Nordic countries. The considerable impact that the #Metoo campaign had, is also due to the broad media coverage of sexual harassment as a work environment issue. The articles discussed both existing legislation and a political consensus (Sletteland, 2018).

We searched the national newspaper media websites by using several search queries for the year 2016, 2017 and 2018. Table 3 shows an overview of the words and combination of words

¹⁶ Morgunbladid: <https://www.mbl.is/frettir/>

¹⁷ Expressen: <https://www.expressen.se/>

¹⁸ Aftenposten: <https://www.aftenposten.no/>

used in the search query. The selected newspapers have in common that they are the most read newspaper of the country and exist both in digital as well as in paper editions. The search queries were performed for the digital editions. We compared the number of hits between the three newspapers and conclude that there are considerable differences between the period before and after the #Metoo campaign of 2017. #Metoo was not yet covered by the selected newspapers in 2016 even though the hashtag already existed in 2005. We found that sexual harassment was a topic in 2016 in all three newspapers, but to a lesser degree than from 2017 onwards. The topic of sexual harassment was covered six times more often in Sweden and Norway during 2017, and three times as often in Iceland. The number of news articles relating to #Metoo more than doubled during the period from 2017 to 2018. However, there are only very few articles that relate to #Metoo and the healthcare sector, and all of these are found in Sweden

Search query number of hits		2016	2017	2018
Unwanted sexual attention	Norway	2	18	27
	Iceland ¹⁹			
	Sweden	0	0	0
Sexual harassment	Norway	25	154	227
	Iceland	14	43	24
	Sweden	61	348	116
Metoo	Norway	0	156	374
	Iceland	0	116	260
	Sweden	0	105	272
Metoo and healthcare sector	Norway	0	0	0
	Iceland	0	1	6
	Sweden	0	0	0

Table 3: Search query on three national newspapers

Main findings

- In Iceland, Sweden and Norway sexual harassment is prohibited pursuant to the Penal Code, the Anti-Discrimination Act as well as the Work Environment Act.
- All three countries define sexual harassment as an offensive act and accord considerable weight to the subjective experience of the act. Sexual harassment is divided into physical, verbal and non-verbal sexual harassment.

¹⁹ Unwanted sexual attention not included as a keyword in the Icelandic media search due to the language.

- Employees in the healthcare sector are more exposed to sexual harassment, in particular from users, patients and next-of-kin. The collection of data indicate that young women are the most exposed to sexual harassment in all research.
- In Iceland, a national survey is needed that can provide information on the extent of sexual harassment at the workplace.
- In Sweden and Norway, almost one in ten employees are exposed to threats and violence.
- As of today, there are no action plans relating to sexual harassment in the healthcare sector in Sweden, Norway or Iceland. There has been no public investigation on the topic in Sweden and Iceland, while there have been three investigations in Norway of older date. New investigations are necessary. The media put sexual harassment in the spotlight these last years, but there has not been much attention to the most exposed professionals working in the healthcare sector.

Data collection sexual harassment on a municipal level

Introduction

In this chapter, we present a summary of four municipal documents from each municipality. We have researched how and to what extent the implementation and active measures against sexual harassment among the employees of each municipality are implemented in the municipal societal plan, the plan relating to health and living conditions, the action plan for Health, Safety and Environment (HSE) and the Strategy for Employment of Civil Servants (Arbeidsgiverstrategi).

Selection

The following 12 documents were analysed:

Akureyri:

- Aðalskipulag 2018-2030 – Samfélagsþjónusta (Municipal plan – Societal part)
- Velferðarstefna (Welfare plan)
- Mannauðsstefna (H&R plan)
- Atvinnustefna (Strategy for employment of civil servants)

Eskilstuna:

- Strategisk inriktning 2016-2019 (Municipal plan – Societal part)
- Policy för jämlik hälsa och social hållbarhet (Plan for health and welfare)
- Arbetsmiljöpolicy (HSE action plan)
- Medarbetarpolicy (Strategy for employment of civil servants)

Arendal:

- Municipal plan – Societal part 2011-2021
- Plan for health and welfare
- HSE action plan – Health, safety and environment
- Strategy for employment of civil servants

Analysis of the municipal documents

We searched for relevant words in the above-mentioned documents as the basis for our analysis. Furthermore, sentences and in which these words were presented, were marked and noted down into a table for each document. We then compared the results. It is important to point out that the analysed documents are not totally identical in nature, and that they are adapted to the context of the municipality. Still, we deem that we can compare the documents since its frameworks are mostly similar. The words we searched for, were defined in advance and they were translated into the target language. A total of 13 search query words were used in the analysis. We chose to divide the search query words into the four main categories: equal opportunity, participation, work environment and sexual harassment. Table 4 presents an overview of search words and how they are divided per main category.

Figure 4 indicates the number of hits in the four municipal documents of each municipality on the main categories: sexual harassment, work environment, participation and equal opportunity. The work environment is the most frequent topic, discussed in nine of twelve documents. Equal opportunity is named in eight of the twelve documents. Seven documents contain descriptions of participation. Search query words relating to sexual harassment only appear in two of the twelve documents.

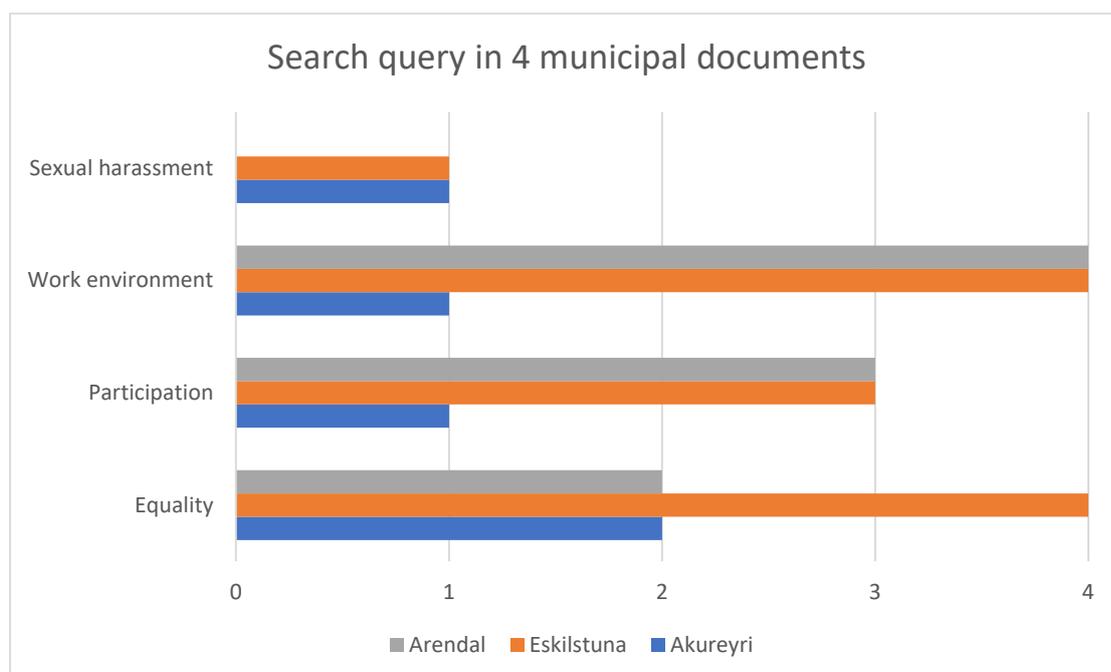


Figure 2: Municipal documents with hits on search queries.

When we look more closely at the results from the query, we notice a considerable variety from one municipality to the other, both with regards to the frequency of search words found in the documents, as well as with regards to the context in which they are used. Table 4 presents a complete overview of the document analysis. The document returning the highest number of hits on search query words for all municipalities is the societal plan. Eskilstuna is the municipality with the overall highest number of hits in its municipal documents.

Search words	Number of hits											
	Arendal				Eskilstuna				Akureyri			
	Municipal societal plan	Plan for health and welfare	HSE action plan	Employment strategy	Municipal societal plan	Plan for health and welfare	HSE action plan	Employment strategy	Municipal societal plan	Plan for health and welfare ²⁰	HSE action plan ²¹	Employment strategy
Equal opportunity	4	1	0	0	5	2	1	1	2	0	1	0
Equal value	0	0	0	0	1	13	0	0	0	3	2	1
Discrimination	0	0	0	0	1	2	2	1	0	0	0	0
Participation	8	3	2	0	3	4	1	0	0	2	0	0
Recruitment	2	5	0	0	0	0	0	0	0	0	2	0
Including	2	0	1	0	1	0	0	0	0	0	0	0
Work environment	2	1	18	2	3	1	78	1	0	0	1	0
Code of ethical conduct	0	0	0	1	0	0	0	0	0	0	0	0
Respect	0	2	0	0	0	0	2	3	0	2	0	0
Employee	7	11	7	3	11	0	47	13	1	5	3	0
Sexual harassment	0	0	0	0	0	0	0	0	0	0	1	0
Harassment	0	0	0	0	0	0	2	0	0	0	1	0
Reporting	1	0	2	0	0	0	0	0	0	0	1	0

Table 4: number of hits on search words in municipal documents.

²⁰ Plan for health and welfare is approved by the city council. The action plan will be completed by 2019.

²¹ The HSE action plan for the municipality has not been finalized, but the work is ongoing. In this survey, we have based on the HR plan for the municipality of Akureyri, which also involves HSE measures.

Municipal plan – societal part

In the three municipal plans, the societal part, the search words equal opportunity, work environment, participation and colleague return most hits, while sexual harassment, harassment and code of ethical conduct do not return any hits at all. Equal opportunity is most discussed as a prerequisite for the municipality's sustainability and growth.

«Strategy for growth: Equal opportunity, Arendal should use of its inhabitants' skills and resources. New inhabitants and foreigners must be integrated into Arendal's community» (Arendal).

«Diversity, equality and difference in all forms create energy and dynamics that enable us to develop activities and overcome the challenges that occur» (Eskilstuna).

«Social services: part of the societal department are units for youngster and preventive measures, leisure activities and clubs, family services, gender equality and human rights» (Akureyri).

The work environment is presented as an important topic that is frequently discussed in all three municipalities' societal plans. Relevant in the context of this project are especially those hits that say something about clear leadership, and to what extent preventive measures are taken to keep the work environment free from offending influences, such as harassment, sexual harassment and bullying. These are only found in the documents from Eskilstuna:

«Clear leadership in combination with a good work environment create the conditions of the total picture » (Eskilstuna).

One hit appears for *reporting* in Arendal, and this is mainly linked to societal safety and emergency. In the municipal plan of Eskilstuna there is one hit on *discrimination*:

«An organisation's awareness and knowledge on social sustainability is strengthened by knowledge on socio-economic factors, human rights and how to prevent discrimination. » (Eskilstuna).

Plan for health and welfare

Equal value, participation and colleague are the search words that most frequently appear in the municipal plans. These hits are mostly found in the context that inhabitants must have access to satisfactory welfare services adapted to the population. *Sexual harassment, harassment* and *code of ethical conduct* return no hits at all. Arendal has several relevant hits under the search word *recruitment*.

«Target areas: Recruit, keep and develop employees. The most important resource of the municipality consists of the ability of its employees to deliver satisfactory services.

We need to create attractive job positions in order to be able to recruit and keep skilled employees» (Arendal).

In order to recruit, keep and develop employees, it is elementary that the conditions at work meet the requirements for a good work environment, a work environment that is free from offending conditions such as sexual harassment and harassment. This may imply that the municipality aims to prevent sexual harassment even if this is not explicitly written down in the plan for health and welfare. We find the same for Eskilstuna with regards to the search word *discrimination*:

«Human rights must be strongly promoted, discrimination and other offending treatment, as well as violence and threats, must be countered» (Eskilstuna).

