



## **Trade union preparedness and actions to tackle violence against women and men in the world of work**

# **Tackling Violence in the Health Sector**

supported by ILO ACTRAV



Public Services International (PSI)  
August 2016



## Executive Summary

On November 12, 2015, the ILO Governing Body agreed to discuss a new international standard on gender-based violence at work. This will be included in the agenda of the 2018 International Labour Conference. This is the result of proposals and lobbying since 2014 led by the Workers' group in coordination with the ITUC and Global Union Federations. In addition, the 2015 adoption of the [2030 Agenda for Sustainable Development](#), which calls for the achievement of full and productive employment and decent work for all women and men, the reduction of inequalities and the elimination of “all forms of violence against all women and girls in the public and private spheres” (Target 8.5, Goal 10 and Target 5.2) brings this issue into sharp focus.

The ILO convened a tripartite meeting of Experts on Violence Against Women and Men in the World of Work<sup>1</sup> during the period October 3-6, 2016. The Governing Body approved the following agenda for the meeting:

- review existing understandings of what is considered to be violence in the world of work, related trends, forms and incidence;
- examine the gender dimensions of violence in the world of work;
- review the impact of violence in the world of work on workers and enterprises, including on workers' well-being and productivity, and firms' performance;
- identify groups of workers, enterprises, sectors and occupations more at risk of being subjected to violence;
- review responses to prevent and address violence in the world of work in national and international laws and regulations, collective agreements and enterprise policies; and
- provide, on the basis of the above, guidance for the standard-setting item on violence against women and men in the world of work that has been placed on the agenda of the International Labour Conference in June 2018. Guidance could include identifying forms of violence warranting priority consideration and responses thereto (ILO, 2016a, paras 7–8).

The case studies from PSI together with those from other Global Union Federations (GUFs) as well as the International Trade Union Confederation (ITUC) were presented to the meeting in a report prepared by Jane Pillinger PhD, an independent researcher.

The consultant collated, reviewed and analysed the information to highlight the work done by trade unions, showcasing good examples and practices and the various lessons learnt. The case studies also support trade union insistence on a systematic approach to prevention and elimination of violence at work. The experiences revealed in the case studies are important tools to assist trade unions in building a strong position for actions leading up to, and discussions for the standard-setting item on violence against women and men in the world of work at the International Labour Conference in the next two to three years.

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<sup>1</sup> [http://www.ilo.org/gender/Events/WCMS\\_519760/lang--en/index.htm](http://www.ilo.org/gender/Events/WCMS_519760/lang--en/index.htm)



### **PSI's perspective**

At its May 2016 meeting, PSI's World Women's Committee (WOC) agreed that a high priority area of work is workplace violence in the health sector. The WOC also agreed that the experiences of affiliates in raising awareness and developing campaigns and actions to eliminate workplace violence will be valuable contributions to the discussions and preparations for developing a standard to eliminate violence against women and men at work.

PSI's contribution was designed *“to support the publicity on trade union actions, collective agreements and advocacy for national awareness towards elimination of violence at work and its root causes.”*

PSI prepared three country case studies from three geographic regions: Africa and Arab countries, Asia Pacific and the Americas together with other examples of on-going work by affiliates of the PSI. PSI's health affiliates in the Democratic Republic of Congo, the Philippines and Argentina collated their experiences and achievements to:

1. highlight and document the various forms and elements of violence against women and men at work;
2. give examples of the negotiated collective agreements on violence against women and men workers;
3. highlight the successes as well as obstacles faced and the lessons learnt;
4. showcase ways in which health sector unions have used social dialogue to lead to policy decisions aimed at eliminating workplace violence;
5. demonstrate the impact of PSI affiliate activities and campaigns that raise awareness and build advocacy for the elimination of violence against workplace violence;
6. analyse work-related violence and trade union action;
7. identify policy recommendations.

The leadership and other activists in PSI's health care unions in the target countries, assisted by staff in the regions, conducted interviews and held workshops to develop the case studies. This report also includes examples of on-going work by PSI affiliates in other countries and territories.



## **A track record of promoting gender equality and gender mainstreaming**

Founded in 1907, the Public Services International (PSI) is a global union federation representing 20 million working women and men who deliver vital public services in over 150 countries. PSI champions human rights, advocates for social justice and promotes universal access to quality public services. The organisation works with the United Nations system and in partnership with labour, civil society and other organisations. At least 65% of PSI's members are women and over 50% of PSI's members provide services in the health and social care sectors.

It was at its 1967 congress in Paris that affiliates of the PSI first discussed gender equality. Affiliates made a call for a special conference on the problems of working women in public services. The first PSI world conference for women was held in 1970 in Stockholm when affiliates adopted resolutions dealing with

- Family-friendly workplaces
- Career quality for women
- Equal participation in union activities
- Production of regular information on issues of concern to women

Over the years, and through the work of affiliates, the organisation has built a solid reputation for its work on gender equality, starting with the establishment of the World Women's Committee (WOC) in 1985. Since then the WOC has met each year prior to the Executive Board (EB) meeting; and there are also women's committees and networks at the national, sub-regional, and regional levels of the PSI. In 2002 constitutional amendments provided for at least 50% representation of women in all PSI committees and bodies and at all activities of the organisation. The 2002 congress also endorsed a policy that requires all PSI bodies to incorporate gender mainstreaming as a central policy objective.

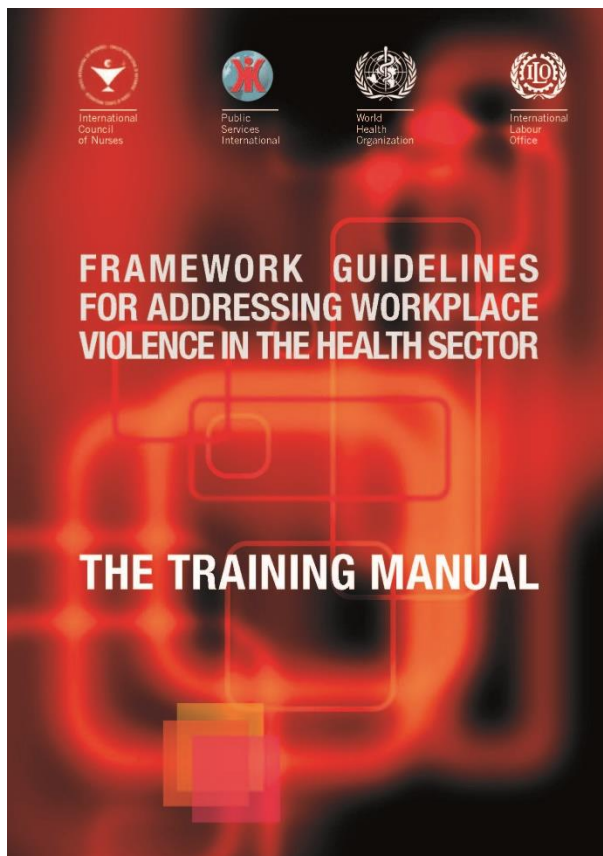
The PSI recognises that globally, support for a mainstreaming approach to gender is gathering pace. It has taken a long time for this approach to be adopted and it requires an examination of the local relations between men and women, in theory and in practice. Of critical importance is the acceptance that men are equally responsible with women for the construction of gender equality.



### **Collaboration with partners on workplace violence in the health sector**

In 2002, Public Services International (PSI) partnered with the International Labour Office (ILO), the International Council of Nurses (ICN), the World Health Organization (WHO) to jointly develop [Framework Guidelines for Addressing Workplace Violence in the Health Sector](#) <sup>2</sup>.

The Guidelines provide definitions of workplace violence, as well as guidance on general rights and responsibilities; best approaches; violence recognition; violence assessment; workplace interventions; monitoring and evaluation.



