

Sexual Harassment Prevention: The Illinois Requirement

HOW TO RECEIVE CREDIT

- Read the enclosed course.
- Complete the questions at the end of the course.
- Return your completed Evaluation to NetCE by mail or fax, or complete online at www.NetCE.com. (If you are a physician, behavioral health professional, or Florida nurse, please return the included Answer Sheet/Evaluation.) Your postmark or facsimile date will be used as your completion date.
- Receive your Certificate(s) of Completion by mail, fax, or email.

Faculty

Lauren E. Evans, MSW, received her Master's degree in Social Work from California State University, Sacramento, in 2008. Her focus was on political and community social work. She has also been a Registered International Instructor of Therapeutic Horseback Riding through the Professional Association of Therapeutic Horsemanship International (PATH Intl.) since 2006. She currently works as a mental health practitioner with the homeless population.

Faculty Disclosure

Contributing faculty, Lauren E. Evans, MSW, has disclosed no relevant financial relationship with any product manufacturer or service provider mentioned.

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The division planners and director have disclosed no relevant financial relationship with any product manufacturer or service provider mentioned.

Audience

This course is designed for physicians, physician assistants, nurses, pharmacists, social workers, therapists, and all members of the interprofessional healthcare team who may act to prevent sexual harassment.

Accreditations & Approvals



JOINTLY ACCREDITED PROVIDER
INTERPROFESSIONAL CONTINUING EDUCATION

In support of improving patient care, NetCE is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

As a Jointly Accredited Organization, NetCE is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. Regulatory boards are the final authority on courses accepted for continuing education credit.



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

Continuing Education (CE) credits for psychologists are provided through the co-sponsorship of the American Psychological Association (APA) Office of Continuing Education in Psychology (CEP). The APA CEP Office maintains responsibility for the content of the programs.

NetCE has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 6361. Programs that do not qualify for NBCC credit are clearly identified. NetCE is solely responsible for all aspects of the programs.

NetCE is recognized by the New York State Education Department's State Board for Social Work as an approved provider of continuing education for licensed social workers #SW-0033.

This course is considered self-study, as defined by the New York State Board for Social Work. Materials that are included in this course may include interventions and modalities that are beyond the authorized practice of licensed master social work and licensed clinical social work in New York. As a licensed professional, you are responsible for reviewing the scope of practice, including activities that are defined in law as beyond the boundaries of practice for an LMSW and LCSW. A licensee who practices beyond the authorized scope of practice could be charged with unprofessional conduct under the Education Law and Regents Rules.

NetCE is recognized by the New York State Education Department's State Board for Mental Health Practitioners as an approved provider of continuing education for licensed mental health counselors. #MHC-0021.

This course is considered self-study by the New York State Board of Mental Health Counseling.

NetCE is recognized by the New York State Education Department's State Board for Mental Health Practitioners as an approved provider of continuing education for licensed marriage and family therapists. #MFT-0015.

This course is considered self-study by the New York State Board of Marriage and Family Therapy.

Designations of Credit

NetCE designates this enduring material for a maximum of 1 AMA PRA Category 1 Credit(s)[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to 1 MOC point in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. Participants will earn MOC points equivalent to the amount of CME credits claimed for the activity. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit. Completion of this course constitutes permission to share the completion data with ACCME.

Successful completion of this CME activity, which includes participation in the evaluation component, enables the learner to earn credit toward the CME and Self-Assessment requirements of the American Board of Surgery's Continuous Certification program. It is the CME activity provider's responsibility to submit learner completion information to ACCME for the purpose of granting ABS credit.

This activity has been approved for the American Board of Anesthesiology's[®] (ABA) requirements for Part II: Lifelong Learning and Self-Assessment of the American Board of Anesthesiology's (ABA) redesigned Maintenance of Certification in Anesthesiology Program[®] (MOCA[®]), known as MOCA 2.0[®]. Please consult the ABA website, www.theABA.org, for a list of all MOCA 2.0 requirements. Maintenance of Certification in Anesthesiology Program[®] and MOCA[®] are registered certification marks of the American Board of Anesthesiology[®]. MOCA 2.0[®] is a trademark of the American Board of Anesthesiology[®].

Successful completion of this CME activity, which includes participation in the activity with individual assessments of the participant and feedback to the participant, enables the participant to earn 1 MOC point in the American Board of Pediatrics' (ABP) Maintenance of Certification (MOC) program. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABP MOC credit.

This activity has been designated for 1 Lifelong Learning (Part II) credit for the American Board of Pathology Continuing Certification Program.

