



TACKLING VIOLENCE IN THE HEALTH SECTOR: A TRADE UNION RESPONSE

**EXECUTIVE SUMMARY
SUPPORTED BY ILO ACTRAV**



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.”

On November 12, 2015, the ILO Governing Body agreed to discuss a new international standard on violence against women and men in the world of work. It will be included for a first discussion in the agenda of the 2018 International Labour Conference. This is the result of proposals and lobbying since 2014 led by the international trade union movement.

In October 2016, an ILO Tripartite Meeting of Experts on Violence Against Women and Men in the World of Work¹ reviewed background information as well as sectoral case studies from the Global Union Federations (GUFs) and the International Trade Union Confederation (ITUC), with the support of ACTRAV. Jane Pillinger coordinated the collection of case studies from the GUFs and the ITUC and prepared a report for the preparatory meeting of the workers’ group. The final report, released on March 8, 2017, benefitted from feedback from workers’ experts and observers².

The report had three related objectives:

- to show the role that trade unions play in preventing and addressing violence at work;
- to share learning, promote discussion and enhance the role of trade unions in taking a systematic approach to the prevention and elimination of violence and harassment at work; and,
- to inform trade unions in building a strong position at the International Labour Conference in 2018 and developing a standard-setting item on violence against women and men in the world of work.

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 constitute an important contribution to the discussions and preparation for developing a standard on violence against women and men at work. The PSI therefore presented case studies from our affiliates in the health and social care sector.

1. ILO: Report of the Meeting of Experts on Violence against Women and Men in the World of Work (Geneva, 3–6 October 2016), GB.329/INS/INF/3 (available in English, French and Spanish).
 2. ILO: Violence and harassment against women and men in the world of work: trade union perspectives and action / International Labour Office, Bureau for Workers’ Activities (ACTRAV). - Geneva 2017 (available in English, French and Spanish).

PSI’s contribution was “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.”

This updated report³ includes the original three country case studies with additional information collected through research in South Asia, focusing on work done with the All Sindh Lady Health Workers and Employees Union (ASLHW&EU) in Pakistan. The experiences of Lady Health Workers (LHWs) in the Sindh province of Pakistan, highlight the extreme levels of violence and harassment facing these Community Health Workers (CHWs) in that country. Together with the experiences from PSI affiliates in the Democratic Republic of Congo (DRC), the Philippines and the Argentine Republic, these case studies:

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.

PSI staff in the regions conducted interviews and workshops to develop the case studies. They worked with the leadership and other activists in the health-care union affiliates in the four countries. This report also includes examples of on-going work by PSI affiliates in other countries and territories.

3. The August 2016 report featured three case studies from the Democratic Republic of the Congo, the Philippines and the Argentine Republic, together with other examples of on-going work by affiliates of the PSI.



ACHIEVING DECENT WORK REQUIRES THE ELIMINATION OF VIOLENCE AND HARASSMENT IN THE WORLD OF WORK

The provisions for dealing with violence and harassment in the world of work at both international and domestic level are limited in scope and patchy. International standard(s) – a Convention and a Recommendation – that encompass a comprehensive and integrated approach will fill important gaps at both international and domestic levels. There must be clear responsibilities for public and private employers, workers and their respective organisations, and governments. There must be collaboration and the development of joint strategies.

DEFINITIONS OF VIOLENCE AND HARASSMENT IN THE WORLD OF WORK

As a result of various discussions and recognising that definitions of violence and harassment at work differ from one region or country to another, the GUFs and the ITUC adopted an integrated and wide-ranging approach. There is a shared understanding that violence and harassment are an abuse of power and arise from unequal power relations at work, in the family and in society. Violence and harassment at work include:

- Physical assault and violence, as well as a range of psychosocial risks such as verbal or non-verbal threats and abusive behaviours, which are often sexualised and rooted in unequal power relations. These are referred to in different national contexts as unwelcome psychological or moral harassment, bullying or mobbing with the aim of demeaning, embarrassing, humiliating or abusing a person.
- Discrimination-related violence, affecting workers in the most vulnerable situations, including women, LGBT workers and racialized workers. Women who experience multiple discrimination are disproportionately affected by violence and harassment at work. They include hotel workers, barmaids, waiters, nurses, social care workers, teachers and teaching assistants, and shop workers.
- Violence in the world of work includes violence that takes place away from the traditional workplace, for example at social events, conferences, training courses or meetings related to work, in the home of clients or when work takes place away from the workplace and involves contact with the public. It also includes travel during business hours and travel to and from work.