HSE action plan

The search words *work environment* and *employee* are the most commonly found hits in the municipal HSE action plans. These documents discuss both, directly and indirectly, topics relating to the prevention of, or active measures against, sexual harassment and harassment. The Human Resources plan of Akureyri is the only one that explicitly mentions the prohibition of sexual attention and emphasizes the need for its prevention:

«Zero tolerance with regards to bullying, gender discrimination and sexual harassment within the municipality of Akureyri. Responsibility of: all employees» (Akureyri).

«Preventive work against bullying, gender discrimination and sexual harassment within the municipality of Akureyri. Responsibility of: Department managers, managers and HR department» (Akureyri).

The HSE plan of Eskilstuna returns two hits on the search word *harassment*. It further emphasizes the managerial responsibility to implement preventive measures against harassment and the importance of an open-minded culture at the workplace.

«The work environment of Eskilstuna municipality must be characterized by open-mindedness and be free from discrimination, victimization and harassment» (Eskilstuna).

«Each manager is responsible for decisions and actions relating to work environment issues and he/she must ensure that all measures needed are implemented in order to prevent employees being exposed to unhealthy work conditions, accidents, discrimination or harassment at work» (Eskilstuna).

Similar content is found in the HSE plan of Arendal, under the search word *reporting*. The municipality does not use the words harassment and sexual harassment in their HSE plan, but they highlight the right and obligation to report on any harmful condition and the prohibition of retaliation. (Work Environment Act, 2005). Sexual harassment and harassment are not

recognised in writing as harmful conditions in the HSE plan and therefore it is unclear to what extent employees and managers are aware of the prohibition against sexual harassment and the possibility to report it as a harmful.

«Employees have the right and the obligation to report any harmful condition at work, and they must inform about such in accordance with the routines described in the Employee Handbook of Arendal municipality » (Arendal).

«Reporting: Retaliation against employees who report conditions pursuant to the Work Environment Act, sector 2-4, is prohibited» (Arendal).

The municipalities' employment strategy

In the municipalities' documents on employment strategy, the search words *employee*, *respect* and *work environment* return most hits.

«The employer is responsible for ensuring a good work environment for all employees and for taking measures to prevent that employees experience any work-related illnesses» (Eskilstuna).

« We have expectations with regards to work development, good leadership and a work environment defined by diversity and work satisfaction» (Arendal).

These summaries from Arendal and Eskilstuna both highlight that employers and managers have the responsibility to accommodate an optimal work environment. We know that sexual harassment at work is counter-effective to work satisfaction and cause health issues. Still, there are no hits on the search words sexual harassment, harassment and reporting.

A search query on the municipalities' homepages

In addition to the document analysis of the four selected municipal documents in Akureyri, Arendal and Eskilstuna, we performed a word search query on the municipalities' homepages. Table 5 gives an overview of word and combinations of words used in the search query. Eskilstuna is the municipality with most hits overall, and we found especially a great number of articles on their homepage on sexual harassment, harassment and work environment. Sexual harassment in relation to specific professions also receives attention. The relation of sexual harassment to specific professions also returns some hits in Akureyri, but to a considerably lesser extent.

Search word	Number of hits		
	Arendal	Eskilstuna	Akureyri
Sexual harassment	0	143	2
Metoo	0	23	8
Harassment	1	314	2

Unwanted sexual attention	0	4	0
Work environment	6	588	17
Sexual harassment and healthcare	0	9	0
Sexual harassment and nurse	0	11	0
Sexual harassment and healthcare worker	0	3	3

Table 5: Word search on the municipalities' homepages

Main findings

- *Equal opportunity* and *including* do not return hits in the different municipal plans.
- The objective to create a satisfactory work environment is present. However, concrete measures against, and attention to, harassment, sexual harassment and discrimination are mostly absent.
- The use of language is diffuse when measures in favour of gender equality are concerned, except for Eskilstuna. Here, much is written on equality and equal value, however mostly with regards to the right of access for all its inhabitants to satisfactory welfare services.
- Attention to sexual harassment, unwanted sexual attention and harassment is entirely absent on the municipalities' homepages, except for Eskilstuna's homepage that returns a large number of hits on sexual harassment, harassment and work environment.

Collection of data from the municipal healthcare sector

Introduction

In the last part of this report, we have investigated whether there are any guidelines available with regards to prevention and management of sexual harassment within the healthcare sector in the municipalities of Akureyri, Arendal and Eskilstuna. This last chapter presents a summary of available written reporting routines, follow-up routines in sexual harassment cases, preventive measures and references to the managerial responsibility to act and follow-up.

Written reporting routines

There are written reporting routines available in all three municipalities. In the context of this report, reports on deviations with regards to professionals in healthcare have been relevant to examine, especially with regards to sexual harassment and harassment. The investigation indicates that the reporting system is mostly electronic. The reporting routine for harassment, bullying and violence is the same as for work accidents. Employees that experience sexual

harassment are urged to send in a report and/or deviation²². The municipality of Akureyri, contrary to the municipalities of Arendal and Eskilstuna, adds a separate point in the written reporting routines which describes how employees can react to incidents with sexual harassment, gender discrimination and bullying²³. These reporting routines are similar for all employees across all sectors and organizations within the entire municipalities of Arendal, Akureyri²⁴ and Eskilstuna²⁵. The routines in the healthcare sector are such that employees can report incidents to their closest superior or manager. In Arendal, employees must report to their employer, human resources manager and employee representative in cases relating to harassment, discrimination and faults or deficiencies that may lead to danger for life or health. Akureyri has its own harassment unit where incidents or reports on sexual harassment and harassment can be reported

Management of sexual harassment in the healthcare sector

There are no special guidelines available in any of the municipalities on how to act with regards to sexual harassment within the healthcare sector. The current guidelines are the same for the reporting routines on deviations and work-related accidents across all sectors and organisations within the municipality. Several types of research indicate that professionals in the healthcare sector are more exposed to sexual harassment (Bråten & Øistad, 2017; SSB, 2017; SCB, 2017). However, in this report, we find only a very few reported deviations. In general, for most sectors, colleagues are the most likely source of sexual harassment at work, while for the healthcare sector, patients, users and/or next-of-kin form a higher risk factor (SSB, 2017). The municipalities of Akureyri and Eskilstuna have created guidelines for the management of sexual harassment by colleagues, but none of the municipalities has guidelines specifically aimed at sexual harassment committed by patients, users or next-of-kin.

According to the manager's responsibility routines concerning received reports on sexual harassment, every manager is obligated to act and follow-up on these. There must be an investigation, this means that complaints must be examined, and the Safety Representative must be contacted. The municipality of Akureyri installed its own Harassment Centre, which can be contacted for assistance. It is the manager's responsibility that the harassment will not occur again. The implemented preventive measures shall not affect the victim. This is described as follows in Arendal's guidelines on how to handle reports of critical incidents:

²² In Arendal, employees will describe HSE nonconformities regarding sexual harassment, cf. Item 9, Bullying / Harassment.

²³ Applies to the entire municipality.

²⁴ Alert on harassment, bullying and workplace violence. Applies to the entire municipality.

²⁵ Eskilstuna has a warning system called LISA. Work injuries and incidents must be notified. Applies to the entire municipality

«It is important that you meet the person who reported the incident with an open attitude and that you act as neutrally as possible... The employer encourages to report incidents in writing. However, there is no requirement as to how the reporter must communicate his or her information, meaning that you may receive both written and oral as well as anonymous incident reports. » (Personalhåndbok, municipality of Arendal).

Preventive measures against sexual harassment in healthcare

As mentioned under the sub-chapter *handling of sexual harassment*, managers and employers are responsible for taking measures to prevent sexual harassment. The municipality of Eskilstuna developed educational material about the routine for «offensive victimization». In 2018, health care management organised courses for managers and safety representatives based on the Working Environment Act²⁶. In the municipality of Akureyri, sexual harassment has been a topic for discussion at meetings, but no courses were organised with regards to prevention and handling. The review shows that there were no specific preventive measures taken in Arendal. Furthermore, we discovered that the manager and the employees' representative in Eskilstuna collaborate to prevent sexual harassment.

Our review indicates that none of the municipalities knows whether there has been a risk assessment for sexual harassment within the different units connected to the healthcare sector. The Equality and Anti-Discrimination Ombud in Norway prepared a guideline in collaboration with the Working Environment Inspection Authority explaining how to handle and prevent sexual harassment in working environments. It becomes clear from this guideline that the identification of risk situations, risk factors and risk groups together with the employees, often is a necessity in the implementation of preventive measures (LDO, 2018).

Managerial responsibility concerning handling and prevention of sexual harassment in healthcare

Sexual harassment, harassment and bullying were part of an employee questionnaire/conversation in Akureyri²⁷ and Eskilstuna. The number of part-time workers and temporary staff is relatively high in the three municipalities. If a manager wants to be able to make a risk assessment and implement preventive measures, it is necessary for him or her to be aware of the risk groups at the workplace. The usual risk groups consist of temporary and part-time workers, younger staff and in particular young women, apprentices, employees

²⁶ AFS 2015:4, *organizational and social work environment*.

²⁷ In the municipality of Akureyri this not established on a municipal level but implemented at certain workplaces. This is not implemented in permanent employee questionnaires, but there are open discussions between employees, as well as between manager and employees.

in training, and employees that are or are perceived as being, part of a minority group. These groups are common within the healthcare sector (LDO, 2018). Figure 3 presents an overview of the percentage of part-time employees per municipality:

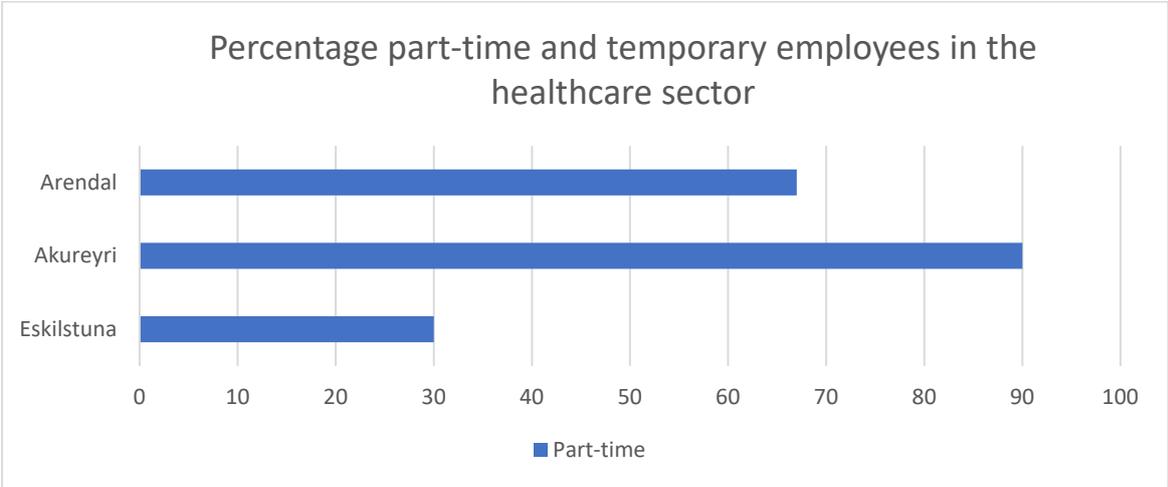


Figure 3: Percentage part-time employees in healthcare.

Apprentices within the healthcare sector are not included in this overview of temporary and part-time employees. However, obligatory practice periods are part of several study programmes within healthcare. The workplace and the educational institution both have a responsibility towards ensuring the students’ health and safety. In this review, we have examined to what extent there are routines for the protection of students in practice situations. In Arendal, it is not known whether there are any specific routines for the protection of students during their practice period in the healthcare sector. In Eskilstuna and Akureyri, the routines for offensive victimization apply to all employees including apprentices.