Through an agreement between the Accreditation Council for Continuing Medical Education and the Royal College of Physicians and Surgeons of Canada, medical practitioners participating in the Royal College MOC Program may record completion of accredited activities registered under the ACCME's "CME in Support of MOC" program in Section 3 of the Royal College's MOC Program.

NetCE designates this continuing education activity for 1 ANCC contact hour.



IPCE CREDIT[™]

This activity was planned by and for the healthcare team, and learners will receive 1 Interprofessional Continuing Education (IPCE) credit for learning and change.

NetCE designates this continuing education activity for 1.2 hours for Alabama nurses.

AACN Synergy CERP Category C.

NetCE designates this activity for 1 hour ACPE credit(s). ACPE Universal Activity Numbers JA4008164-0000-25-033-H04-P and JA4008164-0000-25-033-H04-T.

Social workers completing this intermediate-to-advanced course receive 1 Clinical continuing education credit.

NetCE designates this continuing education activity for 0.5 NBCC clock hour.

NetCE designates this continuing education activity for 1 CE credit.

Individual State Nursing Approvals

In addition to states that accept ANCC, NetCE is approved as a provider of continuing education in nursing by: Alabama, Provider #ABNP0353 (valid through 07/29/2025); Arkansas, Provider #50-2405; California, BRN Provider #CEP9784; California, LVN Provider #V10662; California, PT Provider #V10842; District of Columbia, Provider #50-2405; Florida, Provider #50-2405; Georgia, Provider #50-2405; Kentucky, Provider #7-0054 (valid through 12/31/2025); South Carolina, Provider #50-2405; West Virginia, RN and APRN Provider #50-2405.

Individual State Behavioral Health Approvals

In addition to states that accept ASWB, NetCE is approved as a provider of continuing education by the following state boards: Alabama State Board of Social Work Examiners, Provider #0515; Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health, Provider #50-2405; Illinois Division of Professional Regulation for Social Workers, License #159.001094; Illinois Division of Professional Regulation for Licensed Professional and Clinical Counselors, License #197.000185; Illinois Division of Professional Regulation for Marriage and Family Therapists, License #168.000190.

Special Approvals

This activity is designed to comply with the requirements of California Assembly Bill 1195, Cultural and Linguistic Competency, and California Assembly Bill 241, Implicit Bias.

About the Sponsor

The purpose of NetCE is to provide challenging curricula to assist healthcare professionals to raise their levels of expertise while fulfilling their continuing education requirements, thereby improving the quality of healthcare.

Our contributing faculty members have taken care to ensure that the information and recommendations are accurate and compatible with the standards generally accepted at the time of publication. The publisher disclaims any liability, loss or damage incurred as a consequence, directly or indirectly, of the use and application of any of the contents. Participants are cautioned about the potential risk of using limited knowledge when integrating new techniques into practice.

Disclosure Statement

It is the policy of NetCE not to accept commercial support. Furthermore, commercial interests are prohibited from distributing or providing access to this activity to learners.

Course Objective

The purpose of this course is to provide health and mental health professionals with clear knowledge of the consequences of sexual harassment and the skills to help combat harassment in the workplace.

Learning Objectives


Upon completion of this course, you should be able to:

1. Describe the primary types and forms of sexual harassment.
2. Identify the consequences of sexual harassment.
3. Discuss steps to take when one witnesses or experiences sexual harassment.
4. Outline whistleblower protections.

Pharmacy Technician Learning Objectives

Upon completion of this course, you should be able to:

1. Evaluate the types and consequences of sexual harassment.
2. Describe reporting and intervention steps when one witnesses or experiences sexual harassment.



**EVIDENCE-BASED
PRACTICE
RECOMMENDATION**

Sections marked with this symbol include evidence-based practice recommendations. The level of evidence and/or strength of recommendation, as provided by the evidence-based source, are also included so you may determine the validity or relevance of the information. These sections may be used in conjunction with the course material for better application to your daily practice.

INTRODUCTION

Sexual harassment in the workplace has existed for centuries, primarily affecting domestic workers, servants, and women in the workforce. It was often assumed that women wanted or deserved the sexual attention and advances that they reported, unless they had substantial evidence that they had rejected or fought against their aggressor [1]. Only in recent decades has the law protected workers from the harassment and assault that many experienced.