The Training Manual (with an accompanying CD) complements the Framework Guidelines. It is a practical, user-friendly tool that builds on the policy approach of the Framework Guidelines. It is targeted to governments, employers and workers. The manual has also proven to be a useful tool for researchers and other allies working towards the elimination of workplace violence.

In 2003, the PSI and some of its affiliates participated in a tripartite panel of experts convened by the ILO to develop a [Code of practice on workplace violence in services sectors and measures to combat this phenomenon](#) <sup>3</sup>.

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<sup>2</sup> <http://apps.who.int/iris/bitstream/10665/42617/1/9221134466.pdf>

<sup>3</sup>

[http://www.ilo.org/wcmsp5/groups/public/@ed\\_protect/@protrav/@safework/documents/normativeinstrument/wcms\\_107705.pdf](http://www.ilo.org/wcmsp5/groups/public/@ed_protect/@protrav/@safework/documents/normativeinstrument/wcms_107705.pdf)



PSI's affiliates continued to develop their work and actions on workplace violence in the context of the organisation's work on gender equality. Actions and campaigns have focused on:

- raising awareness on and mobilising against discrimination and violence;
- launching national campaigns on the elimination of gender-based violence;
- engaging in social dialogue to develop mechanisms to eliminate sexual harassment and other forms of violence at the workplace
- including measures in collective agreements to protect victims of domestic violence.

On November 25, 2012, the women's caucus at PSI's 29<sup>th</sup> World Congress in Durban launched a renewed effort towards the elimination of violence against women and girls.<sup>4</sup>



And during the 16 Days of Activism against gender-based violence in 2013, PSI again raised its voice on the issue, making a strong call for the issue to be a priority for PSI's affiliates.

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<sup>4</sup> [http://congress.world-psi.org/sites/default/files/upload/event/EN\\_Congress2012\\_WomenCaucus\\_Background\\_Information\\_final\\_web.pdf](http://congress.world-psi.org/sites/default/files/upload/event/EN_Congress2012_WomenCaucus_Background_Information_final_web.pdf)



*“However, the standard on violence was ultimately not selected for discussion at the next ILC. It will remain on a list to be considered once more in the near future and should be a priority for PSI unions around the world to lobby their governments in support of such a standard.”*

<http://www.world-psi.org/en/new-ilo-convention-violence-workplace-needs-more-government-support-and-trade-union-action>



In 2015, PSI’s affiliates in Brazil, with support from IMPACT and the Solidarity Center of the AFL-CIO produced a guide on gender-based violence in the workplace in Brazil. The guide is a tool to provide information, build capacity and mobilise trade union activists to identify and report cases of workplace violence. It is also a tool to help combat gender-based violence in the workplace.

<http://world-psi.org/en/available-spanish-and-english-psi-brazils-guide-violence-against-women-workplace>



**Guía para la prevención del acoso  
laboral dirigida a trabajadoras/es  
del sector público, desde una  
perspectiva de género**



In the same year (2015), PSI's affiliates in Chile, with the support of Friedrich Ebert Stiftung-FES, Universidad Arturo Prat, and the National Civil Service Department produced a guide to prevent gender-based harassment at work in the public sector. The guide provides statistical data about violence at work in the public sector in Chile and is a tool for identifying, preventing and reporting cases of workplace violence.

The PSI is also a partner in DV@Work Net hosted by the [Centre for Research & Education on Violence against Women & Children](#). The Impact of Domestic Violence on Workers and the Workplace is a project funded through the Social Science and Humanities Research Council of Canada (SSHRC). The project brings together an international network of researchers, social and labour organisations, experts in domestic violence as well as employers, to conduct research and collate knowledge about the impacts of domestic violence in the workplace. The work will help trade unions in:

- ⇒ developing education programmes with members;
- ⇒ drafting clauses for collective agreements;
- ⇒ lobbying for changes to legislation.

In studies conducted in Canada, the UK and Australia, the findings revealed that just over half of the victims of domestic violence felt that their job performance was negatively impacted and three out of four had a hard time concentrating while at work.

The PSI World Women's Committee has agreed that it will build and develop its partnership work with DV@WorkNet.





## Analysing workplace violence in the health sector

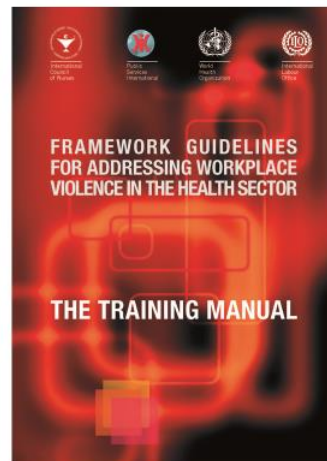
*Workplace violence is “any action, incident or behaviour that departs from reasonable conduct in which a person is assaulted, threatened, harmed, injured in the course of, or as a direct result of, his or her work.”*

The joint PSI/ILO/ICN/WHO study provided the evidence showing that workers in the health sector are at increased risk of workplace violence because of the characteristics of the services delivered and the existing work environment. More recent investigations and studies show that austerity and the resulting increased inequalities in society contribute to the rapid spread of violence in the sector.

In addition, increased reporting of cases of domestic violence, a culture of violence, as well as social and political violence in conflict areas mean that this violence will show itself and be experienced in health facilities and anywhere that health care workers have to do their jobs. This situation impacts on the delivery of the services: the quality of care provided, and leads to a reduction in the services provided because workers do not want to work in such conditions. In some cases, their families pressure them to find ‘safer’ jobs, they are absent from work and in some cases, they eventually resign; costs increase. And in developing countries, where funding health care services is increasingly challenging, this situation further threatens equal access to primary health care services.

### Why the health sector?

- Violence in this sector constitutes at least 25% of all violence at work.
- Violence in the sector is widespread in all countries and among all occupations in the sector.
- For certain types of violence, such as verbal abuse, more than half of the workers in the sector are affected.





The PSI recognises the strong links between health, social protection and the achievement of gender equality. Ending extreme poverty, living in peace and democracy, and achieving all the global goals means that societies must provide opportunities for all people – especially women – to prosper through quality nutrition, health and education. All actors engaged in the implementation of the SDGs recognise that there must be greater emphasis on achieving gender equality and removing all barriers and threats that disproportionately affect women.

*“Violence against women and girls can be physical, sexual, psychological or economic. It is driven by a deep-rooted belief that a woman is not equal to a man. This shapes the reality of millions of women and girls who have no voice, no freedom, no economic independence and no equal access to education or work. Violence against women and girls happens in private and public places, and in physical as well as virtual online spaces. Violence against women and the threat of it deprive women of their basic human rights.”<sup>5</sup>*

Studies as well as anecdotal evidence from health care workers (HCWs) in PSI’s global family point to the fact that while both men and women in the sector suffer from various forms of violence, the power relations in society that see women as second-class citizens, translate to the reality that women HCWs are especially targeted.

And while ambulance staff are reported to be at greatest risk, on average, nurses are more likely to experience violence at the workplace than other occupational groups in the sector.

*“Since the large majority of the health workforce is female, the gender dimension of the problem is evident.”*

In its 2003 Fact Sheet on Workplace violence in the health services<sup>6</sup>, the ILO, noted that “the pattern seems to be that patients are the main perpetrators of physical violence, while staff are the main perpetrators of psychological violence.” The fact sheet also notes “psychological violence is more prevalent than physical violence”, with verbal abuse as a key area of concern, followed by bullying and mobbing.