Reported deviations and reports of sexual harassment in healthcare

Our review indicates that there exist written reporting routines in all three municipalities across sectors and institutions. When deviations/reports are registered in these systems, we receive an overview of the number of reports per sector and institution per year. Based on this, we have collected the data for reported incidents of sexual harassment within healthcare for 2017 and 2018. Figure 8 shows that reports on sexual harassment between employee and user/patient are the most common. We also see that there are reported incidents of sexual harassment between colleagues.

	Patient/User	Colleague	Total
Eskilstuna	3	3	6
Arendal	25	0	25
Akureyri	6	1	7

Table 6: Percentage reported incidents where employees were exposed to sexual harassment in 2017 and 2018.

Main findings

- There are written reporting routines in all municipalities. These are implemented across sectors and institutions. The municipality of Akureyri installed their own harassment centre that receives referrals and reports within the municipality.
- Specific guidelines for handling sexual harassment in healthcare are absent in Eskilstuna, Arendal and Akureyri. Sexual harassment is not specified as a critical condition in Arendal and Eskilstuna, while Akureyri explicitly mentions sexual harassment in their written handling routines. In Akureyri and in Eskilstuna, there are guidelines for handling sexual harassment by colleagues. However, specific guidelines where a patient, user or informal carer are the initiators of sexual harassment are absent in all three municipalities.
- We found that most reports on sexual harassment within healthcare, concern sexual harassment committed by patients and users. However, it becomes clear from this review that there are no specific guidelines for sexual harassment by patients and users.
- Preventive measures are implemented in the municipality of Eskilstuna while these are absent in the municipalities of Arendal and Akureyri. Measures implemented in Eskilstuna consist of courses for managers and safety representatives within the healthcare sector in order to prevent and handle sexual harassment.
- None of the municipalities has knowledge of any risk assessments concerning sexual harassment within the healthcare sector.

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NIKK project 2018-2020 – Sexual harassment in Healthcare

Report 2: Comments to questionnaires of healthcare employees in Akureyri, Arendal, and Eskilstuna.

Introduction

As part of the project the Centre for Gender and Equality of the University of Agder, together with the municipalities of Akureyri, Arendal and Eskilstuna, sent out a questionnaire to specifically chosen departments within the municipal healthcare sector, with focus on nursing homes, assisted-living homes for addiction/psychiatric problems and departments for home nursing care. The project participants in each municipality were responsible for the collection of data. The Centre for Gender and Equality prepared the analysis and presentation of these comments.

Together with a previously performed review of legislation, extent, guidelines and handling of sexual harassment in the healthcare sector on a municipal and national level, as well as focus group interviews of managers, department managers, employee representatives and safety representative in the municipal healthcare sector, the questionnaires form the basis for a collection of ideas. With these ideas, we aim to accentuate how the healthcare sector can prevent sexual harassment at work. The ideas include concrete advice for implementation.

The comments start with a review of the data basis and analysis method. The analysis has no specific focus but consists of the following parts: the extent of sexual harassment; who initiates this; consequences; reporting; how is the topic discussed; which way to prevent it; what are the risk factors to being exposed. Then, these results are summarized together with the results from the two other studies in the project. We conclude with a short bullet point list with advice on how to improve the routines on sexual harassment at work.

Data basis and method

We collected the data through a questionnaire forwarded to healthcare professionals in Akureyri, Arendal, Eskilstuna. The questions targeted the following selected groups: nursing homes, assisted-living homes for people struggling with addiction/psychiatric problems and units for home nursing care.

In each municipality, our project participants contacted the managers of the selected groups who then forwarded a link to the questionnaire directly to their employees. The questionnaire was set up in Norwegian and translated by the project participants from Akureyri and Eskilstuna into respectively Icelandic and Swedish.

It was challenging to receive a sufficient response from the survey. The total response rate is at 27,5 % (157 respondents of 571 forwarded questionnaires). The response rate per municipality is 24,4 % for Akureyri (71 of 291), 21,2 % for Arendal (36 of 170), and 45,5 % for Eskilstuna (50 of 110). A response rate down towards 20 % is low but not unusual in societal scientific surveys. However, such a low return rate does become problematic when the entire target group (all employees in the selected groups) already is relatively small.

A representation group consisting of 157 respondents may be sufficient for some analyses; however, for our topic, it is limited. People who have been a victim of sexual harassment at work during the last three years – which is the group of respondents most interesting for this

analysis – form a minority within the representation group (71 of 157). When adding a context with several variables – such as gender, age, working hours- one ends up with insufficient respondents per category to come to any reasonably safe conclusions.

The number of respondents is even more problematic when reviewing the data per municipality since the data set is then even more reduced. Trustworthy numbers on one's municipality form probably the most significant result basis this research has to offer the participants, so this forms a weakness in the analysis. However, this does not imply that the data per municipality can not be regarded as a barometer indicating trends as long as one keeps in mind that the basis of results is quite unsure.

Given these challenges, we decided to make some choices with regards to the analysis. First of all, this analysis will be purely descriptive: no superior analyses will be made to establish the quantitative connection, or the causative connection, between variables. We will also not look for relations between variables in cross tables. Furthermore, the data will only be presented collectively for all municipalities in this report. The data per municipality will still be made available for the project participants. Here, we have removed the background variables so that the results can not be traced back to individuals. Generally, in this report, we will only represent any data in tables if there exists a real possibility for interpretation.

How to read the analysis

Beyond this, there are some factors that one should be aware of when reading the analysis. The results are presented in numbered tables, as the number of respondents (marked with "N" or "frequency") and as percentage. Whenever it was possible to give several answers, both the rate of given answers is presented ("percentage") as well as the percentage of respondents who have answered for all of the alternatives ("percentage of cases"). We decided to do it this way because such questions often end up with more answers than there are respondents. Variable values that did not receive any response were not included in the tables. All table texts correspond precisely with the (Norwegian) questionnaire to ensure a consistent interpretation.

In order to improve the legibility of the analysis, some larger tables were attached before the main text. Whenever this occurred, it was explicitly made clear in the text. To conclude, we should mention that sexual harassment is a difficult topic for research: it is considered taboo. There are known to be many unrecorded cases, and the definition of sexual harassment varies greatly. This may lead to speculation in the analysis. For instance, one might be tempted to dismiss unexpected results as due to the non-representative return rate, or claim that the respondents have misunderstood the meaning of the term. However, there is no basis for such a conclusion. In our interpretation of the data, we have attempted to avoid any such speculation.

Analysis of the data set

The extent of sexual harassment

On the following pages, we will present the number of times employees experienced sexual harassment. Sexual harassment was divided into four categories: verbal, non-verbal, physical and verbal or non-verbal sexual harassment on social media. The respondents were presented with the following definition of these four categories:

«Verbal harassment can occur, for example, by sexual allusions, proposals or comments on your body, your looks, or your private life.»

«non-verbal sexual harassment concerns, for example, intrusive eye contact, bodily movements, displaying sexual images, exhibitionistic behaviour etc. »

«Sexual harassment generally occurs on the internet, on social media, through emails or SMS and/or MMS. This may be either verbal or non-verbal sexual harassment.»

«Physical sexual harassment includes all from unwanted physical contact, hugging and kissing to abuse such as rape or attempt to rape.»

When the extent of the different types of harassment is concerned, most commonly experienced is verbal sexual harassment (table 1), then non-verbal (table 2), physical (table 4), and least commonly experienced is sexual harassment on social media (table 3). There are large differences in number with regards to the experienced types of sexual harassment. 38,2 % had experienced verbal sexual harassment, while 11,5 % had experienced sexual harassment on social media. It may look like some categories were experienced more often than others, but this is because the percentage in the tables include all respondents – including those who have not experienced sexual harassment. If we only look at the percentage of respondents who have experienced it (not shown here), then there are minor differences between the categories: nothing indicates that employees who experience sexual harassment experience one category more often than another.

Table 1: How often do you experience verbal sexual harassment during your work?

		Frequency	Percentage
Valid	1 - 2 times a week	3	1,9
	3 times or more a month	7	4,5
	Happened twice or more during the previous year	16	10,2
	Happened during the last 3 years	34	21,7
	Never experienced this	97	61,8
	Total	157	100,0

Table 2: How often do you experience non-verbal sexual harassment during your work?

		Frequency	Percentage
Valid	1 - 2 times a week	3	1,9
	3 times or more a month	5	3,2
	Happened twice or more during the previous year	12	7,6
	Happened during the last 3 years	28	17,8
	Never experienced this	109	69,4
	Total	157	100,0

Table 3: Sexual harassment occurs frequently on the internet, on social media, through emails and SMS and/or MMS. This may be both verbal or non-verbal sexual harassment. How often do you experience this?

		Frequency	Percentage
Valid	1 - 2 times a week	1	.6
	3 times or more a month	1	.6
	Happened twice or more during the previous year	7	4,5
	Happened during the last 3 years	9	5,7
	Never experienced this	139	88,5
	Total	157	100,0

Table 4: How often do you experience physical sexual harassment during your work?

		Frequency	Percentage
Valid	1 - 2 times a week	4	2,5
	3 times or more a month	11	7,0
	Happened twice or more during the previous year	17	10,8
	Happened during the last 3 years	125	79,6
	Never experienced this	157	100,0

Knowledge of colleagues who experienced sexual harassment

With regards to knowledge about whether colleagues were exposed to sexual harassment during the previous year, the results are quite spread. 40,8 % know a colleague who has been harassed by clients (table 5), while only 10,8 % know of any colleague being exposed to sexual harassment by a manager or colleague (table 6). Also, many respondents reply that they do not know. To some extent, this can be explained by the fact that there are relatively few employees who report sexual harassment yearly. However, as pointed out further on in the analysis, few employees experience that sexual harassment is a topic of discussion at work, which might explain some of the lacking knowledge and insecurity.

Table 5: Do you know of any colleagues at your workplace who were exposed to sexual harassment from patients or clients during the last year?

		Frequency	Percent age
Valid	Yes	64	40,8
	No	52	33,1
	Don't know	41	26,1
	Total	157	100,0

Table 6: Do you know of any colleagues at your workplace who were exposed to sexual harassment from managers or colleagues during the last year?

		Frequency	Percent
Valid	Yes	17	10,8
	No	111	70,7
	Don't know	29	18,5
	Total	157	100,0

The extent of sexual harassment by different groups

With regards to those who commit sexual harassment, the majority of respondents report having been exposed by clients. The exception is with regards to social media (table 9) where the answering option «Others» scores highest. However, these numbers are not reliable due to the limited number of respondents. Colleagues are second in place in the category verbal (table 7) and non-verbal (table 9) sexual harassment, but there are still substantially fewer reports here than for clients. For the category physical sexual harassment (table 10), no other

groups than clients stand out. Still, again, the numbers are not reliable due to the limited number of respondents.

Table 7: Who sexually harassed you verbally? Several answers possible.

	Responses		Percentage of Cases
	N	Percent	
Clients/patients	53	72.6%	88.3%
Family carers	4	5.5%	6.7%
Colleagues	11	15.1%	18.3%
Managers	2	2.7%	3.3%
Others	3	4.1%	5.0%
Total	73	100,0%	121,7%

Table 8: Who sexually harassed you non-verbally? Several answers possible.

	Responses		Percent of Cases
	N	Percent	
Clients/patients	41	73.2%	85.4%
Family carers	3	5.4%	6.3%
Colleagues	6	10.7%	12.5%
Managers	3	5.4%	6.3%
Others	3	5.4%	6.3%
Total	56	100,0%	116,7%

Table 9: Who sexually harassed you on social media? Several answers possible.