Under Title VII of the Civil Rights Act of 1964, unwanted sexual advances in the workplace were made illegal, but it was not until the 1970s that the term “sexual harassment” began to gain recognition, due in large part to the women’s rights movement [1; 2]. While sexual harassment is a term that has been familiar to the general population for the past 40 years, it has returned to the spotlight since the beginning of the “Me Too” movement, which started in 2006 before gaining renewed support and widespread following in 2017 with the viral hashtag #metoo. The now-global movement continues to provide support and resources for survivors, as well as building communities of advocates and working to disrupt the systems that allow sexual harassment and violence to occur [3].

In 2024, the Equal Employment Opportunity Commission (EEOC) reported 35,774 charge receipts alleging harassment in the workplace, a 68% increase from 2021 reports of 21,270 charge receipts [4]. In addition, the number of sexual harassment charge receipts increased proportionately from 5,581 in 2021 to 8,747 in 2024, remaining at approximately 25% of all harassment charges [12]. According to the EEOC, approximately 75% of employees who experience harassment in the workplace never talk to a supervisor or take formal action against their harasser [5; 13]. Overall, it is estimated that between 25% and 85% of women experience sexual harassment at work [5; 13]. While women are more likely to experience sexual harassment, men are also affected; approximately 15% of all sexual harassment charges made to the EEOC in 2024 were filed by men [12].

The field of health care has several risk factors that make it particularly prone to incidents of sexual harassment. For example, sexual harassment occurs more often in workplaces with hierarchal structures and significant power disparities, both of which are apparent in healthcare workplaces. Also, harassment is more common in workplaces that are male-dominated. One study found that women are six times more likely to experience sexual harassment than men in male-dominated workplaces. In female-dominated workplaces, men are twice as likely to experience sexual harassment than women [5]. In another survey, 30% to 70% of female physicians and 50% of female medical students reported having experienced sexual or gender harassment at work [6]. Another survey showed that nearly 75% of female non-surgical interns experienced sexual harassment when considering the definition, but only 25% identified their experience as such [7]. Sexual harassment has also been found to be particularly common in the field of nursing. In one survey of nursing students, nearly 50% reported having experienced sexual harassment [9]. In mental health care, a study of workers at an acute psychiatric facility found that 9.5% to 37.2% had experienced sexual harassment perpetrated by a patient/client [10]. It is important to note that the incidence of sexual harassment is difficult to determine, as most studies of workplace violence do not distinguish physical from verbal violence/threats or sexual harassment.

It was once thought that sexual harassment was a predictable risk in order to advance in the healthcare field. However, it is important that all employees know that sexual harassment is not something that should be endured, regardless of the setting. This course will discuss the laws and regulations that define sexual harassment and the many consequences victims may experience. Steps to take in order to report sexual harassment if one experiences or witnesses it in the workplace will also be outlined. Lastly, this course will review the laws in place to protect those who make a report.

DEFINING SEXUAL HARASSMENT

Sexual harassment is a form of sex discrimination, violating Title VII of the Civil Rights Act of 1964. According to the EEOC, [11]:

...unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when this conduct explicitly or implicitly affects an individual's employment, unreasonably interferes with an individual's work performance, or creates an intimidating, hostile, or offensive work environment.

Psychologically, sexual harassment has been divided into three categories that reflect the legal definitions [8]:

- Gender harassment: Insults or remarks based upon sex, jokes, sexist comments, sexting, pornography, dehumanizing epithets (e.g., dog, whore), grabbing
- Unwanted sexual attention or conduct: Expressing sexual attraction, sexual pursuit, pressure for dates, unwanted compliments, the discussion or displaying of visual depictions of sex acts or sexual remarks; a show of sexual interest that is unwelcome
- Sexual coercion: Demands or pressure for sexual favors; sexual compliance is usually a condition of employment decisions

Victims of sexual harassment can be either men or women, although, as discussed, women are more likely to be victims of sexual harassment than men [12]. The harasser can be of the same or different sex as the victim (e.g., a man may harass a woman or another man). Additionally, it is possible that a victim is not the target of the harasser but was affected by offensive behavior that was targeted toward another person. Harassers may be the victim's supervisor, employer, co-worker, or even a non-employee (e.g., client, patient) [11].

TYPES AND FORMS OF SEXUAL HARASSMENT

There are two categories of sexual harassment as outlined by Title VII of the Civil Rights Act of 1964: quid pro quo and hostile work environment [2; 8].