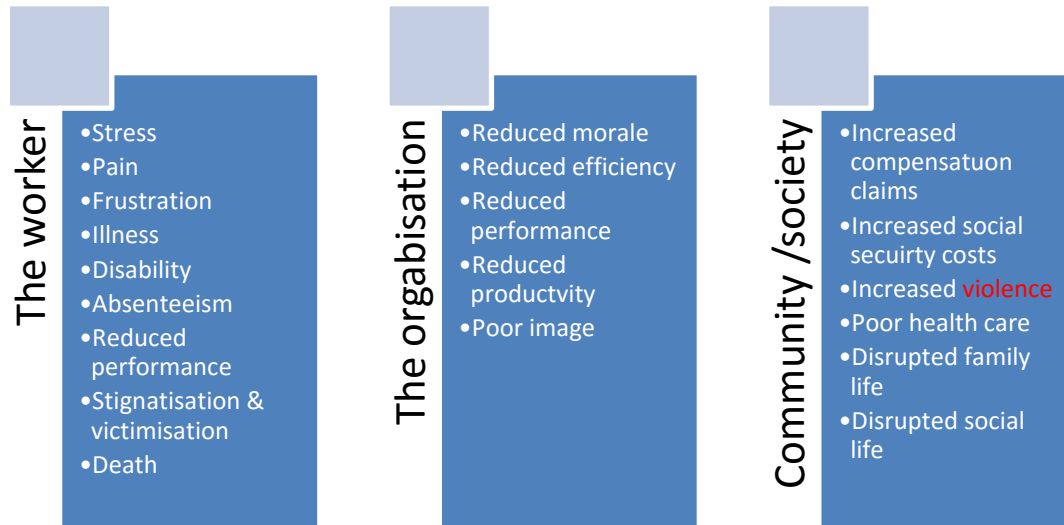
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<sup>5</sup> [http://congress.world-psi.org/sites/default/files/upload/event/EN\\_Congress2012\\_WomenCaucus\\_Background\\_Information\\_final\\_web.pdf](http://congress.world-psi.org/sites/default/files/upload/event/EN_Congress2012_WomenCaucus_Background_Information_final_web.pdf)

<sup>6</sup> ILO Fact Sheet, Workplace violence in the health services

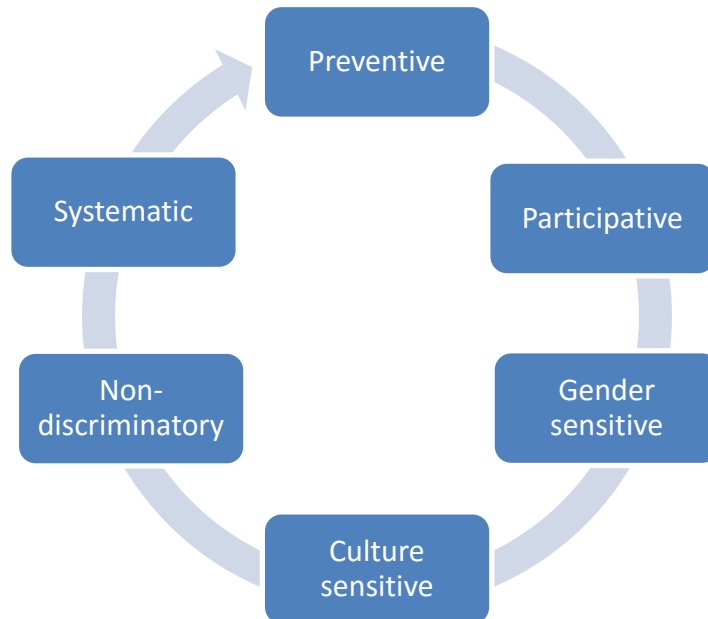


## The costs



Various studies and consultations, as well as practical experiences confirm that approaches to tackling and eliminating violence require a pro-active response. The emphasis must be on eliminating the causes as well as on constant and long-term evaluation of the various steps taken. Tackling the root causes of the violence is the most effective way to eliminate workplace violence in the health sector.

## Approaches to tackling workplace violence



Increasingly, stakeholders are recognising the importance of social dialogue in preventing and responding to cases of workplace violence in the health sector. This emphasises the importance of a participatory approach, where the employer, government and workers, through their representatives, play an active role in designing and implementing initiatives to combat workplace violence.

The PSI believes that trade unions, in partnership with government and employers, have a key role to play in these approaches. Through internationally recognised standards, collective bargaining agreements and other forms of social dialogue, the tripartite systems, in collaboration with other social actors can tackle workplace violence. Establishing internationally recognised standards will be key in updating and reinforcing existing legislation on workplace violence, harassment and other forms of gender-based violence. These standards will be especially valuable in those countries where there is no legislation.

“Public sector workers are well-positioned to promote, implement and monitor laws and regulations that advance gender equality and protection against violence and harassment. Even where laws are put in place, communities and especially women are often not aware of them. Violence against women creates inequality and gaps in development, affecting the well-being of current and future generations.”



In the various interviews, trade union leaders and other activists highlight their personal experiences and the role that their unions played in helping to tackle the various forms of workplace violence.

*“I was shaking but I was still in control. Each time that there is an aggression like this one, and as soon as they know about it, they would do something... which I appreciate... and this is what motivated me to stay at the CNPP and also I continued working here. The trade unions are always by my side... it’s true, they really supported me.”*

Mbake Ipatshi Leaticia, female nurse at CNPP, psychiatric hospital in the DRC

Some PSI affiliates have gathered and collated information and have statistics that highlight the realities of the situation. But challenges still exist in identifying cases and compiling information:

- Some workers view the violence as “part of the job”;
- Young women and single parents are afraid of reporting cases of harassment and bullying. They do not want to lose their jobs.
- A few workers have decided to take the matter to the law courts using existing legislation in the country. This is a costly option.

Without the necessary protections and means to prevent and tackle workplace violence, many cases go unreported. The research carried out by various individuals and groups in a number of studies has helped to highlight the prevalence and incidence of workplace violence and especially in the health sector.

## **A global effort**

PSI’s affiliates in all parts of the world have answered the global call to action to eliminate violence against women. They have particularly taken up the fight to tackle workplace violence.

Through innovative campaigns, starting in the workplace, to national and regional actions, affiliates are using their collective strength and power to raise awareness, break the silence, campaign for national laws and promote the adoption of an ILO standard to eliminate gender-based violence at work and in communities.



Examples of campaigns include:

- [Healthcare Workers Suffer from Psychological Abuse and Physical Violence](#) (KHMU – Korea)
- [The impact of domestic violence against women doesn't stop at home](#) (PSAC, Canada)
- [Violence against health workers unacceptable](#) UNISON-UK
- [Action Arts](#) - a focus on violence against women and girls by the NUGFW in Trinidad & Tobago

*“In all countries, we need a strong commitment from governments to address the deeply rooted causes of violence against women: inequality and discrimination. States must provide adequate measures to prevent violence and protect threatened women, as well as prosecution, counselling and education to change the mentality of people. Shelters for abused women should be provided, and it is unacceptable that under austerity policies those services are abolished in many countries. Governments also need to provide safe harbours for refugees, and ensure that the needs of women and girls are taken into account,” says Rosa Pavanelli, PSI General Secretary.*

## **Recommendations, Next steps**

Activists have made the following suggestions for actions at the local, national and global levels:

- Make visible the invisible. Empower workers and their unions with the necessary tools to reveal the realities affecting women and men health care workers.
- Ensure that trade unions and their members are included as central actors.
- Organise more education sessions with clear and understandable slogans, explaining the issues in relation to care work.
- Democratise the workplace by involving unions in the process.
- Increase efforts to promote gender equality and to fight the patriarchal norms.





- Organise in order to build power and transfer our societies into just, sustainable places that everyone can live and work free of discrimination (creating societies that practise gender equality).

In order to promote the adoption of the global standard, affiliates will need to use the evidence collated to lobby governments and launch national and regional campaigns.



## **Trade union preparedness and actions to tackle violence against women and men in the world of work**

### **The Case Studies**



This report documents the findings from three (3) case studies with health care affiliates in the Democratic Republic of Congo (DRC), the Philippines, and Argentina. They highlight the work and actions of PSI's health worker affiliates in those countries:



*Solidarité Syndicale des Infirmiers du Congo (SOLSICO)*: The DRC is a conflict zone. In the midst of the conflict, the union has grown and now has over 17,000 members, in 12 of the country's 26 provinces. 60% of the members are women and of these, 20% are young women. Since 2011, nurses and other healthcare workers have face increased violence as a result of the military conflict and because of suspicion and traditional views: rape, molestation as well as attacks and murder during vaccination campaigns. SOLSICO reports that between 2011 and the present, over 700 nurses were raped and 188 killed. Poor working conditions in hospitals result in illnesses and death due to infections, [including Ebola](#).



