

**CONNECTICUT VALLEY HOSPITAL
OPERATIONAL PROCEDURE MANUAL**

SECTION I:	PATIENT FOCUSED FUNCTIONS
CHAPTER 1:	Ethics, Rights and Responsibilities
PROCEDURE 1.19:	Patient-to-Patient Sexual Harassment
REVISED:	01/20/06; 03/22/10; 05/10/10; 04/2013; 10/24/16; Reviewed 02/18
Governing Body Approval:	05/09/13; 10/27/16; 04/18

PURPOSE: Sexual harassment is a form of discrimination and abuse of power. All patients have the right to live in an environment free from all forms of discrimination and where it is safe to report incidents of sexual harassment.

SCOPE: Clinical Staff and Patients

Definition:

Sexual harassment is defined as:

- a. Any unwanted and unwelcome sexual advances, requests for sexual favors, and other unwanted verbal, visual, or physical conduct of a sexual nature; or
- b. Deliberate or repeated offensive comments, gestures, or physical contact of a sexual nature; or
- c. Sexually oriented conduct that is offensive or objectionable to the recipient.

(Sexual assault is illegal and considered in [Operational Procedure 2.2 Assessment and Reporting of Victims of Abuse](#); and [Operational Procedure 2.3 Sexual Assault](#))

Prevention:

Creation of an environment in which sexual harassment is recognized, not tolerated, and is reported and corrected will help prevent occurrences of sexual harassment. Retaliation against anyone who brings a complaint of sexual harassment or speaks as a witness in the investigation is not permitted and will also not be tolerated.

Sexual harassment may occur as a spectrum of behavior, and it is important to recognize that there are individual differences reflecting personal and cultural variations about acceptable expressions of sexuality. Additionally in a patient population, there are variations in the ability to consent to requests. Even when sexual contact is consensual, if a patient is not competent, the behavior may nonetheless meet the standard for harassment. Furthermore it is important to recognize that we have treatment responsibilities to both victims and offenders.

PROCEDURE:

1. Any patient who is the recipient of unwanted sexual advances of any nature should report the behavior to a member of the treatment team, the Unit Director, the Attending Psychiatrist, or administrative staff. If the victim prefers, he/she may report harassment to the patient rights officer.

2. The complaint should then be immediately reported to the Unit Director and documented in the complaining patient's chart. All allegations of sexual harassment will be taken seriously.
3. The Unit Director will promptly investigate and intervene where indicated to facilitate resolution of the concerns so that people are living in a safe environment without fear of retaliation. If the complaint is not substantiated, the Unit Director will make appropriate notations in the patient's chart documenting the steps taken and the outcome of the investigation.
4. If the complaint is substantiated, the Unit Director will complete an Incident Report for the victim and offender and will report the incident to administrative supervisors and the Attending Psychiatrist. Division Directors will review and address any Incident Report involving patient to patient sexual harassment. The confidentiality and treatment concerns of both the complaining patient and the offender must be respected. The specific interventions would depend upon and relate to the clinical situation. Interventions might include, but not be limited to, counseling the victim, counseling the offender, assertiveness training and personal empowerment for the victim, education about appropriate behavior for the offender and responses to inappropriate behavior for the victim, strategies for coping, separating the patients while on the unit, and possibly changing units.
5. If a staff member observes behaviors that he/she has concerns about being possible sexual harassment, the staff member will discuss the situation with the possible victim. If any concern remains, the staff member will discuss the issue with the Unit Director. The Unit Director will investigate as appropriate.
6. Once the investigation is completed and interventions instituted, the complainant will be informed of the outcome. If he/she is unsatisfied, he/she may contact the patient rights officer to initiate a grievance or other action.