Quid Pro Quo

Quid pro quo, meaning “this for that” in Latin, consists of a supervisor or other superior asking for sexual favors in exchange for benefits at work. These demands may be outright or implied. Benefits may include a promotion, a pay increase, a bigger office, approval of vacation time, better work shifts, or keeping one’s job. Quid pro quo harassment also includes negative repercussions from refusing to perform the acts requested by the superior. For example, the harasser may threaten to or actually fire, demote, or assign unpleasant work assignments or bad work shifts to the victim as retaliation [8].

According to the law, even if a person acquiesced to the advances of a superior at first, she or he can report the sexual harassment at a later time [15]. Also, it may be possible for a third-party to be affected by and report sexual harassment—for example, if he or she was denied a promotion because another person submitted to the advances of a superior.

Hostile Work Environment

Hostile work environment sexual harassment is similar to quid pro quo in that it may involve sexual advances. However, a key difference is that the harasser may not offer benefits or threats. Also, the harassment may not come from a supervisor but rather a coworker, vendor, client, or patient. It includes unwanted and unwelcome advances, comments, jokes, or any other content that is offensive, hostile, or threatening and that affects or even prevents the employee from doing her or his job. This may include but is not limited to [8]:

- The telling of sexual or “dirty” jokes or stories
- The use of offensive or derogatory sexual language to refer to someone
- Speaking offensively and sexually about a person’s gender in general

- Showing the victim offensive sexual images
- Any physical contact of a sexual or unnecessarily intimate nature that is repeated and is done without the permission of the victim

In cases of hostile work environment sexual harassment, a third-party may be the unintended victim—for example, if he or she overhears offensive jokes or speech and it affects work performance.

LAWS AND REGULATIONS DEFINING SEXUAL HARASSMENT

Title VII of the Civil Rights Act of 1964

As noted, Title VII of the Civil Rights Act of 1964 is a federal law that protects workers from discrimination regardless of their gender, race, color, national origin, or religion [2]. The EEOC was created under Title VII and is responsible for enforcing federal laws that make it illegal to discriminate against a job applicant or an employee. This law applies to businesses with 15 or more employees and to federal, state, and local governments. Violation of Title VII can encompass all aspects of employment, including but not limited to hiring, firing, layoffs, compensation, training, promotions, and assignments. It is also illegal to discriminate against a person for making a complaint or reporting discrimination. Specifically, section 703 of Title VII states it shall be an unlawful employment practice for an employer to [2; 8]:

- Fail or refuse to hire or to discharge any individual, or otherwise to discriminate against any individual with respect to his/her compensation, terms, conditions, or privileges of employment, because of such individual’s race, color, religion, sex, or national origin
- Limit, segregate, or classify his/her employees or applicants for employment in any way that would deprive or tend to deprive any individual of employment opportunities or otherwise adversely affect his/her status as an employee, because of such individual’s race, color, religion, sex, or national origin

29 C.F.R. Part 1604.11

The Code of Federal Regulations Part 1604.11 states that sexual harassment directly defies section 703 of Title VII of the Civil Rights Act of 1964 [14]. The Code reads [14]:

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, (2) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual, or (3) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

Illinois Laws

There are several laws in the state of Illinois regarding the prevention of, training to prevent, and protection from sexual harassment. The Illinois Human Rights Act, enforced by the Illinois Department of Human Rights (IDHR), ensures the right of all employees to work in an environment free of sexual harassment or discrimination [15]. In 2017, the Illinois Sexual Harassment and Discrimination (SHD) helpline and website were created in order to help inform and guide individuals through the sexual harassment reporting process [17]. In 2020, the state of Illinois enacted the Workplace Transparency Act (WTA) to address the compliance of employment contracts in discrimination and harassment laws. The WTA indicates that it is unlawful to include in any contract or other employment agreement language that prohibits or prevents reporting of harassment allegations or making truthful statements as a condition of employment or continued employment [16]. The state of Illinois also requires that places of business have sexual harassment policies in place in order to protect employees and ease the reporting process [18].

CONSEQUENCES OF SEXUAL HARASSMENT

Sexual harassment can negatively affect an individual's mental health, physical health, and sense of safety. Victims of sexual harassment are more likely to be depressed and to have symptoms of stress and anxiety, including post-traumatic stress disorder (PTSD). Sexual harassment has been associated with additional negative psychologic effects, including burnout, unhealthy eating behaviors, self-blame, reduced self-esteem, emotional exhaustion, anger, disgust, fear, and less satisfaction with life in general; these issues can, in turn, affect an individual's work life and compromise the quality of patient care. Furthermore, victims of sexual harassment may be more likely to abuse drugs and alcohol and self-harm. Physical health consequences may include headaches, exhaustion, disrupted sleep, gastrointestinal problems, weight gain or loss, and cardiovascular and respiratory issues [5].