*The Alliance of Filipino Workers (AFW)* is a confederation of 13 health care unions in private health care institutions in the Philippines. The organisation was formerly called the National Hospital Employees Association but was changed to **Alliance of Filipino Workers (AFW)** after the First National Convention held on April 6, 1980, to include all categories of workers in the health sector. The confederation is based in Quezon City and has thirteen affiliates totalling 6,000 plus members. AFW has participated in PSI's gender and health project in Southeast Asia that focused on workplace violence in the health sector. Important aspects of work with this union include a Train-the-trainer programme on eliminating workplace violence; and the inclusion of clauses covering sexual harassment and workplace violence in collective agreements. The confederation has an elected Vice President responsible for women's affairs. <http://afw.ph/>



*Asociación Sindical de Profesionales de Salud de la Provincia de Buenos Aires (CICOP) is an affiliate of the Federación Sindical de Profesionales de la Salud (FESPROSA), Argentina. FESPROSA is a trade union federation of health professionals, founded in 2005, bringing together health professionals from 23 provinces in Argentina (approximately 30, 000 members). Almost 60% of the organisation's members are women.*

CICOP, with 25 years of experience, and recognition since 2007, brings together more than 12,000 professionals in the public health sector of the province of Buenos. CICOP has approximately 12,000 members in health care, 45% of whom are men. It is the largest union in FESPROSA and the largest health care union in the country.

CICOP has negotiated collective agreements on behalf of its members and is engaged in social dialogue at the state/provincial and national levels. These actions have resulted in the establishment of joint workplace committees on health and security and a commission on violence in the Ministry of Health in Buenos Aires.  
<http://cicop.org.ar/>



## Democratic Republic of Congo (DRC)



The Democratic Republic of the Congo is in Central Africa; 2.3 million km<sup>2</sup> in size with a population of 69.6 million. It was originally part of the Congo empire and called the Belgian Congo. The east of the country is replete with many natural resources (thousands of hectares of arable land and forest, water, oil, gas, and minerals (including cobalt, copper, zinc, silver, uranium, gold, tin and diamonds). The country achieved independence in 1960 after years of Belgian colonial rule that included killings and atrocities carried out on a mass scale by agents of King Leopold.

In the early post-independence period, there was internal turmoil in the quasi-dictatorship and in 1971 the country was re-named Zaire. In 1997, Tutsi rebels, with support from Rwanda, Angola and Uganda, captured the capital, Kinshasa and the country was renamed the Democratic Republic of Congo with Laurent-Desire Kabila installed as president. This period is described as the first Congo war. After the war and with large external debt and the foreign backers refusing to leave the country, Kabila faced many obstacles in trying to govern the country and a second war started in 1998. This involved nine African countries, as well as about 20 separate armed groups. The war formally ended in 2003, but skirmishes continued until 2004. Reports estimate that by 2008, 5.4 million had died, as a result of disease and starvation. And another 2 million were displaced and sought asylum in other countries.

These wars, driven by territorial claims, trade in conflict minerals, tribal rivalries and other issues, have set the roots for all forms of violence in the DRC, especially in the mineral rich east of the country where there is almost never-ending conflict. For most Congolese, the trigger for this was the Rwandan Hutu exile when Hutus were welcomed in the east of the DRC. Today they are laying claim to the land on which they settled;



and Congolese view them as intruders and their land claims as a part of the age-old wish of Rwanda to annex eastern Congo, the mineral rich part of the country.

*“Today we can say that the DRC is divided into two parts: East and West”,* say the Congolese. In the East, the country is ravaged by fighting involving a myriad of militias and the Armed Forces of the DRC (FARDC), who engage in merciless guerilla warfare, punctuated by looting of gold and other mines. And there are also many abuses against the civilian population. These abuses are carried out by both the rebel forces and the poorly-paid and ill-trained government troops.

In the western part of the country the government has better control over the fighting forces. And while there is no direct fighting in the capital, there is a climate of insecurity and instability. For all the Congolese, war is omnipresent and it affects the entire country, causing suspicion among citizens and mistrust of leaders. As long as the east of the country remains in conflict, the entire country will be affected.

### **Violence is a weapon of war**

The Democratic Republic of the Congo (DRC) is characterised by a very high number of rapes and other acts of violence. A panel of experts from the United Nations, who visited DRC in 2010, found that the unprecedented number of cases of rape by fighters of the various armed groups and civilians, is a consequence of the various wars in the country. In general, violence is often perpetrated by fighters from various armed groups, as well as by members of the army and the police in public places, workplaces, churches, anywhere.

Thus rape and physical violence continue to be used as a weapon of war to intimidate local communities and punish civilians for their collaboration - real or perceived - with armed groups or the Congolese national army. Rape is also committed as a crime of opportunity along with murder, physical aggression, abductions and looting, especially in the east of the DRC.

These acts are punishable by Congolese national law and international law. Over the last decade, the Congolese authorities with the help of the international community have, increasingly tried to give priority to the fight against impunity of sexual violence; and other forms of violence are almost overlooked. However, impunity continues to prevail. The revenues generated by the exploitation and trade of minerals are an additional reason – a powerful reason – for the continued conflict. And the bitter fact is that most of the cases of violence are never the subject of investigations or prosecution and few cases are even reported - especially sexual violence. One of the major obstacles is the fact that many victims do not report their cases for fear of reprisals by the alleged perpetrators; and fear of stigmatisation and rejection by their families and communities. Impunity for crimes of sexual violence is further aggravated by other factors, such as the limited efforts of some Congolese authorities to pursue such crimes, the lack of financial, operational and human resources, the inability of the victims to identify the perpetrators, as well as cases of corruption within the judiciary.





## Types of violence

The culture of violence is demonstrated in many ways: rapes and other forms of sexual violence against women and children; torture; summary executions; looting; forcing children into the sex trade; and to become child-soldiers. In the face of this violence, with little or no relief, the population is forced to flee. Since the start of the conflict, the number of refugees and displaced persons has grown and continues to grow.

1. Nurses are molested by families and in most cases, by the military who believe that their sick relatives die because nurses were not properly administering the drugs. In some cases, families did not purchase the drugs in time.
2. Nurses are violated in front of their patients without any protection. This is done by the armed men in the conflict areas in the east of the country (especially in Kivu).
3. While doing their jobs, nurses are killed at the hospital by the armed men who believe that those that they are hunting are hiding in the hospital.
4. Some nurses are deported to other villages or to neighbouring countries.
5. During in-house vaccination campaigns, nurses are either molested or killed by parents who believe that the nurses are part of a plan to kill their children.

### Violence against nurses in selected provinces 2011 - 2016

	Province			Total
	Kinshasa	North Kivu	South Kivu	
<b>Molested</b>	152	370	201	723
<b>Killed</b>	03	150	35	188
<b>Raped</b>	122	400	187	709
<b>Kidnapped</b>	<i>n/a</i>	300	<i>n/a</i>	300

*Source: SOLSICO, June 2016*



For nurses and other health care workers (HCWs), the workplace may be a clinic, a hospital, a village or town, a home, or while going to or leaving any of these places. *Anaclet SHISSO*, SOLSICO's deputy general secretary, reports that various people commit workplace violence:

- “The parents of the sick who are either civilians or members of the rebel militias or government forces;
- The patients themselves, in some cases those who are mentally ill as a result of the atrocities committed against them;
- Conflicts between doctors and nurses. In a number of cases, doctors give no consideration to nurses at the workplace and this can be manifested in verbal or physical violence;
- Hospital administrators, when challenged, sometimes use threats, warnings, suspension, and even imprisonment in complicity with agents of justice.”