	Responses		Percent of Cases
	N	Percent	
Clients/patients	1	5.3%	5.6%
Family carers	1	5.3%	5.6%
Colleagues	3	15.8%	16.7%
Others	14	73.7%	77.8%
Total	19	100,0%	105,6%

Table 10: Who sexually harassed you physically? Several answers possible.

	Responses		Percent of Cases
	N	Percent	
Clients/patients	30	85.7%	93.8%
Family carers	2	5.7%	6.3%
Colleagues	2	5.7%	6.3%
Others	1	2.9%	3.1%
Total	35	100,0%	109,4%

The extent of sexual harassment by different genders

When asked which gender committed the sexual harassment, a vast majority report to having been sexually harassed by men. In comparison, relatively few experienced sexual harassment by women. Again, the results in the categories social media (table 13) and physical (table 14) are unreliable. Still, also in these categories, there seems to be support for the conclusion that men are most commonly the offenders. We point out that there are few male employees – in the population as a whole and this selection. It is a reasonable – though not secure – assumption that employees are more exposed to sexual harassment of the opposite gender. If the gender balance had been equal, there might also have been more women among the offenders.

Table 11: What was the gender of the person who sexually harassed you verbally? Several answers possible.

	Responses		Percent of Cases
	N	Percent	
Male	54	85,7%	90,0%
Female	9	14,3%	15,0%
Total	63	100,0%	105,0%

Table 12: What was the gender of the person who sexually harassed you non-verbally? Several answers possible.

	Responses		Percent of Cases
	N	Percent	
Male	42	79,2%	87,5%
Female	10	18,9%	20,8%
Other gender identity	1	1,9%	2,1%
Total	53	100,0%	110,4%

Table 13: What was the gender of the person who sexually harassed you on social media? Several answers possible.

	Responses		Percent of Cases
	N	Percent	
Male	13	59.1%	72.2%
Female	6	27.3%	33.3%
Other gender identity	3	13.6%	16.7%
Total	22	100.0%	122.2%

Table 14: What was the gender of the person who sexually harassed you physically? Several answers possible

	Responses		Percent of Cases
	N	Percent	
Male	26	81.3%	81.3%
Female	4	12.5%	12.5%
Other gender identity	2	6.3%	6.3%
Total	32	100.0%	100.0%

Which consequences experienced the employees as a result of sexual harassment?

When we look at the reported consequences (Table 15), 59,2 % of respondents say they did not experience any negative consequences. 19,7 % report that sexual harassment is something they should be able to handle in this job. Lack of work enjoyment is the most commonly experienced negative consequence, with a reported 14,1 %. 8,5 % experienced other consequences that those mentioned in the questionnaire.

Table 15: Did sexual harassment at work lead to any of the following consequences for you? Several answers possible.

	Responses		Percent of Cases
	N	Percent	
Lack of work enjoyment	10	12.7%	14.1%
Wishing to quit your job	1	1.3%	1.4%
Physical complaints	3	3.8%	4.2%
Psychological complaints	2	2.5%	2.8%
Feeling unsafe outside work hours	1	1.3%	1.4%
No, no negative consequences	42	53.2%	59.2%
No, it is part of my daily work so I have to deal with it	14	17.7%	19.7%
Other consequences	6	7.6%	8.5%
Total	79	100.0%	111.3%

The remaining alternatives return low numbers but may still be extremely problematic for the individual. There is some overlap between the answers which signify that one can not be sure about the total who report having experienced – or not having experienced – negative consequences. The overall picture indicates that even though a vast majority report to have not experienced negative consequences, there still is a substantial group with some negative experiences.

Reporting sexual harassment

In this part, we will review whether employees who experienced sexual harassment reported this, why they did not report it, and whom they did/wanted to report it to.

Of those who mentioned experienced sexual harassment during the previous three years, only 28,2 % answer that they had reported the incident (Table 16). The reasons why others did not report are many and of different nature (Attachments – table 24). However, the most common reason is that ‘the incident was not experienced sufficiently serious’ (45,1 %), followed by that it is ‘considered as an acceptable risk at the workplace’ (25,5 %). After this, ‘other reasons’ (21,6 %), and that they ‘believe that the client can not be held responsible’ (17,6 %), and that they ‘do not wish to receive attention about it’ (15,7 %) are the most common reasons. Useful to note here, is that this question returned an answering rate of 190 %, meaning that on average, every respondent crossed off almost two alternative reasons why they did not report. The overall picture is, therefore, complex.

Table 16: Did you report any incidents of sexual harassment that concerned your person?

		Frequency	Percent	Valid Percent
Valid	Yes	20	12,7	28,2
	No	51	32,5	71,8
	Total	71	45,2	100,0
Missing	System	86	54,8	
Total		157	100,0	

Table 17: Whom did you report to? Several answers possible.

	Responses		Percent of Cases
	N	Percent	
Employee representative/ trade union	1	2,9%	5,0%
Safety representative	3	8,6%	15,0%
Superior manager	4	11,4%	20,0%
Direct manager	15	42,9%	75,0%
Colleague(s)	8	22,9%	40,0%
Reported through the implemented deviation report system	4	11,4%	20,0%
Total	35	100,0%	175,0%

With regards to whom the employees reported to, there are again unreliable results due to the lack of respondents (table 17). However, a clear majority - 75 % of respondents – mention they would report to their direct superior. The question about how satisfied they are with the management’s handling of reports, the numbers are unreliable and show no clear trend (not presented here). Among those who did not report (Attachments– table 25), a vast majority – 89,3 % – answer that they would report this to their direct superior. What is interesting is that 26,2 % and 24,8 % say that they would report it to respectively the safety representative or the employee representative/trade union. 18,8 % would have reported to colleagues, and for the remaining alternatives, there are few answers.

Is sexual harassment a topic of discussion at the workplace?

In this part, we will review whether sexual harassment is a topic of discussion, and to what degree it is taken seriously at the workplace.

A clear majority of 59,8 % think that sexual harassment is only to a limited or very limited degree a topic of discussion at the workplace (Table 18). Only 7 % think the opposite. As mentioned previously, this may be an important reason why relatively few have knowledge of colleagues who were a victim of sexual harassment.

Table 18: To what degree is sexual harassment at work a topic of discussion at your workplace?

		Frequency	Percent
Valid	To a very large degree	3	1,9
	To a large degree	8	5,1
	Neither large or limited degree	38	24,2
	To a limited degree	31	19,7
	To a very limited degree	63	40,1
	Don't know	14	8,9
	Total	157	100,0

The respondents were asked to what degree they recognise a description of four situations about attitudes they meet from colleagues and managers when sexual harassment is taken up as a topic (table 19-22). This concerns in particular whether they meet with the attitude that sexual harassment is something that must be accepted as part of the job in healthcare professions. To all questions, just over 60 % declare that they to a limited or very limited degree recognise the situations. About in between 1,9 % and 9,5 % recognise the situations to a large or very large degree. Still, many respondents systematically answer with "don't know" at each question. This implies that there is a factor at work that can not be determined based on the available data. To the direct question on whether one has been told that sexual harassment should just be accepted and handled as part of the job when the topic is taken up for discussion (table 23), a substantial majority of 73,9 % answers with no. However, some did receive such comments, especially from colleagues.

Table 19: To what degree do you recognise yourself in the following situation?: " At work, I often experience unwanted comments about my body or sexual allusions from clients/patients. I have discussed this with colleagues and/or management. Sometimes I think that this is not taken seriously enough as it seems we have to just accept this when we work with people in need of care."

		Frequency	Percent
Valid	To a large degree	6	3,8
	Neither large or limited degree	12	7,6
	To a limited degree	11	7,0
	To a very limited degree	90	57,3
	Don't know	38	24,2
	Total	157	100,0

Table 20: To what degree do you recognise yourself in the following situation? One patient harasses us during every morning routine. The manager says we simply have to be able to handle this, as the patient is sick.

		Frequency	Percent
Valid	To a large degree	3	1,9
	Neither large or limited degree	12	7,6
	To a limited degree	9	5,7
	To a very limited degree	91	58,0
	Don't know	42	26,8
	Total	157	100,0

Table 21: To what degree do you recognise yourself in the following situation?: "I experience that when I help some patients/clients with their morning routines, they ask me to wash their intimate parts even though they manage to do so themselves. I have been told that this is my job and that it is better when we do it. I have talked about this with my manager, but usually this is simply discarded. We are being told to tolerate such things, or even that we overreact."

		Frequency	Percent
Valid	To a very large degree	2	1,3
	To a large degree	6	3,8
	Neither large or limited degree	13	8,3
	To a limited degree	12	7,6
	To a very limited degree	83	52,9
	Don't know	41	26,1
	Total	157	100,0

Table 22: : To what degree do you recognise yourself in the following situation?: " We have had several sexual incidents at work such as groping and comments from patients/clients. I experience this as incredibly uncomfortable while other colleagues laugh and trivialise it when the topic comes up. They point out that the patient is sick and does not know what he/she does, so the patient can not be held responsible for his/her actions."

		Frequency	Percent
Valid	To a very large degree	1	,6
	To a large degree	14	8,9
	Neither large or limited degree	13	8,3
	To a limited degree	23	14,6
	To a very limited degree	73	46,5
	Don't know	33	21,0
	Total	157	100,0

Table 23: Have you ever been told that "You should just tolerate this" or "That is what it is like to work here" by colleagues or management when you have tried to talk about a difficult situation you experienced with sexual harassment. Several answers possible

	Responses		Percent of Cases
	N	Percent	
Yes, from a manager	9	5,5%	5,7%
Yes, from a colleague	22	13,5%	14,0%
No	116	71,2%	73,9%
Don't know	16	9,8%	10,2%
Total	163	100,0%	103,8%

According to the employees, which measures are useful towards preventing sexual harassment?

With regards to proposed measures (Attachments – table 26) to prevent sexual harassment, several measures receive a varying degree of support from the respondents. The main trends can be summarised in the following three points: increased openness, awareness and attention to the topic; improved routines for reporting and following up; improved training with regards to the two previously mentioned points. 'Increased openness on the topic' is the proposed measure that clearly receives most support, from 64,3 % of respondents, followed by 'improved training on the topic' with 42,7 %. There is also considerable support for 'increased attention on the topic' in respectively staff meetings (28,7 %) and appraisal interviews (18,5 %). The third most supported measure is 'improved training of new employees on routines', with 42 %. General 'training on routines' receives considerably less support than the other alternatives to training (24,8 %). 'Improved routines for follow-up' and 'improved reporting routines' receive support from respectively 40,1 % and 38,9 % of the

respondents. All alternatives receive some support, but the remaining options do not show any pattern.

What do the employees consider risk factors for exposure to sexual harassment?

Here, we will present what the respondents deem to be risk factors for being a victim of sexual harassment (Attachments – table 27). This includes personal aspects – such as gender and age – and work contextual aspects – such as working hours and culture. The contextual aspects that receive most response are working alone (52,9 %), night shifts (42 %), and working in close contact with clients (47,8 %). We would like to point out that the alternative for night shifts specifies «especially when working alone», and, therefore, it is not possible in practice to separate this from working alone in general. This is followed up by considerable support for the consideration that a sexualised culture and language use (25,5 %), and a lack of systematic HSE work (21,7 %) are factors that increase the risk. With regards to personal aspects, young women (45,9 %) are considered to be most exposed as a risk group, while temporary workings (23,6 %) follow some distance behind. On the whole, contextual aspects seem to receive much more weight than personal aspects.