Sexual harassment has been shown to lower productivity in the workplace. This may occur when a harasser uses work time to plan, discuss, and/or engage in harassing behaviors. Victims of sexual harassment may be required to spend work hours seeking assistance or documenting an incident of harassment. To avoid harassing or due to distress, victims may be tardy, may neglect duties or assignments, or may be absent from work altogether. Sexual harassment in the workplace can negatively affect the entire team, creating a tense, uncomfortable environment for all employees.

Employee turnover is higher when there is harassment in the workplace. A national survey showed that 1 in 7 women and 1 in 17 men reported looking for a new job, changing jobs, or quitting due to sexual harassment in the workplace [19].

In addition to the economic cost incurred by lowered productivity and job turnover, the cost of settling or resolving sexual harassment claims also high, with the EEOC reporting that the monetary costs (not including monetary benefits obtained through litigation), totaled \$78.1 million in 2024 alone. “Monetary benefits” include various types of relief secured through administrative enforcement in the resolution of a charge of discrimination (e.g., restored pay, compensatory damages, punitive/liquidated damages, legal fees, fringe benefits, tuition costs) [12].

WHAT TO DO IF ONE EXPERIENCES OR WITNESSES UNWELCOME SEXUAL CONTACT

It is important to note that prevention of sexual harassment and the creation of a safe work environment is the responsibility of the employer. Clear policies should be put in place stating that sexual harassment of any kind will not be tolerated and that harassers will be disciplined or terminated. Employees should have clear instructions for reporting, if need be, and retaliation against employees who file a report should not be tolerated [5; 16; 18].

If an individual experiences or witnesses sexual harassment in a place of work, there steps that may be appropriate to take, including [17; 8]:

- It is important that the victim of sexual harassment not blame her- or himself. The blame should be put on the harasser.
- The victim should report the offending behavior to a superior or otherwise follow the grievance system that the employer has in place.
- If possible, document all incidents of sexual harassment, including when it occurred, what happened, what was said or implied, and who was present.

- The victim should make clear to the harasser that his or her behavior, speech, or actions are unwelcome and must stop. This may feel uncomfortable to the victim, but it is often the most effective strategy. If a face-to-face discussion is too difficult or dangerous, the victim may choose to send an e-mail or memo to the harasser outlining the incidents and explaining her or his feelings.
- If one feels comfortable, one may confide in a friend, family member, or coworker. This may help to reduce stress and receive support. Additionally, one may learn that he or she has not been the only one to experience sexual harassment from a particular harasser and a plan to report may be made.
- Seeking counseling may help reduce stress related to the sexual harassment.
- If the victim belongs to a union, it may be effective to report the harassment directly to the labor union.

If the employer has not effectively stopped the harassment, has not taken the complaint seriously, the sexual harassment has continued, or the victim has experienced retaliation after filing their complaint, the victim may then choose to report the harassment to the Illinois Department of Human Rights or file a civil lawsuit under Title VII of the Civil Rights Act of 1964 [2; 15; 16].

REPORTING SEXUAL HARASSMENT

IN THE WORKPLACE

The first step to reporting sexual harassment in one's place of work is to report the harassment to a supervisor, human resources director, or manager. There should be a policy in place to support the victim and guide them through the reporting process. The policy should include the definition of sexual harassment, descriptions and examples of sexual harassment, and the penalties of violating the sexual harassment policy [8; 18]. In most cases, the employer will conduct an investigation and take action, if indicated.

TO OUTSIDE ENTITIES

Illinois Department of Human Rights

An employment charge of discrimination, including issues related to sexual harassment, can be reported to the IDHR by email, mail, fax, or in person, and must be filed within two years of the alleged discrimination. The employee who wishes to report sexual harassment must complete, sign, and submit a complainant information sheet (CIS) to the IDHR. More information, including the CIS and office locations, can be found online at <https://dhr.illinois.gov/filing-a-charge/employment.html> [18]. In addition to an employment charge of discrimination, the IDHR also enforces four additional charge areas, including: education; fair housing; financial credit; and public accommodations. Each charge area has a separate reporting form [18].

After a report is made to the IDHR, an investigation begins. The IDHR may collect relevant documentation and/or speak to witnesses. The IDHR has up to 365 days to complete their investigation, but most cases are closed sooner. If the IDHR finds that there is substantial evidence of harassment, the case is taken to an administrative law judge at the Illinois Human Rights Commission, a separate state agency that conducts public hearings. This process can take several years [18].