In late 2012 there was a study<sup>7</sup> to investigate workplace violence by patients or their relatives against health care workers (HCWs) in Congolese hospitals. This study involved a sample of 2,210 registered health care workers (989 males and 1,221 females, between 25 and 41 years of age) from 436 hospitals located in the province of Katanga. Katanga is 497,000 km<sup>2</sup>, known for farming and cattle rearing; with a rich mining region to the east, supplying cobalt, copper, tin, radium, uranium, and diamonds. The region's former capital, Lubumbashi, is the second largest city in the Congo.

The researchers developed a questionnaire informed by the guidelines for assessing workplace violence in the health sector jointly released in 2003 by the International Labour Office, the International Council of Nurses, the World Health Organization and Public Services International. Their study found that about 80.1% of health care workers had experienced one or more types of workplace violence. Overall, the severity of workplace violence varied from verbal aggression (57.4%) and harassment (15.2%) to physical violence (7.5%). Patients were the major perpetrators of verbal aggression and harassment, whereas patients' relatives were mainly involved in physical violence. The frequency of workplace violence was similar across hospitals. Male health care workers were more likely to be victims of physical violence, whereas female health care workers were the prime target for harassment. Only 34.3% of the violent episodes were reported to a supervisor. The study concluded that despite the fact that health care workers have traditionally been highly respected in Congolese society, violence against these workers is increasing. The researchers also concluded that the root cause was the collapse of the health care system.

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<sup>7</sup> [\*Workplace violence towards Congolese health care workers: A survey of 436 healthcare facilities in Katanga province, Democratic Republic of Congo\* Basilia Andre Muzembo<sup>1\) 4\)</sup>, et al](#)



### **SOLSICO's actions to tackle workplace violence**

At the national level, there is no legal provision for managing violence in the workplace. Depending on the nature of cases, and as a result of the actions of trade unions there are commitments made by hospital administrations in the form of memoranda of understanding negotiated by SOLSICO.

- In national law, sexual violence is punishable under the [Congolese Penal Code](#). Under Congolese law, the most important laws in this regard are the laws of 2006 against sexual violence, which provide for imprisonment of five to 20 years for rape.
- Law No. 06/018 of 20 July 2006 amending and supplementing the Decree of January 30, 1940 on the Congolese Penal Code and Law No. 06/19 of 20 July 2006 amending and supplementing the Decree of August 06, 1959 on the Code of Congolese criminal procedure; Section 170 of the Act No. 06/018 of 20 July 2006 amending and supplementing the Decree of 30 January 1940 of the Congolese Criminal Code;
- According to the Congolese Constitution, the Code of Military Justice and the Military Penal Code, military courts have exclusive jurisdiction over all acts of sexual violence committed by the army, the police and armed groups. Although the Military Penal Code does not specifically ban sexual violence, the Congolese Penal Code and laws against sexual abuse apply to all those tried by military courts.

Unfortunately, all these provisions are not respected in the current state of conflict.

There is no provision in collective agreements. However, the goodwill developed between the health structures and the union allows for the two parties to handle cases of violence in the workplace and to determine responsibilities.

Violence against men and women in the workplace is widespread across the national territory, but there has not been a serious effort to tackle this issue. The various actions taken by unions have highlighted the issue and caused some remedial steps to be taken. Because of the upsurge in acts of violence in the workplace over a number of years, the SOLSICO was able to collate information on the magnitude of the issue. Using the information gathered, the union has embarked on an education and awareness building campaign among its members.

The union holds sessions with members every month to raise awareness on the subject. The SOLSICO has established a process: when a member has experienced violence at work, she informs the Shop Steward who then takes the matter to the management of the institution and the union secretariat. This process provides opportunities to argue



the member's case, seeking redress through bargaining and during meetings with management and, if necessary, by taking various forms of industrial action,

Despite the absence of legal texts on violence in the world of work, the labour relations system provides ways for the SOLSICO to denounce and to resolve some cases of violations affecting members in the workplace.

[Decree No. 07/10 of 18 September 2007](#) of the Congolese Government established a framework for social dialogue ([Cadre permanent du dialogue social](#)). But in practice it does not function.

### Some successes

- Following several cases of physical violence committed by military personnel in the General Hospital, there is a ban on armed forces and police from visiting public places with their weapon.
- In another case, following the death of a patient from rabies while at Kinshasa General Hospital a nurse was arrested, sent to the police and was mistreated. SOLSICO investigated the case, held many talks with management, demanding the nurse's release. These efforts were initially unsuccessful. The hospital workers joined in solidarity and held a work stoppage. They overran the police station where the nurse was being kept. These actions secured the worker's release.
- A military officer spat in the face of a nurse who gave a prescription for the officer's sick relative. SOLSICO brought charges against the officer. He was arrested, appeared in court. The officer was sentenced to three months in prison and demoted.

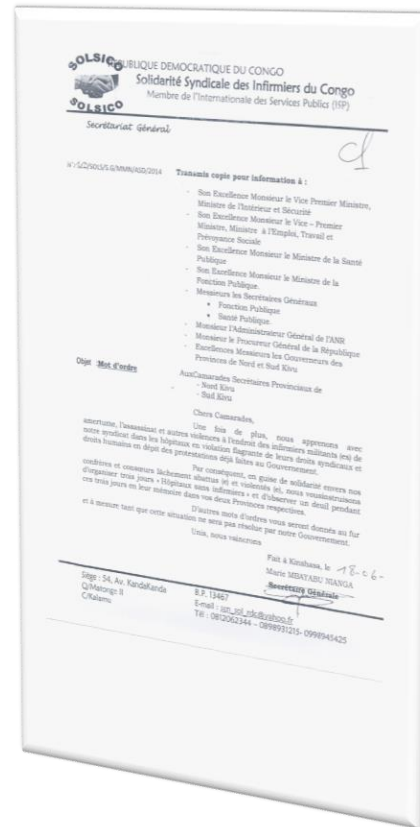
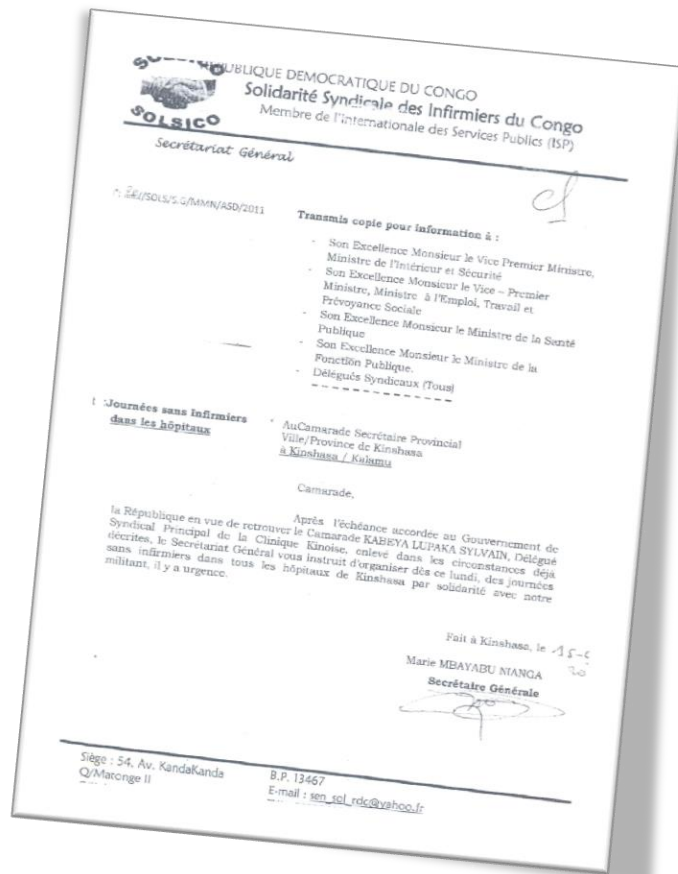
Nous sommes en possession du rapport provenant de nos représentants syndicaux à BENI , BUTEMBO et GOMA sur les assassinats et déportations intempestifs des infirmiers exerçant leurs fonctions dans les hôpitaux et centres de santé dans les zones des conflits armés .Cette situation si elle dure longtemps, ne permettra plus les infirmiers de s'exposer à l'insécurité criante au travail, et nous serons bien obligés de donner un mot d'ordre allant jusqu'à perturber les activités dans les hôpitaux, ce qui aura un impact négatif sur la santé des populations de la contrée déjà meurtries par cette guerre qui n'en finit pas.