Summarizing analysis with the other studies of the project

In this chapter, we will compare the results of the questionnaire with the other study results of this project: review of existing legislation, extent, guidelines and handling of sexual harassment in the healthcare sector both at a municipal and a national level (Report 1), and the target group interviews with managers, safety representatives and employee representatives in municipal healthcare (Report 3). The objective of this comparison is to be able to assess the validity of the results and to gain potentially new insights. A similar chapter can be found in the comments on the target group interviews.

During the interviews, it became clear that sexual harassment is not easy to define for the interviewees – even though all mention the four different categories included in the study. Moreover, it seems that most automatically think of sexual harassment between colleagues when asked about this topic. Many employees did not consider certain incidents as sexual harassment until it was being discussed or pointed out to them. One might imagine that such consideration would also play a role while answering the questionnaire, and that sexual harassment from clients/patients might get overlooked to some extent. However, from the data results, we can deduce that clients/patients represent a vast majority of incidents. Even if this is not concluding evidence, it is at the very least a strong indication that sexual harassment from clients/patients is recognised as such as long as employees are aware of the issue. The interviews also clarify that the interviewees do not have the general attitude that sexual harassment is something “one should just deal with” but that for practical reasons it is hard to prevent with regards to some patient groups who do not fully control their behaviour.

From the data, we can deduce that employees only to a minimal degree experience pressure from others to “just deal with” sexual harassment. Still, this is listed as one of the main reasons

why individuals do not report incidents. High tolerance is considered to be part of the working culture, even if this is not expressed explicitly.

The questionnaire indicates what we already know: that a large percentage of respondents have experienced sexual harassment at work. In the majority of cases, the offenders were patients/clients. Most report having been harassed by men. This result is unreliable, however, since a vast majority of respondents consists of women. With regards to risk factors, we only have data available on what the interviewees and respondents *think* constitutes a risk. The total number of respondents is too low to be able to cross-check this against the different variables involved. Still, there is substantial agreement on the fact that working alone constitutes a considerable risk factor. Working intimately with the patient/client is also assessed as a risk situation by many respondents.

In the data set, young women are viewed as a considerable risk group, while few regard young men as a risk group. Still, no division is made between age and gender in the variables, so it is difficult to assess which of these factors is most influential. During the interviews, it became clear that most agree that young and inexperienced employees are in particular at risk, as they lack the experience on how to set limits in their contact with patients. The majority deems women to be a risk group. As mentioned before, men are not regarded as a risk group by most respondents of the questionnaire. The interviewees, however, are more in disagreement on this. Here, there are several who state that men might be at risk to the same degree as women. The same applies to those who belong to an ethnic minority.

The above results correspond to a large degree, with the results from the situation report of the previous study (Report 1). Numbers from Norway and Sweden indicate that sexual harassment in the healthcare sector occurs regularly, that most of the harassment originates from patients/clients and that most victims are women. From Iceland, we only have available data on how often managers received complaints/reports of sexual harassment from employees. It is difficult to directly compare the numbers since different questions were asked with different answer alternatives. On the whole, there are many similarities between the studies, but analyses of the actual risks are still necessary in order to form an accurate picture of the factual situation in the healthcare sector.

From all studies, it becomes apparent that sexual harassment is not being discussed regularly at the workplace. Relatively few employees know whether their colleagues ever experienced sexual harassment – compared to the number of employees who in fact, are exposed to sexual harassment. This also indicates that sexual harassment is not a topic of conversation. As mentioned, there are only very few employees who experience social pressure to accept sexual harassment as part of the job, yet many do simply tolerate it. It seems necessary to increase the openness around the topic and to keep this level of tolerance within limits.

During the interviews, some informants make a distinction between “whistle-blowing/reporting” on the one hand as something severe, and “deviation report” or “incident registration” more as a matter of routine. If this says something about the common understanding of the terms (or similar terms in other languages), the results in the data set

may be disproportionate, and it may mean that more reporting on sexual harassment occurs than it seems. If however “whistle-blowing/reporting” is understood as all forms of reporting of sexual harassment, the results may instead indicate a mismatch between managers and their employees on how important it is to report incidents.

The situation report of regulations and acts indicate that no low-threshold offers exist to handle sexual harassment in any of the countries. (in the period following the study, Norway’s government has decided to establish such an offer). Cases are resolved either at the workplace or via court cases. In practice, many employees in the healthcare sector are without rights when they are the victim of sexual harassment –in particular by clients/patients. The emotional impact of court case proceedings is significant, and as pointed out during the interviews, it is often complicated to prove that sexual harassment occurred. The latter is especially problematic when incidents repeatedly have not been reported. Such factors indicate the importance of a low-threshold offer for the handling of sexual harassment cases. It would be beneficial to have an organisation outside the judicial system, which can resolve such cases professionally, and it would hopefully also make it psychologically easier to report incidents.

Many also agree when it comes to recommendations on how to improve the prevention of sexual harassment. Especially increased knowledge, awareness and openness around the topic are considered as essential aspects. During the interviews, several employees point out that #metoo has made it easier to talk about sexual harassment. That sexual harassment receives more attention than before, is also supported by the situation report study that was completed at an earlier stage in this project. In this study, we found that sexual harassment was mentioned many times more frequently from the period between 2016 to 2017, and still at a high level in 2018. Both the interviewees and the respondents in the questionnaire consider working alone as a risk factor, which supports the measure to send out employees in groups. Many respondents indicate that better routines are required, both concerning reporting sexual harassment as well as to the follow-up measures, without it being evident what “better” in this case means. During the interviews, a request for more clarity comes up: it should be clear to whom one should or may report any incident; which kind of incidents one should report; and how to report such incidents. This kind of information should also be more accessible both for managers and employees. In Arendal, they use a mobile app to report deviation reports, and it has been suggested that this is a suitable place for information on routines as well. For practical reasons, it is also necessary that any reports can be sent quickly; otherwise, employees might not have time to do so. Finally, many employees think that better training is required – or at least better information available – on the topic generally and on routines specifically.

How to improve the procedures around sexual harassment

Below, we list some proposals for improvement. Although these simplify the contents of this report, it gives a quick overview to any healthcare organisation or unit wishing to improve their procedures around sexual harassment. It is essential to point out that with regards to

many patients – especially those with substantial cognitive disabilities – it can be challenging to prevent behaviour that may be perceived as sexual harassment. However, it is possible to improve the training of employees in how they can handle such situations and how to prevent further escalation. It is evident from the points below that many proposals overlap, and this illustrates the importance of a comprehensive approach.

- **Assess risks and challenges:** every workplace is different when it comes to risk factors for sexual harassment. These may be related to the client/patient group, characteristics of employees, available resources or any other factors at the workplace. It is, therefore, essential to pinpoint the problem so that preventive measures can be adjusted accordingly.
- **Create a culture of openness:** sexual harassment is a topic that is only to a minimal degree discussed at the workplace – unless an incident just occurred. Even though only a few employees feel that they are pressured to just get on with it, there are still many who report that sexual harassment should simply be accepted as part of the job. Such a culture forms a very unconstructive basis for the prevention of sexual harassment. The topic should be a regular topic of discussion. Most likely, the management should initially formally introduce the problem and ensure that it is being discussed. In such a scenario, it is important to communicate that people may react differently to the same incident and that this is totally acceptable.
- **Increase knowledge:** in order to find solutions preventing sexual harassment, one has to understand what it is. Unfortunately, the level of knowledge is low – and there are many misunderstandings – on what sexual harassment is and is not. That is why both managers and employees must receive proper training on the topic so that they can recognise sexual harassment when it occurs. The knowledge about procedures for reporting and handling sexual harassment should also be increased: how to set limits to the patient/client, whom to report to, which measures can be taken, etc.
- **Improve procedures:** few respondents answer that they have knowledge of the procedures for reporting and handling sexual harassment – in particular when the offender is a client/patient. In practice, such procedures are often lacking at the workplace. There should be clear and specific procedures that are easily accessible for all employees. Employees can not be expected to remember in detail all they received information on during their training period. That is why it is important to describe sexual harassment as a specific routine in the reporting procedure system.

Attachments

Table 24: Why did you not report sexual harassment incidents? Several answers possible

	Responses		Percent of Cases
	N	Percent	
I did not want to draw any attention to it	8	8,2%	15,7%
I do not feel this really had anything to do with work	3	3,1%	5,9%
I do not know of the procedures for reporting such matters in the workplace	3	3,1%	5,9%
I could not bear the loads of making an issue out of it	4	4,1%	7,8%
I was afraid I would not be believed / taken seriously	3	3,1%	5,9%
I lacked evidence	5	5,2%	9,8%
I don't think anything would have been done, even if I reported it	6	6,2%	11,8%
I was afraid it would be poorly received by my colleagues, if I reported it	2	2,1%	3,9%
I was afraid it would have been poorly received by the management, if I reported it	1	1,0%	2,0%
I did not wish to involve anyone else	2	2,1%	3,9%
The matter was not serious enough for me to want to take it further	23	23,7%	45,1%
I felt the user / patient could not be held responsible for the action	9	9,3%	17,6%
I considered it an accepted risk by working with the patient / user group	13	13,4%	25,5%
Consideration for the patient / user's family / children	4	4,1%	7,8%
Other reasons	11	11,3%	21,6%
Total	97	100,0%	190,2%

Table 25: If you experience sexual harassment and decide to notify, who would you notify? Several answers possible.

	Responses		Percent of Cases
	N	Percent	
Employee representative / trade union	37	11,5%	24,8%
Safety representative	39	12,1%	26,2%
Superior manager	19	5,9%	12,8%
Direct manager	133	41,3%	89,3%
Colleague(s)	28	8,7%	18,8%
Reported via the current deviation system	19	5,9%	12,8%
Notification unit or similar	10	3,1%	6,7%
The Equality and Discrimination Ombud	5	1,6%	3,4%
Company Health Service / health professionals	6	1,9%	4,0%
Labor Inspectorate	7	2,2%	4,7%
Police	16	5,0%	10,7%
Other than those mentioned	3	0,9%	2,0%
Total	322	100,0%	216,1%

Table 26: What measures do you think could be helpful in preventing sexual harassment in a job context? Several answers possible

	Responses		Percent of Cases
	N	Percent	
Increased transparency on the topic	101	17,5%	64,3%
Better routines for following up sexual harassment cases	63	10,9%	40,1%
Better routines for reporting sexual harassment cases	61	10,6%	38,9%
Conduct regular risk assessments in relation to the prevention of sexual harassment	40	6,9%	25,5%
Increased awareness of the topic in employee appraisals	29	5,0%	18,5%
Increased awareness of the topic in staff meetings	45	7,8%	28,7%
Clarify employer responsibility	23	4,0%	14,6%
Training and information that can contribute to increased awareness of the topic	67	11,6%	42,7%
Training and information on current routines for reporting, mapping and follow-up	39	6,8%	24,8%
Training for new employees about the current procedures related to sexual harassment	66	11,5%	42,0%
Professional help / assistance from the company health service	26	4,5%	16,6%
Less alcohol at job related social events	16	2,8%	10,2%
Total	576	100,0%	366,9%

Table 27: In the workplace, there may be several risk factors that increase the risk of being subjected to sexual harassment. Check one or more factors that you believe are a particular risk factor.