The IDHR may also assist with mediation services in order to resolve any allegations and to avoid an investigation. An investigation can also be avoided if the two parties agree to a voluntary settlement [18].

Equal Employment Opportunity Commission

Another option for employees who experience sexual harassment is to file a complaint with the EEOC, the federal agency that enforces Title VII of the Human Rights Act of 1964. The EEOC will investigate allegations of harassment and determine if it is severe or pervasive enough to be considered illegal [2; 8].

WHISTLEBLOWER PROTECTIONS

FEDERAL PROTECTIONS

Under equal employment opportunity (EEO) law, it is illegal to retaliate against a person for [20]:

- Filing or being a witness in an EEO charge, complaint, investigation, or lawsuit
- Communicating with a supervisor or manager about employment discrimination, including harassment
- Answering questions during an employer investigation of alleged harassment
- Refusing to follow orders that would result in discrimination
- Resisting sexual advances or intervening to protect others
- Requesting accommodation of a disability or for a religious practice
- Asking managers or coworkers about salary information to uncover potentially discriminatory wages

An action is considered retaliation if, in response to an employee's action with the EEOC, the employer or supervisor [20]:

- Reprimanded the employee or gave a performance evaluation that was lower than it should have been
- Transferred the employee to a less desirable position
- Engaged in verbal or physical abuse
- Threatened to make, or actually made, reports to authorities (such as reporting immigration status or contacting the police)
- Engaged in increased scrutiny
- Spread false rumors
- Treated a family member negatively (e.g., canceled a contract with the person's spouse)

- Made the person's work more difficult (e.g., purposefully changing an employee's work schedule to conflict with family responsibilities)

ILLINOIS PROTECTIONS

The Illinois Human Rights Act explicitly protects employees from retaliation from their employer or supervisor in cases of discrimination and harassment. Retaliation is defined as conduct intended to punish, deter, or dissuade a person from making a complaint or filing a report of sexual harassment or discrimination, or participating in an investigation conducted by the Illinois Department of Human Rights or other similar agency [15; 16; 18].

CONCLUSION

Sexual harassment in the workplace can be prevented and/or discouraged with training, which provides a standard of acceptable behavior in the workplace and should include anti-harassment policies safeguards against harmful harassment in the workplace, and reporting. Employers are responsible for creating work environments that are safe for all employees and are free from harassment. Following the correct state and federal reporting guidelines and having a clear understanding of what constitutes sexual harassment can help to reduce cases of harassment and provide a safe environment for all.

RESOURCES

**Illinois Sexual Harassment
and Discrimination Helpline**
(877) 236-7703
<https://shdh.illinois.gov>

Illinois Department of Human Rights
Chicago Office: (312) 814-6200
Springfield Office: (217) 785-5100
<https://dhr.illinois.gov>

Filing a Charge

[https://dhr.illinois.gov/filing-a-charge/
employment.html](https://dhr.illinois.gov/filing-a-charge/employment.html)

U.S. Equal Employment

Opportunity Commission

Enforcement Guidance on

Harassment in the Workplace

[https://www.eeoc.gov/laws/guidance/
enforcement-guidance-harassment-workplace](https://www.eeoc.gov/laws/guidance/enforcement-guidance-harassment-workplace)

Illinois Legal Aid Online

<https://www.illinoislegalaid.org>

Implicit Bias in Health Care

The role of implicit biases on healthcare outcomes has become a concern, as there is some evidence that implicit biases contribute to health disparities, professionals' attitudes toward and interactions with patients, quality of care, diagnoses, and treatment decisions. This may produce differences in help-seeking, diagnoses, and ultimately treatments and interventions. Implicit biases may also unwittingly produce professional behaviors, attitudes, and interactions that reduce patients' trust and comfort with their provider, leading to earlier termination of visits and/or reduced adherence and follow-up. Disadvantaged groups are marginalized in the healthcare system and vulnerable on multiple levels; health professionals' implicit biases can further exacerbate these existing disadvantages.

Interventions or strategies designed to reduce implicit bias may be categorized as change-based or control-based. Change-based interventions focus on reducing or changing cognitive associations underlying implicit biases. These interventions might include challenging stereotypes. Conversely, control-based interventions involve reducing the effects of the implicit bias on the individual's behaviors. These strategies include increasing awareness of biased thoughts and responses. The two types of interventions are not mutually exclusive and may be used synergistically.

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