Pour éviter tous ces désagréments, nous vous invitons à prendre des mesures sécuritaires particulières en faveur des infirmiers et autres personnels soignants notamment en leur dotant des militaires sur les lieux de travail. C'est de cette manière que les populations malades et accidentés, trouveront leur salut.

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## Problems remain

- With the lack of legislation or guidelines, cases of workplace violence continue to increase;
- In some hospitals and clinics, there isn't a good working relationship between the union and the administration and therefore no internal guidelines or protocols;
- Some cases of violence have not been investigated;
- The existence of a number of cases of violence is not supported
- Cases of loss of employment remain unsettled;
- Lack of support for workers who have experienced violence at work;
- There is a lack of motivation (and dwindling confidence) in the union where there has been no redress by management for victims of violence;
- There is a drop in the level of activism through loss of activists;
- Some professional cadres 'support' victimisation, discrimination, harassment and violence against women nurses.



In an attempt to turn this situation around, SOLSICO has developed a comprehensive plan to enhance its ability to influence government policy on health and safety issues, especially the issue of workplace violence in the sector.

Quite similar to the Ebola Response Strategy, SOLSICO is building a large network of civil society organisations that support the union's demands for a strong health care sector where health workers can provide a quality service in good working conditions.

### **The enabling environment**

The Congolese government has ratified the eight core International Labour Organization (ILO) Conventions. The existence of clauses and various decrees regulating labour relations, as well as their application avoids conflicts at work. Where there are violations, SOLSICO and other unions use these clauses and legal instruments to demand that action be taken. Current clauses and decrees do not specifically relate to workplace violence but are used as a basis for the union to seek redress. This system of laws, where present and when applied, contributes to a good social climate in the workplace, increased productivity and performance and the means to provide quality health care services to the population. Where these systems are absent, there is conflict in the workplace and a poor working relationship between workers and the administration.

The Congolese public administration does not work very well. There are many agreements that are signed between trade unions in the health sector and administration, but application and enforcement are problematic.

The revenues from minerals provide the means for conflict actors to sustain the struggle and to make personal profit at the same time. The resulting persistent impunity for sexual and gender-based violence as well as other human rights violations therefore serve to reinforce the violence and insecurity that exists. And where there is a culture of violence in the society, it will obviously show itself in the workplace.

***“The role of trade unions is extremely important, not the least within the framework of social dialogue. We can all try to be role models by speaking up against the horrible crime that conflict-related sexual violence is, because only by talking about it openly can we together hope to break what has been called history’s greatest silence.”<sup>8</sup>***

*Margot Wallström, United Nations Special Representative of the Secretary-General on Sexual Violence in Conflict*

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<sup>8</sup> [http://www.ituc-csi.org/IMG/pdf/vs\\_congo\\_en\\_final.pdf](http://www.ituc-csi.org/IMG/pdf/vs_congo_en_final.pdf)





The international community has a key role to play in dealing with the many sides to this issue. Approaching the issue of GBV in the workplace requires co-ordinated and sustained work among trade union organisations as well as action by civil society.

Congolese minerals are used in electronics and other consumer products worldwide. Through pressures by international governments, trade unions, and civil society, some multinational enterprises (MNEs) are now exercising due diligence of their supply chains. And the efforts to formalise the Congolese mining sector and the regional mineral trade are key aspects in creating the necessary environment that would lead to the elimination of GBV in the workplace.

*([Video interviews of SOLSICO's](#) activists in health care are available.)*



## Republic of the Philippines



Located in Southeast Asia, the Republic of the Philippines comprises over 7,000 islands (300,000 km<sup>2</sup>), with a population of 100 million. The capital city is Manila and the most populous city is Quezon City. There are multiple ethnicities and cultures. Over 12 million Filipinos live overseas, making it one of the world's largest diasporas. The country is located on the Pacific Ring of Fire and it is therefore prone to earthquakes and typhoons. The country has many natural resources and some of the world's greatest biodiversity.

On May 9, 2016, Rodrigo R. Duterte won the presidential elections. He is the country's 16<sup>th</sup> president. His administration has promised a tough stance on crime and corruption. He has also pledged to improve government services, seeking to create more jobs and growth especially in rural areas.



The Philippine Constitution guarantees the fundamental equality of women and men before the law and recognises the role of women in nation building. However, women are faced with numerous obstacles include gender stereotyping, multiple burdens and lack of political education and support from political parties.

National statistics indicate dramatic increases in violence against women. The Center for Women Resources' (CWR) estimated that the number of recorded rape cases increased by 92 percent from 5,132 in 2010 to 9,875 in 2014. Violations of the Anti-Violence against Women and Children Act escalated by 200 percent from 2010 to 2014.

**Every 53 minutes, a woman or a child is raped, with seven in 10 victims of rape being children.**

**Every 16 minutes, a woman is battered.**

According to the CWR's executive director Jojo Guan, *"... despite more than 37 laws, executive and administrative orders to protect women and children, the victims of violence are getting younger and the abusers are becoming bolder and harsher".*

The number of cases of violence against women (VAW) reported to the Philippine National Police (PNP) in 2013 increased by almost 50% when compared with reported cases in 2012. This 2013 figure is the highest since 1997.

### **The health care sector in the Philippines**

Healthcare workers are at high-risk for being targets of workplace violence. In a paper presented at the **Third International Conference on Violence in the Health Sector**<sup>9</sup> in October 2012, Faustino Jerome Babate and Danny Alfaras reported *"This violence is occurring four times more often in healthcare settings than in all of private industry combined. The negative effects of workplace violence included minor and serious physical injuries, temporary and permanent physical disability, psychological trauma, and death. Most nurses in Philippine hospitals have experienced a certain degree of violence."*

Through their research they discovered that the negative effects of violence were demonstrated by fear, decreased morale, worker absenteeism, turnover, and loss of productivity. They conducted interviews between February and November 2011 with 12 nurses working in hospitals (classified as primary to tertiary settings) in southern Philippines. This was the first known study of its kind in the southern part of the country.

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<sup>9</sup> [http://www.oudconsultancy.nl/Resources/Proceedings\\_3rd\\_Workplace\\_Violence\\_2012.pdf](http://www.oudconsultancy.nl/Resources/Proceedings_3rd_Workplace_Violence_2012.pdf)



The findings indicated that violence was primarily perpetrated by psychiatric patients (physical) and physicians (verbal). Participants reported the following consequences: worker stress and injury, patients being restrained, parental eviction from the emergency room, delays in patient care, and perceived negative image of the medical centre by parents and visitors. The study recommended:

- The introduction of interventions such as workplace violence prevention training; Conducting workplace violence audits;
- The development of new guidelines;
- Improvement of institutional governance.

One of the serious issues facing the Philippines health sector, especially in hospitals, is understaffing - for every 20 patients there are two nurses on duty. This chronic understaffing and resulting long working hours contribute to illness, sleep deprivation leading to stress and changes in the immune function. This contributes to the risk of violence because of longer patient wait times.

### **Milestones**

During the period 2006 to 2012, AFW participated in the PSI Southeast Asia project on Gender and Health. The project sought to build and increase awareness of workplace violence as a psychosocial hazard. The project work used the [Framework Guidelines for Addressing Workplace Violence in the Health Sector](#).