	Responses		Percent of Cases
	N	Percent	
Work involving close contact with users, patients or relatives	75	14,3%	47,8%
Solitary work. Alone at work or sole service provider in specific work situations	83	15,9%	52,9%
Evening and night work, especially if you work alone with users / patients / relatives	66	12,6%	42,0%
Temporary employees, who do not know the regulations related to sexual harassment	37	7,1%	23,6%
Young employees, especially women	72	13,8%	45,9%
Young employees, especially men	16	3,1%	10,2%
Person of different ethnic background	22	4,2%	14,0%
People who place themselves in an alternative gender identity	8	1,5%	5,1%
Lesbians, gays, bisexuals, and people with other minority expressions of sexuality	9	1,7%	5,7%
Social settings at work outside working hours	21	4,0%	13,4%
Work related travel where the line between work and private life can be blurry	28	5,4%	17,8%
Sexualized culture and jargon in the workplace.	40	7,6%	25,5%
Lack of systematic HSE work of psychosocial work environment such as how to prevent, handle and follow up sexual harassment	34	6,5%	21,7%
Other than those mentioned	12	2,3%	7,6%
Total	523	100,0%	333,1%

NIKK project 2018-2020 – Sexual harassment in Healthcare

Report 3: Working note from focus group interviews with managers, department leaders, union representatives, and safety representatives from the health sector in Akureyri, Arendal, and Eskilstuna municipalities.

Introduction

Through the project the Centre for Gender and Equality at the University of Agder, Akureyri, Arendal and Eskilstuna municipalities have completed focus group interviews with leaders, section leaders, representatives and safety representatives in the three municipalities' health sector. The purpose of the qualitative study is to examine how people in these important roles understand sexual harassment, how it is prevented and how it is handled at their workspace. The members of the project groups in each municipality have been responsible for the interviews. The analysis and development of this report has been carried out by the Centre for Gender and Equality.

The focus group interviews, combined with an earlier outline in the project of legislations, limits, guidelines and managements of sexual harassment in municipal and national level health sectors, as well as a questionnaire distributed to employees in health sectors in the three municipalities, form the foundation for an idea leaflet. The leaflet focuses on how the health and care sector can prevent sexual harassment in the workplace, with concrete tips and guidelines.

This report starts with a review of the data collection methods. The following chapters are then divided according to the main focuses of the analysis: "How is sexual harassment understood?"; "Is the tolerance level for sexual harassment high in the health sector?"; "What defines risk groups in the health sector?"; "Prevention and management of sexual harassment"; and "Practical suggestions on how to prevent and manage sexual harassment". A summary of the results from the two additional questionnaires are then combined and presented in the next chapter. A short list of advice on how to improve work against sexual harassment in the workplace is presented at the end of the report.

Method

This report is based on focus group interviews with leaders, section leaders, representatives and safety representatives from the health and care sectors in Akureyri, Arendal and Eskilstuna municipalities. These roles and positions have a special responsibility in cases concerning sexual harassment. Leaders have a responsibility to prevent and handle cases of sexual harassment at their workspace, while safety representatives are supposed to maintain the employees' concerns in cases involving physical and psychosocial work environments. Both safety representatives and representatives can report cases on behalf of their colleagues.

The units represented are nursing homes/residential cares, addict and/or mental health rehabilitation homes, and the home nursing care/home healthcare. The interviews were conducted in the spring of 2019 by the project participants from the three municipalities. Two interviews were conducted in Eskilstuna municipality with a total of 7 participants, two interviews in Arendal municipality with a total of 12 participants, and three interviews in Aukeryeri municipality with a total of 13 participants.

The leader groups and representative/safety representative groups were asked the same questions (See appendix). The focus group interviews consisted of six main questions: 1) How is sexual harassment understood? 2) Is the tolerance level for sexual harassment high? 3)

What defines the risk groups? 4) What work is done to prevent sexual harassment in the workplace? 5) How are cases of sexual harassment handled in the workplace? and 6) How can one improve the work with preventing and handling cases of sexual harassment at the workplace?

Due to language necessities, the interviews from Akureyri were translated to Norwegian before the analysis. The interviews from Eskilstuna were first translated after the completion of the analysis to preserve as much as possible of the meaning. Due to practical and anonymity concerns, the analysis does not differentiate between the various interviews from each municipality.

How is sexual harassment understood?

This chapter examines the comprehension of sexual harassment among leaders, sectional leaders, representatives and safety representatives, and their perception of the extent of sexual harassment among their employees and colleagues.

In the fall of 2018, the project completed an outline of Iceland, Norway and Sweden's legislations on sexual harassment. The outline reviewed the official definitions of sexual harassment in Sweden, Iceland and Norway. Iceland and Norway's definition of the term sexual harassment have in common that they especially emphasize that sexual harassment is any type of unwanted sexual attention that is experienced as offending to the victim. The Equality and Anti-Discrimination Ombud in Norway (LDO) and the Equality Ombudsman (DO) in Sweden divide sexual harassment into verbal, non-verbal and physical harassment. Similar divisions can be found in the Icelandic equality act.

Country	Definition of sexual harassment
Iceland	<i>Sexual harassment consists of "any form of unwelcome sexual attention with the purpose or the effect of being offensive, frightening, hostile, degrading, humiliating or troublesome. The attention can be expressed verbally, non-verbally or physically" (Equality Act, 2008).</i>
Sweden	<i>Sexual harassment: behaviour of sexual nature that offends another person's dignity (Discrimination Act, 2008).</i>
Norway	<i>Sexual harassment means any form of unwanted sexual attention that has the purpose or the effect of being offensive, frightening, hostile, degrading, humiliating or troublesome (Equality and Anti-Discrimination Act, 2018).</i>

In other words, according to the acts and discrimination Ombuds, there is a common Scandinavian understanding of what sexual harassment is.

What is sexual harassment?

The knowledge and understanding of sexual harassment are deciding factors in how one works with the topic. The interview was started by asking the participants the question "What do you think sexual harassment is?".

In their explanation of what sexual harassment is, the informants collectively emphasized that sexual harassment include all forms, including verbal, non-verbal, and physical sexual harassment. Some participants also mention that harassment can happen on digital platforms, for example through social media, e-mail or sms. Common words in their descriptions of sexual harassment are “unwanted behaviour”, “offending demeanour”, and “negative experience”.

It is still clear from the informants that they find it challenging to say exactly what it is or define it. In many of the interviews it is claimed that sexual harassment is a subjective perception, and that individuals have different tolerance levels: What one person might experience as sexual harassment could be unproblematic for another person. Another informant says that the context is a deciding factor in determining whether something is sexual harassment or not – “What is sexual harassment outside of work could be something else at work”. One of the informants in Iceland calls it “a flexible term” because people have different understandings of the term and different tolerance levels for unwanted sexual attention.

This indicates that it would be useful for municipalities to receive information about what sexual harassment is, for example through a skill development course. To have a common understanding of the term among municipal leaders and employees could be useful for the preventive work.

As a follow-up to the question “What do you think sexual harassment is?”, the informants were presented with three vignettes and asked whether they think the person experiences sexual harassment or not. The vignettes bring up daily situations from the health and care sector.

Vignette 1.

Anette is 23 years old and a newly educated nurse. She has just received a position at a home for people with mental illnesses. While at work she sometimes experiences unwanted comments about her body from patients. Anette finds it difficult to know how she should handle the situations because she knows that they are mentally ill and therefore unaccountable for what they say. However, she still feels that the events are very unpleasant.

Vignette 2.

Randi is a contact nurse for a male student nurse at a nursing home. She feels like they have a good connection and finds him interesting. She gives him complements and invites him for a beer. He rejects her request, but the rejection only makes her more interested and she continues to ask him out.

Vignette 3.

Trine is 42 years old and works a nurse in the home nursing care. When one patient receives help showering, Trine experiences that he stares at her intensely while touching himself. Trine has a lot of work experience and has encountered similar situations before. She experiences the situation as unpleasant, and clearly informs the patient that he should stop touching himself until he is alone.

The majority of informants agree that Anette (vignette 1.) and Trine (vignette 3.) experience sexual harassment. They especially emphasize the subjective perception and that both experience the situation as unpleasant. This corresponds with the definitions of sexual harassment and how cases are treated in the Scandinavian court system. However, a lot of the informants find it problematic that the people in vignette 1 have mental illnesses. While some think it is sexual harassment despite the disorders, others think that it is not sexual harassment if the people do not understand their own actions. It is clear that the tolerance level for sexual offending behaviour is higher when the offender has mental disorders.

“Naturally, in the department that I manage which often include people with Alzheimer, the boundaries often get twisted. People start behaving in a completely different manner compared to how they were when they were healthy. In my opinion, the staff tend to handle these situations very well, they are made aware that it is not direct harassment that the person is doing. “

“Not the person, but rather the illness.”

“Yes, it is much more like that.”

“I also think that there is a difference when it comes from patients compared to colleagues or employees [many agree]. Some patients might not have clear, like they have lost some of their boundaries when it comes to intimacy and norms for some reason. This can feel very similar to sexual harassment, but it is perhaps a bit different after all. I would probably react very differently if a patient told me something, or did something, compared to it coming from one of you. It is a small difficulty in our world. What is sexual harassment and what is behaviour that cannot be controlled.”

There is more uncertainty among the informants on whether vignette 2 is sexual harassment. Many of the informants say that is harassment, but not sexual harassment. Words like «clumsy flirting», unprofessional, and that Randi crosses a line are used, especially due to the power relationship between her and the student nurse. Many informants also wonder whether they would view the situation differently if the gender relationship was turned.

The next question asked the employees whether they have encountered sexual harassment in the workplace, and in all the interviews it is clear that sexual harassment has occurred. The most common harassment is from patients towards employees, but incidents between staff has also occurred. However, in many of the interviews the informants still respond “no” to this question. This is because they think they have been asked about employees being sexually harassed by other employees, not harassment from patients or relatives. This could again be a result of how they understand sexual harassment and that they place harassment from patients in a different category than sexual harassment. This indicates a need for an increased and common understanding of what sexual harassment is.

Is the tolerance level for sexual harassment high in the health sector?

In the report “Seksuell trakassering i arbeidslivet» (Bråten & Øistad, 2017)²⁸, it is clear that there is a high tolerance level for sexual harassment in the health and care sector. Sexual harassment is seen as a part of the work, and something that you cannot always do something about. This is especially true when working with patients who have dementia or mental illnesses. The same findings were reported in a study done by *Sykepleien* on members of the Norwegian Nurses Organisation (NNO). Employees in the health and care sector report that they consider sexual harassment to be a known risk working in the sector. Meanwhile, several people see it as problematic that sexual harassment from patients is not taken seriously by colleagues and leaders because they receive feedback telling them that sexual harassment is a part of the work and something they need to tolerate.

Based on this knowledge, we wanted to examine the tolerance level in the health and care sector. Vignette 4. was read to the respondents, before they were asked to consider the statement that sexual harassment is a part of working in the health and care sector, and something one must tolerate when working with sick people.

Vignette 4.

As mentioned earlier, Anette is 23 years old and a nurse. She has worked for some time in a home for people with mental illnesses and experiences both touching and comments about her body from the patients. Anette still finds it unpleasant. When she mentions it for other colleagues they laugh and talk like it is nothing. They tell her that it is just a part of the work. She decides to bring it up with her leader who dismisses the incident and says “This is something we cannot do anything about, they are sick. If you are going to work as a nurse, you have to tolerate this”.

After reading vignette 4., the majority agrees that sexual harassment is not something you have to tolerate when working in the health and care sector, regardless of who the patient or patient group is. When comparing this answer to the rest of the interview, it is clear that this is their principal opinion. Employees should not have to tolerate sexual harassment. However, many acknowledge that the reality is different because sexual harassment is a challenge that employees will encounter, which is something that is difficult to prevent. The respondents emphasize that it is important not to accept the behaviour, but it is challenging to do something about it. As an example, they refer to patients with cognitive failures:

“And I believe that we all know that this is something that happens regularly, even though it is only a few who does this over and over. We do not accept it, but it is difficult to do something about.”

“Yes, so we never accept such behaviour, but on the other hand trying to control it is very difficult.”