The project outcomes included the training of a cadre of trade union leaders from the AFW equipped to carry out training programmes on workplace violence in the health sector. This activity resulted in the strengthening of the confederation's Occupational Safety and Health (OSH) committee and its ability to negotiate improved safety and health regulations in the private hospitals. The Collective Bargaining Agreements included clauses addressing workplace violence and sexual harassment.

AFW activists gave examples of a number of cases of violence in their respective workplaces. Some of these were cases of co-worker violence (intimidation and bullying, as well as lateral violence <sup>10</sup>); sexual harassment; denial of rights to female nurses who were seeking benefits available under the law ([Solo Parents' Welfare Act of 2000](#)). In some cases, the affected workers had to take the matters to the court under the provisions of various Republic Acts.

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<sup>10</sup> Lateral violence refers to acts that occur between colleagues, where bullying is described as acts perpetrated by one in a higher level of authority and occur over time. The acts can be covert or overt acts of verbal or non-verbal aggression.



AFW activists also highlighted the confederation's role, through its affiliates, using education and training, representation, grievance handling and advice, in helping the workers to tackle these cases.

In February 1995, the Philippine Congress passed a law against sexual harassment. [Republic Act \(RA\) 7877](#) made all forms of sexual harassment unlawful in any work, education or training environment. Female nurses have used this law to bring cases against male workers in health care institutions.

*The State shall value the dignity of every individual, enhance the development of its human resources, guarantee full respect for human rights, and uphold the dignity of workers, employees, applicants for employment, students or those undergoing training, instruction or education. Towards this end, all forms of sexual harassment in the employment, education or training environment are hereby declared unlawful.*

*Section 2 – Declaration of Policy*

Through advocacy with the Department of Labour and Employment and employers, there is a voluntary code of good practice for the [hospital industry](#). The code covers areas such as labour-management relations, social dialogue, advancing the role of women, occupational health and safety and working conditions.

The Philippines has many active human rights and social welfare groups as well as NGOs. Many labour organisations are committed to working with allies to end violence in the world of work. AFW works for equality and a safe working environment. As a result, almost all of AFW's local affiliates' CBAs have provisions that protect women and men from workplace violence.



### ***Leave for Victims of Violence Against Women and Their Children (VAWC)***

*VAWC leave is granted to private sector women employees who are victims as defined in Republic Act No. 9262. The leave benefit shall cover the days that the woman employee has to attend to medical and legal concerns. In addition to other paid leaves under existing labor laws, company policy, and/or collective bargaining agreement, the qualified victim employee shall be entitled to a leave of up to ten (10) days with full pay, consisting of basic salary and mandatory allowances fixed by the Regional Wage Board, if any.*

*Philippines General Labour Standards*

### **Difficulties and challenges met by the union**

AFW affiliates have reported situations of poor work organisation and work environment that lead to and foster co-worker conflict. Lack of role clarity, low job control, poor supervisor support, poor communication, ineffective leadership/supervision, strained and competitive work environments, and major impending changes in the workplace have all been associated with higher levels of staff conflict.

Unions have promoted the establishment of procedures to help solve problems before a situation, particularly among workers, supervisors or managers further deteriorates. These may consist of informal meetings between the complainant and an appropriate line manager. AFW has also promoted the involvement of the union at these initial stages to prevent further violent incidents.

While there has been some progress, through training, a key challenge is the unwillingness of some staff to report the various acts of violence. Young women HCWs fear for their jobs. They are sometimes the only one in the family bringing in a steady income and in other cases they are solo parents. Even with the various pieces of legislation available, cost for prosecution is a prohibitive factor.

### **Importance of enabling legal environment and well-functioning industrial relations systems at national, sectoral and workplace levels**

Workplace cooperation is now understood as a broad concept connoting mutual commitment between labour and management to “working together and working smarter.” Specifically, its goal is to develop an ideal situation where management and workers are full partners in identifying problems at the workplace, crafting solutions to those problems, and implementing the agreed-upon solutions. Governments, employers, workers and their representatives are vital in promoting workplace practices





that help to eliminate workplace violence. Therefore, cooperation between governments, employers, workers and their representatives is essential in developing and implementing appropriate policies and procedures to eliminate or minimise the risk of workplace violence.

In the Philippines, tremendous and significant progress has been made in addressing and eliminating violence against women by both government and non-governmental organisations. Some of the most significant laws passed are:

- RA 8353 - the Anti-Rape Law
- RA 8505 - the Rape Victim Assistance and Protection Act;
- RA 7877 - the Anti-Sexual Harassment Law and the Anti-Trafficking of Persons Law
- RA 8369 – the Family Courts Act of 1997 established family courts in major cities all over the country to foster a more proactive approach in protecting the rights of women and children against domestic violence and incest.

A major accomplishment in the advocacy to eliminate VAW was the passage of Republic Act No. 9262 or the Anti-Violence against Women and Their Children Act of 2004. It penalises all forms of abuse and violence within the family and intimate relationships.

The Magna Carta of Women (RA 9710) is a [comprehensive women's human rights law](#) that seeks to eliminate discrimination against women by recognising, protecting, fulfilling and promoting the rights of Filipino women, especially those in the marginalised sectors.

### **Difficulties experienced**

The Philippines has scored high in terms of the accessibility of both genders to primary, secondary and even tertiary education. “Despite these impressive results, gender inequality persists in economic opportunities and political empowerment. The Philippines’ institutional framework offers a good model for the promotion of gender equality. But the country needs to address the challenges of implementation and enforcement in order to eliminate gender equality across all aspects of life.”

The AFW has negotiated a number of collective agreements with various hospitals in the country. It has also worked with employers to include provisions to combat inequality, discrimination and workplace violence. Some examples include:

- *2015-2020 CBA, St. Luke's Medical Center Quezon City*
- *2014-2019 CBA, St. Luke's Medical Center (Global City)*
- *2014-2016 CBA, San Juan de Dios Educational Foundation (Hospital)*
- *2011-2014 CBA, Capitol Medical Center*
- *2012-2014 CBA, MCU-Filemon D. Tanchoco Medical Foundation*
- *Makati Medical Center Guide for New Employees Handbook*
- *HMSI-Medical Center Manila Employee's Handbook and Policy Manual*

## Argentina (the Argentine Republic)



Argentina is the second largest country in South America (land area of 2.8 million km<sup>2</sup>) and the eighth largest in the world. It has a population of 43.4 million, and Buenos Aires is the federal capital. The country has the third-largest economy in Latin America and it is a member of the G20. Argentina is classified as a high-income economy.

In recent years and after an increasing number of violent attacks against women and girls in the country, there were mass demonstrations throughout the country. Trade unionists joined women's groups and other activists to call for decisive action to prevent violence against women and children. On July 26, 2016 [Argentina's National Plan of Action for the Prevention, Assistance and Eradication of Violence against Women](#) was launched. It is a three-year plan starting in 2017 with a budget of just over USD2.6 million. The initiative, which still is in a very early stage, incorporates over 200 measures and actions that include shelters for women, public awareness campaigns; electronic tagging of men with restraining orders to aid compliance; introduction of gender violence awareness in the national school curriculum; and the development by the health ministry of a national framework protocol for comprehensive care of women experiencing violence.



## Milestones

- Moving 26,000 workers nationwide out of precarious work
- Nine formal negotiations at state level for collective bargaining agreements
- Two national collective agreements for public employees
- Formal actions on workplace violence at state level (Buenos Aires, Mendoza and Santa Fe)
- Participation in joint commissions on safety and health in public employment in Buenos Aires and Santa Fe, using provincial laws

The legal framework on institutional violence includes:

- ILO Conventions: [111](#) (Discrimination in employment and occupation), Convention [100](#) (Equal remuneration) and [Convention 155](#) (Occupational safety and health)
- Articles 14bis and 16 of the National Constitution
- Contract law articles 17, 70, 72, 73, 81, 172 y 187

There is no national law on workplace violence. There is only provincial legislation.

- Workplace violence - 13168/2008. Province of Buenos Aires  
“Law 13.168 that was passed at the end of December 2003 by both legislative bodies of the province of Buenos Aires defines workplace violence as the actions of an official and/or public employee who, using his hierarchical position or circumstances linked to their functions, engages in conduct that violates the dignity, physical, sexual, psychological or social integrity of the worker by manifesting an abuse of power carried out through intimidation, threat, wage inequality, harassment, physical, psychological abuse.

This last point refers to the fact that physical, psychological and/or social abuse is aimed at causing physical harm or suffering to the worker in the form of continuous and repeated hostility through insults, psychological harassment, contempt or criticism.”

Joint Commission on health in public employment. CoMiSaSEP: Joint resolution of the Health and Security Parity Commission on Public Employment.2008

- [Santa Fe: law 12434/05](#) - Joint committees of health and safety in employment (public and private) law 12913/08



Law on participation of workers in health and safety in public employment, promulgated on 22 December 2010, Province of Buenos Aires

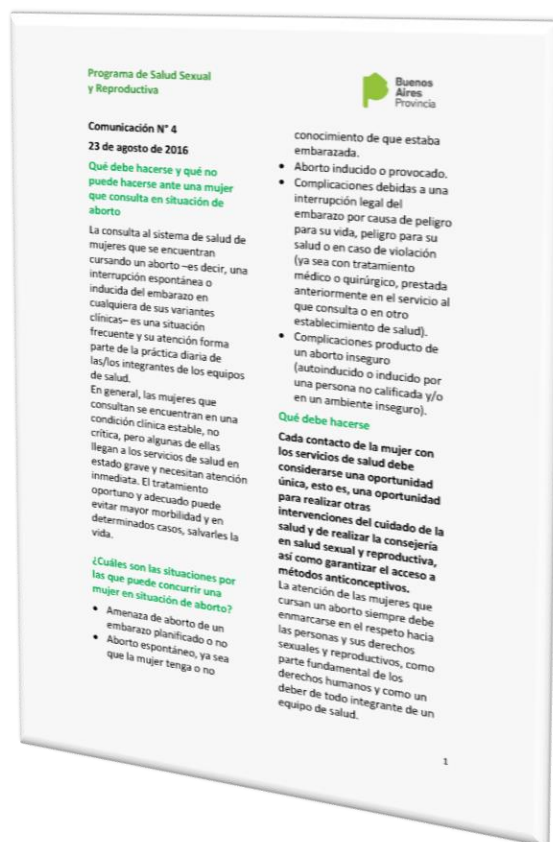
- Province of Jujuy: Act 5349 / 08
- Province of Tucumán: law 7232/08
- Province of Entre Ríos: 9671/05 law
- CABA: law 1225 / 08 for managerial personnel and law 4330/13 that modifies the previous act making it applicable to all the staff, including temporary workers
- Responsibility for workplace risks. Law 24557/96 as amended in 2015.

[Law on comprehensive protection for women](#) N° 26.485/09

### **Training and actions undertaken at the level of FESPROSA**

CICOP-FESPROSA has conducted training sessions at various levels on gender equality and gender equity. These included:

- Gender equity (Buenos Aires, Tucuman, Mendoza)
- History of women in trade unionism and feminist activism in Argentina
- Laws on gender
- Violence (Neuquen, La Pampa, San Juan, Chaco, Tucumán and La Rioja)
- Workplace violence and gender (Mendoza, Santa Fe and Jujuy)
- Legal abortions and obstetrical violence (students of the Faculty of Medicine of the University of Buenos Aires)
- Implementation of the registration of cases of violence at hospitals



- Participation in all actions on March 8, May 28 and on November 25 with the Central of Argentinian Workers (CTA in Spanish); and in the campaign for legal abortions in joint actions with the national feminist movement.
- In Argentina, in October, there is a national women's caucus, the only place in the world where more than 60,000 women openly discussed issues. This movement was built and sustained by women, trade unions and political actors since 1985.,
- Presentation with CTA on the law relating to leave for those affected by gender-based violence; regulations for domestic work; creation of gardens in workplaces for parents; increase in maternity leave to 180 days.



### **Leave for Gender Violence for Provincial Employees**

The Legislature of Córdoba approved Wednesday the creation of leave for gender violence for agents of the Provincial State.

The period of leave will be up to 30 days per calendar year - continuous or discontinuous - renewable for the same period for those who suffer family or gender-based violence.

Teachers, Health personnel and members of the Public Administration can request the leave.

The authorities of each of the agencies must carry out, by means of regulation, the pertinent normative adjustments to incorporate leave in their work arrangements.

Physical, psychological and/or social is violence intended to cause physical harm or suffering to the worker in the form of continuous and repeated hostility through insult, psychological harassment, contempt or criticism.

<http://www.lavoz.com.ar/ciudadanos/aprueban-licencias-por-violencia-de-genero-para-empleadas-provinciales>

### **Conditions and working environment**

SIPRUS-FESPROSA in the province of Santa Fe is actively involved in the joint health and safety committees in the province. For example, it applied Convention 155 in the case of workplace harassment against workers at health centres. As a result, the Director was dismissed.

From 2011 CICOP participates, through its branches, in the joint committees on labour and environment conditions in each workplace.

In 2012 the Commission of violence was created in the Ministry of Health of the province of Buenos Aires. CICOP continues to be a central actor in this commission.

CICOP works on protocols to combat violence in the workplace and has established a "hospital caregiver" a worker who is a member the health team to replace outsourced security personnel operating in each hospital.



From 2014, CICOP started to maintain records of cases of violence in hospitals. The greatest difficulty/stumbling block in the implementation of the protocols was the Ministry of Security in the province of Buenos Aires.

In one case, a hospital director was dismissed for workplace violence and abuse. In another case, the ex-husband of a professional woman, who works in the same place, even though there were legal restrictions against him, he continued to harass her, in complicity with the hospital's management. CICOP negotiated for them to work in separate workplaces and the female employee is now working in other hospital. In some cases, male first year residents who are guilty of violence and harassment are not promoted.

*Hospital Garrahan:* In 2010, the professional association started to work on the issue of workplace violence. The association observed between 18% and 25% absenteeism, as a result of increases in abuse at the workplace. There is wage discrimination among 400 professionals which is more than half the number of workers. Out of 4,500 workers, 500 are on contracts and without job security.

In 2013 a sub-committee on the prevention of ill-treatment was formed with workers giving their service three times a week. It currently works with the victims and focus/discussion groups in the workplace.

They are the 4 unions in the hospital representing workers in occupational health, the human resources department, nursing, health and the environment, maintenance, hygiene and safety. The President of the union was a victim of abuse and harassment at work.

Although laws and regulations are of great help, experience has shown CICOP-FESPROSA that collective action and the correlation of forces in union actions are the necessary engines to reverse and change the incidence and prevalence of violence in the workplace.

### **Reflections and proposals**

It would appear that there is a situation where violence in health facilities is now the norm. Injustice in the workplace is prevalent. One activist comments, *"this is the case, there is no way to change it."* There are increasing attempts to silence workers and there is a sense of helplessness. *"We are not listened to. We are not considered, when in fact we are the ones who can contribute more."*

CICOP-FESPROSA observes that violence and labour injustice are legitimised in the health sector. Even though workers can bring a lot to the discussions, unions are not heard, and are often silenced.





Co-worker violence is present in the way in which work is organised. There is discrimination between the various professions in health care, as well as between genders. There is also class discrimination which contributes to the culture of violence in the workplace – between patients and workers and between co-workers.

In primary care centres (clinics), violence manifests itself first from the outside in the forms of physical violence and theft. External violence is the type of violence that is most visible. But it is not statistically the most important. In such cases it is important to have a participatory approach to tackle workplace violence.

[Video](#) of interviews is available.



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