²⁸ Bråten, M. & Øistad, B. S. (2017). *Seksuell trakassering i arbeidslivet. Undersøkelse blant Fellesforbundets medlemmer i hotell og restaurant og Fagforbundets medlemmer i helse og omsorg* (Fafu-rapport 2017:09). Retrieved from <https://www.fafu.no/images/pub/2017/20617.pdf>.

Several express that older and more experienced employees experience sexual harassment as less severe and unpleasant than younger and more inexperienced employees. Through their work experience, the more experienced employees have developed strategies for dealing with sexual harassment from patients, and in addition it has become normalized and thus “part of the job”.

“When I look at myself... Like, 20 years ago I would have had a much harder time dealing with certain situations than I would today. Now I know what matters, and how I should respond. How I should point it out, but those concerned may be ashamed.”

“It is NOT okay, but what I mean is that those who are in their fifties might not experience it as much as harassment anymore. In a way, they have come to terms and accepted that this is the way it is. Somehow, you have been around it for so long that you have accepted that this is how it is.”

“Yes, I believe that very much of it never reaches us as bosses because it is common belief that is a part of the work, so to speak. You know that this is how it is.”

“It gets normalized.”

“I remember how it was like in the performance assessment interviews: Have you been exposed to anything? No. Then [name] said: ‘But do you remember what we talked about?’. ‘Yes, yes, yes, yes.’”

“So perhaps people get used to it.”

Similarly, several informants point out that young and inexperienced people often find it more unpleasant if they are subjected to sexual harassment. As following parts of the report will show, a majority of the informants think that young and inexperienced – especially women – are at a bigger risk of being subjected to sexual harassment. Therefore, if young employees have a lower tolerance level for sexual harassment, it could partly be because they are more exposed to it than older employees.

“I do know that the young people who are in their early twenties, they experience this as something strong and very uncomfortable, to walk into patients that they feel have offensive behaviour. However, when you get to a certain age and have worked for some years, then it is like “yes, yes” and you dismiss it as something that does not matter. What I think is important is that it does something to the young employees. They are also the ones who often encounter it, after all, not many people harass me anymore. It is a bit different if you are 25.”

At the same time, it is made clear that young and inexperienced employees help lower the tolerance level by focusing on the problems and saying that it should not be tolerated.

“... perhaps it is also related to current generations and the time we live in? Because this has become so much more debated today, and young people do not accept such nonsense.”

There is a focus on the younger generation having a lower tolerance level for sexual harassment, and that the #metoo campaign has helped elevate the theme. It is more talked about than before. This does something about the knowledge of sexual harassment and contributes to lowering the tolerance level.

The next question asked the informants where the limit for what an employee should tolerate is. It is clear that the informants distinguish between sexual harassment from a colleague, leader or relative on one side, and patients on the other.

“I think that if there are co-workers who harass each other, then I think it is worse than, well, patients who do not feel good about doing so”. That is kind of why we are at work too. To take care of these patients who have problems.”

“We are talking about people with some sort of cognitive failure, who might not have the required impulse control and ability to understand that this is wrong behaviour. But still, if a patient with dementia slaps an employee’s butt as a type of contact, it is not acceptable. Even though the person suffers from cognitive failure. When it is between colleagues it is much worse. Then it is much less acceptable, if you know what I mean.”

The informants express that employees have a much higher tolerance level for sexual harassment when it comes from patients, especially if that person has a cognitive failure.

“That is really difficult. It all depends on the clinical picture and types of illnesses. If you work with healthy people who have healthy minds, to put it like that. So, I absolutely think that you should not tolerate it even if it is someone who has disabilities or dementia or something that makes them unable to understand what they do or say. Then the boundaries changes completely.”

“The diagnoses will matter if it is sexual harassment – about how it feels, because if it is someone who does not understand the context, it is not as difficult to deal with it, and the whole thing is perceived differently. However, if it for example is psychiatry and they are searching for a reaction, then it is different because they are doing it to get a reaction, and then it is much harder (...)”

What defines risk groups in the health sector?

This chapter will describe which features the informants think are characteristic for employees who are in a particular risk of being subjected to sexual harassment at their workplace, including an explanation of why they think so. Those who are most frequently mentioned are young and/or inexperienced employees. It is emphasized that this group has

not yet learned how to handle situations with sexual harassment. The more experienced know how to act in a situation to prevent the sexual harassment from continuing. Some informants mention that they believe young employees are at greater risk because they are not taken as seriously by the patients.

They have learned that it should be ethically correct, that you should not close in when they do not want to etc... Many patients take advantage of that, and they want some extra help which is not necessary and appropriate, and then it is not about ... well... they kind of focus on the ethics, and probably forget themselves a bit. Inexperience ... and that they put the patient's needs first.

"... and naturally, the patients often go after the ones with less experience. That is also my experience. [the group agrees]"

"You do it when the summer interns arrive, then it is often necessary to watch out for certain people. During this period young girls come in, and even though an adult woman also comes in she will be exposed to this the same way. It is perhaps necessary to warn new employees about some patients."

Furthermore, a majority of the informants consider women to be in a particular risk zone. Many specifically mention young women, as in the citation above. It is not specified why the informants think women are at risk, besides a few who refer to earlier studies they have read.

"But I think it is more common with a younger girl than perhaps a 60-year-old, I can imagine."

"What I mean is that I believe women are more likely to be harassed than men. I think that is just how it is." [...] "Among my clients, women aged twenty to forty are most likely to be subjected to sexual violence."

Still, some informants think that men can be as much, or even more exposed. It is pointed out that there are fewer men among the employees, which make them more special.

"After all, the occupations within the health sector tend to be predominantly female dominated. So, when boys and men arrive, they tend to get a bit more attention. [the group agrees]"

"If it had been 50/50 it would be the same for both [genders]. But they [young boys/men] also get a lot of attention from the patients, the patients find them so exciting"

"I do believe that the boys who work for me experience some stuff. Like, it can happen that the boys also feel a bit exposed because they are fewer. Many young boys, and I believe that there can be a jargon that can easily turn into something offensive."

Employees with foreign backgrounds are also mentioned, but only in Eskilstuna and Arendal. It is pointed out that challenges with language and that some may view them as exotic, make them more vulnerable.

Interviewer: What makes you think that they are particularly vulnerable, those who are young and perhaps foreign-born?"

"I just know, which is why I said it. The comments at my workplace has been from older men for example. They are especially commenting on these girls who are 'my African girls' for example. They have been quite exposed for comments and in other ways too, but also sexual harassment unfortunately."

Interviewer: "If you were to speculate, why do you think they can be particularly vulnerable or more often exposed?"

"I guess it is these people's view of them. That they perhaps have a distorted view of these girls unfortunately, but what I am thinking about now are older men who have made comments and such. Unfortunately, a jargon that exists with these old men."

However, one informant believes that they are not necessarily at greater risk of being subjected to sexual harassment, but instead the person believes that they could be more vulnerable to other types of harassment.

"It is not as bad as it sounds... But some of the situations you hear of, there are a few, especially among the older patients, who find it uncomfortable when they get people in their homes who speak bad Norwegian. So they refrain more than they... the relation gets less close, which is perhaps what you hear stories about. I have heard more stories about it being difficult that way, because they will not accept visits and turns it down and such, than what I have heard about [sexual harassment]."

Even though the informants are asked about the risks associated with the employees' traits, they also mention that there are other aspects in the work situation which they think could result in greater risks. All of the groups bring up situations when working alone with patients as risky, including situations when there are fewer people at work. Night work is also brought up as particularly risky in direct connection to this. Some also believe that people who work very intimately with patients are at greater risk.

"I think that if you are alone with someone, then you can quite easily get sexually exploited or if you have employees who have a mindset that exposes others for sexual abuse for example. It can get quite hard to see for people because you are alone with the patient. [...] It goes both ways, like it can happen both with a patient against an employee, and it can also be an employee who actually does something wrong to a patient."

"Like, I would think that those who are in acute care are most exposed at night when it comes to sexual harassment, simply because there are fewer employees in the house, which gives them more opportunities".

“If you think of our patients, I believe that it is those who work the furthest away with personal hygiene and such who are most often exposed.”

“Yes, I think so too. Those who actually work with the people. It is perhaps those who encounter it the most. Like, it can happen anywhere, but it is probably the most common.”

“If you are inside helping people in situations where they struggle and are very vulnerable, and you behave in a way that make them feel like they are cared for, then I actually believe that you are already at risk to get some unwanted things there.”

Overall, there are certain factors that are agreed upon. Being young and inexperienced and working alone with a patient are the most important factors mentioned. Gender and foreign background are important factors, but there is a bigger disagreement about them. Besides these factors there is a greater variation between the informants about what they believe to be risk factors. It must also be mentioned that to some extent, this is based on personal opinions and experiences. A couple of informants refer to studies they have read, but they are exceptions. The informants see a need to identify risk groups – who are exposed, and what are they exposed to? With the exception of one single informant, no one mentions that there has been a risk mapping or survey of sexual harassment among employees in the health and care sector in their municipalities. Altogether, this indicates that it is necessary to improve the knowledge level about risk factors within the sector to ensure correct measures.

Prevention and management of sexual harassment

In this chapter, we will examine how sexual harassment is prevented and how cases that has occurred are handled. This also involves what knowledge there is about routines for reporting and notifying. The interviews make it clear that there is little preventive work against sexual harassment. Most of the informants say that it is a topic that is not commonly discussed. A few think it is discussed fairly well. No one reports that it is a topic that is downplayed. Many also bring up that there has been more talk about this after #MeToo. Many acknowledge that it is only when an incident has occurred that the management addresses the problem. When that happens, it is talked about in staff meetings and individuals receive follow-up and measures are made. New employees are informed that this could occur, but mainly if there is one or more people who are known to commit sexual harassment.

“It is not done in a systematic way. I believe that you seize the opportunity when something happens. Sadly, I believe it is so. There is no precautionary approach. It is only when it happens in such cases that it is discussed.”

Interviewer: “You still talk like you prepare new employees a bit.”

“Yes, when we know that there is some sort of behaviour going on somewhere, then we make them aware of it.”

“It is perhaps when we know that there is a problem, when we go home to that person and there have been cases before. Then things have happened in and of themselves, but that we can prevent more people from being exposed... so based on different assessments we can do that.”

“Like when you are dealing with a person who touches a lot and tells stories and crosses some boundaries. We speak together, saying that we do not accept this. Then we discuss how we can best react. That everyone finds out how they can protect themselves, and then we share with each other what works best. How can we stop it. It can vary a lot.”

“We brought it up in relation to Metoo when people opened that discussion. All these nurses and health personnel, just discussing it, does it happen here, how and what expressions are used, what methods exist for people to report and talk about it, start with it themselves, and that boundaries are clear. That it must not happen, that it cannot be accepted.”

Several informants talk about specific leaders who are much better to bring up sexual harassment as a conversation topic, as well as dealing with incidents after they happen. This indicates that the preventive work depends more on the leader’s initiative than the workplace and/or the municipality’s routines. Based on this it could be more useful to systematically share experiences and strategies for preventive work and handling between different sections and units.

“Our unit manager has talked about sexual harassment and been very clear that there is a zero tolerance for it. That you should come to her and feel safe when going to work.”

“But we have a very good boss who is there and grabs things and elevates it if she...”

“But it can happen that there is something that we should bring to our, now that you have had an incident it is... But we do not have this in our performance assessment interviews.”

[...]

But it will be very different from leader to leader, because it is clear that you are very lucky with your leader. That we know! But it should be settled, so that it is not up to the leader.”

When it comes to routines for reporting and notifying sexual harassment the knowledge among the informants varies. Most of them believe that there are routines, and several say that the main rule is that deviations should be reported to the closest leader, possibly a safety representative. At the same time, there is a lot of uncertainty concerning what the routines are exactly. Some also call for clearer routines.

**Interviewer: “Do you know about sexual harassment notification routines? Are there any?
[Everyone laughs]”**

“In that case I need to search the web ... We do not know of them ...”

“It depends on who ... And there are probably routines, it exists right?”

“There are plans for measures on violence and threats at least ... it could be that there is one for sexual harassment as well ...”

“Then it has to be a reported case. Then it goes to the leader ...”

In addition, there is a large consensus that too few incidents are reported. This even happens when leaders explicitly ask employees to report deviations/incidents frequently. Several also say that sexual harassment is not a separate point in routines and reporting schemes for deviations.

“We are very good at quality deviations, including deviations that involves the quality on services and the patients, but much worse to report deviations that involves us, and that comes around. And harassment then, it is often like, yes, but this I should ... nothing really happened, he just said something, he is just a loudmouth as one often says. And then no deviation is sent.”

“You forgot to report it. It is important that it is reported, so that there is a collection of reports on it as early as possible.”

“When this is being discussed, someone from the group might come forward and say: ‘Yes, yes, he had harassed her and her, and no one said anything.’ And then another one comes and says: ‘Yes, of course. I have experienced this, but I did not know that I could do anything about it. I just let it happen.’ There are so many sides to these things; which is why it is always best to report it so it can be stopped.”

“I think it should just become an alternative on unwanted behaviour, then it is clear that it is a deviation. At my department, these are people who are good at writing deviations, but in this case they were like ‘can we write this as a deviation?’, of course you should, if you come and are subjected to a behaviour that you feel is very offending. Still, there were no deviations.”

When it comes to measures to deal with sexual harassment, some are more frequently mentioned. As mentioned earlier, it tends to be brought up by management and discussed in meetings. Typical measures used on patients are that more employees work together and that work schedules are changed. Many also say that there should be conversations with the patient about what is acceptable and not. However, it can be difficult in those cases where the patient has severe cognitive failures, which are quite many.

“At our workplace, two [female co-workers] are always sent to places where there is the least chance that a person will ever behave like that. If he is capable of doing something, has only shown tendencies to do something, then two [female co-workers] are always sent.”

“It is the same with us. Then there is always a witness.”

“Yes, change of employee, or as said, if the person tends to always harass the same person and not others, then it becomes obvious to just change. Then, she who always gets harassed is never sent, just never.”

“The only thing we can do is to help and guide them so they can live a normal life. Just like if they have an unwanted behaviour, then they are guided because of it. [...] But then this behaviour should not exist at all, it is unnormal, and we guide the disabled person by showing what is right and wrong and teach them what is right and normal behaviour.”

Situations where it is employee against employee are described as more difficult. Typically, the leader becomes responsible for conversations with both the victim and the violator, and otherwise has to collect information about the case as quickly as possible. It is also mentioned that those who have been subjected should not have to deal with the situation on their own. Besides these situations, it is not described that there are other more detailed routines.

“I think that in my fantasies – thoughts – they had to partly talk with the person affected and whoever the victim and violator is. Then you really have to get to the bottom of it and investigate it so that everyone gets involved, you cannot just leave it be.”

Interviewer: “Investigate?”

“Investigate and then go to the leader. If the leader needs support, then there is HR. There is always support on different levels. Something like this kind of needs to be finished in an investigation and a plan. What is the plan we should follow, of course.”

Seen together, there are multiple challenges. There is little preventive work unless an incident has occurred. Few employees report the sexual harassment they experience. There is little knowledge of routines, sexual harassment is not prioritized, and the routines that do exist are not good enough to prevent new incidents. The type of work that is done depends on the leader’s initiative. It seems necessary with a strong sharpening of routines for prevention, reporting, and handling of cases. These routines need to be specific enough so that leaders, regardless of their own knowledge and interests, know how to raise the topic. It could be necessary to systematically put sexual harassment as a separate topic in staff meetings and performance assessment interviews. It seems necessary to adjust prevention and management routines to fit specific patient groups. The reporting procedures must also be clear and simple enough for employees to know when and how they should follow them.

Practical suggestions on how to prevent and manage sexual harassment

This chapter will focus on practical suggestions on how to improve the work with preventing and managing sexual harassment. The informants were asked directly about what measures they felt could be done at the municipal level. The informants' view on what they believe can and should be done, as well as lessons learned from the previous chapters, will be reviewed in this chapter. Most demanded are increased knowledge about the topic, its scope, and risk groups. But how it can best be done is more unclear. Some want it as a separate topic in the education of health professionals. Others emphasize that there is already a great deal of training and that it would easily disappear in the large amount of information. There are also others who believe that a general public education and awareness are important. Leaders' knowledge and willingness become very important to put sexual harassment on the agenda, but it is not alpha and omega: much has to be addressed directly to the employees so that they have the knowledge to know when and how to react. Closely related is the importance of making the problem more visible. It must be shown that sexual harassment is a problem, that it is taken seriously, and that it should be talked about without shame.

"This right here is an example. What you are doing now by making a handbook that we can benefit from in our business. So that is an example."

"To increase the knowledge in general. That too few of the cases we have experienced has had a discussion about what it really is, which I think is true for everyone in the municipality. Then it is easier to notice."

"Make it more visible and bring it up more often."

"More information perhaps? Does it say anything for the new employees, there is so much in there from before – like, I mean good information – you should not scare, but you should know about it when you are new today. Unfortunately, a situation will happen eventually."

"Naturally, this is what has happened, an awareness in the society in recent years; I think it must have resulted in some. People have an easier time expressing themselves about this."

"It should just continue, in the school system and with the discussion that this kind of behaviour and demeanour cannot be accepted, and that this is not a contact between genders that we want, regardless of what age it is about."

"I focus on leaders, they should have a procedure on how I should handle it here, and also that they give me a feeling that I can actually come talk about it, an open dialog ..."

Some think that sending employees in pairs will make a big difference, which reflects the existing practice. However, this is more labour intensive and expensive.

“To have a low threshold to go more than one because it is, comes around that it is the best measure, because then it is no longer the one-to-one relationship. When you stand there alone and it is a lot of caring and ...”

“That leaders and employees must work together so that there is no relationship where there are possibilities for sexual harassment. You are not a single employee with one, two or three. You are not solo. It protects them both.”

One informant does not think it necessarily has to be done that way, and that you instead could have a system where you know that colleagues regularly check that everything is fine.

“It is also something that is related to this. It is just that the work environment; it is not so that it needs more employees, but rather that the work methods should be in a way so that you do not have to take care of the tasks alone. That you perhaps is one and a half so that there is someone who stops by in five or ten minute intervals, both in retirement homes and where I am. [...] That it is intentional, that it is procedure, that we greet one another, do not follow each other, but instead just greet each other, care for each other or show each other support. That is perhaps more right.”

To ensure that such incidents get reported, specific and available information about who to notify with various incidents is requested. In addition to much clearer procedures. Implicitly, it must also be clear to the employees which cases to report and how they should report them.

“... maybe it needs to be clarified that it is these people you can contact or if you do not want to come to me as leader. It could also be the leader who does it, so who do I contact then, so you do not feel totally locked somehow. At least that is something I have not brought up.”

“The most important thing is to make sure that we understand and can use the deviation system, and at the same time that one informs that the new subparagraph is there and that one is ready for it.”

“In this regard, I think the rules of procedures must be quite clear, where the boundaries are, and how one should work with this if the boundaries are crossed. And with how the workplace handles this if it is an employee against another employee, what then? Should the violator then be fired? Which is easier said than done now. Should we then make work schedules based on how an employee works? This is a very complicated situation that can arise within this sector in the municipalities. Is this a police case?”

In Arendal, the importance of having a deviation notification form on a mobile app is emphasized. At the same time, they also suggest that sexual harassment should be a separate subparagraph in the form. This can also be combined with simple information about notification routines.

“I actually had to help a female co-worker, I said ‘you have to report a deviation’, but I had to help her with it. She came outside of working hours so I could be there and help her with it. She was uncertain about ‘what can I write, how’ ‘what should I choose to report it as’. But if we had gotten it as a separate point. Yes, I think that would have solved a lot.”

Appendix – Interview guide for focus group interviews

Qualitative study

Target group:

1. Representatives and safety representatives
2. Section leaders

Topics to be highlighted:

- How is sexual harassment understood.
- What work is done to prevent sexual harassment in the workplace .
- How are cases of sexual harassment handled in the workplace.
- Risk groups – who are particularly at risk.

HOW IS SEXUAL HARASSMENT UNDERSTOOD

- What do you think sexual harassment is?
- Have you had any incidents at your workplace where employees experienced sexual harassment?

We are going to read some vignettes, and after each vignette we want to hear what you think about the incident. Is this an example of sexual harassment or not?

Vignette 1.

Anette is 23 years old and a newly educated nurse. She has just received a position at a home for people with mental disorders/illnesses. While at work she sometimes experiences unwanted comments about her body from patients. Anette finds it difficult to know how she should handle the situations because she knows that they are mentally ill and therefore unaccountable for what they say. However, she still feels that the events are unpleasant.

- Is this sexual harassment? Why/why not?

Vignette 2.

Randi is a contact nurse for a male student nurse at a nursing home. She feels like they have a good connection and finds him interesting. She gives him complements and invites him for a beer. He rejects her request, but the rejection only makes her more interested and she continues to ask him out.

- Is this sexual harassment? Why/why not?

Vignette 3.

Trine is 42 years old and works a nurse in the home nursing care. When one patient receives help showering, Trine experiences that he stares at her intensely while touching himself. Trine

has a lot of work experience and has encountered similar situations before. She experiences the situation as unpleasant, and clearly informs the patient that he should stop with the touching until he is alone.

- Is this sexual harassment? Why/why not?

TOLERANCE LEVEL

Vignette 4.

As mentioned earlier, Anette is 23 years old and a nurse. She has worked for some time in a home for people with mental disorders and experiences both touching and comments about her body from the patients. Anette still finds it to be unpleasant. When she mentions it for other colleagues they laugh and talk like it is nothing. They tell her that it is just a part of the job. She decides to take it up with her leader, who dismisses the incident and says “This is something we cannot do anything about, they are sick. If you are going to work as a nurse you have to tolerate this”.

- Studies on sexual harassment within the health and care sector show that this case is not uncommon. It is common belief to think that sexual harassment is a part of the work, something one must tolerate when working with sick people. What do you think about the claim?
- Where is the limit for what an employee should tolerate and not tolerate?

RISK

- Who do you think are particularly exposed to sexual harassment? What makes them especially vulnerable?
- Follow-up question if needed: Do you see any differences in those who are exposed, for example in relation to gender/age/seniority/when one works/position/ethnicity/

PREVENTION OF SEXUAL HARASSMENT

- Is sexual harassment a topic that you discuss with your employees/colleagues? Possible follow-up questions: In what contexts? How often? Is it, for example, a theme in the performance assessment interviews, in staff meetings, in ethical reflection groups or in conversations with new employees and students/apprentices?
- If not: What do you think is the reason that it is not talked about?
- How do you work to prevent sexual harassment in the workplace?

MANAGING SEXUAL HARASSMENT

- If an employee experiences sexual harassment, what do you think the person should do?
- If an employee reports sexual harassment, how does the management handle a case like that?
- Do you have sexual harassment notification routines?
- Now that we have talked a bit about the topic, do you remember (more) incidents at your workplace where employees have experienced sexual harassment? (Colleague-colleague, colleague-leader, employee-patient, employee-relative?)
- How do you think the municipality with its employees can better prevent incidents related to sexual harassment?
- Finally, is there anything else that you think is important to mention?

For more information about the project or the courses we offer against sexual harassment in the workplace, please contact:

Centre for gender and equality - www.senterforlikestilling.org





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