- Working with clients or the public exposes some workers to a higher risk of violence, for example, working in night-time services such as bars and cafes where alcohol is consumed, in policing or criminal justice operations, in front-line first responder emergency services, in situations where money or prescription drugs are handled, where care and education services are provided, and where work is carried out in isolated locations, at unsocial hours or in mobile locations.

SOME IMPORTANT CONCLUSIONS

Domestic Violence does not start or end in the home

Through the research conducted in Pakistan, many Lady Health Workers gave examples of how their work – seen as against the teachings of Islam and in defiance of societal norms – resulted in domestic violence of various forms. Many women with the assistance and support of their union, showed how they survived the violence at the hands of their husbands, brothers, brothers-in-law, fathers and fathers-in-law. The insecurity felt by men results in serious injury and in at least one instance revealed through research, resulted in the death of a LHW.

“Whenever I come back from a campaign, he doesn’t lose any opportunity to beat me”.

Austerity measures have contributed to the social inequalities that exist in various societies. As a result, there is a rapid spread of violence in the health and social care sector. A culture of violence that exists in societies, the increases in domestic violence, and the many cases of political and social violence in a number of countries all have an impact on the world of work where health and social care workers are on the frontlines.

Through their union, the LHWs in the Sindh province found a safe haven where they were able to build connections and have a sense of belonging. This means unions play an important role in breaking the barriers

of silence and isolation that comes as a result of domestic violence. The understanding and support of fellow workers and a belief in the power of collective action goes a long way in putting an end to the silence and the circle of violence.

Austerity measures reduce the quality of service and increase the threats to workers' lives

Austerity measures mean inadequate staffing in the health service and therefore poor levels of service. Third-party violence – violence from patients, family members and other members of the community – increases, especially in tense situations: conflict zones, in the presence of extremists elements and where there are perceived threats to societal norms and values. These situations also contribute to co-worker violence and harassment and ultimately leads to workers leaving their jobs.

Women predominantly work in health and social care. The studies highlight in stark terms the gender-based violence and harassment especially against nurses, and community health care workers. The 2002 research and guidelines jointly conducted and developed by the PSI, WHO, ICN and ILO, show that workers in the health sector are at increased risk of violence and harassment because of the characteristics of the services delivered and the existing working conditions.

The research and discussions with Lady Health Workers in Pakistan revealed that Sexual harassment is rampant. The LHWs have to face it on multiple levels. Their work in public spaces mean that men see them as “available”. Community members and senior male officers do not lose an opportunity to harass them. In their deeply patriarchal society, these women who go about in the communities are always viewed with deep suspicion. Sometimes, they are victims of acid attacks. Other times they are raped, molested and killed on charges of having a ‘loose character’ and accused of infidelity.

Role of trade unions

All of the case studies and examples show the important role played by trade unions. Through collective bargaining, negotiations, campaigns and advocacy, unions have a positive impact on efforts to eliminate violence and harassment at work. Bipartite and tripartite social dialogue mechanisms and good industrial relations practices are critical.

Providing safe, healthy and environmentally responsible working environments is critical for just and sustainable societies. Safe public transport systems, safe cities and towns and services that protect citizens are important aspects of public policy. Effective public policy requires collaboration between trade

Gender-based violence is violence and harassment that is directed at persons because of their sex or gender, or that affects persons of a particular sex or gender disproportionately.

unions and especially public services unions, national, regional and local government, employers and unions. Therefore, trade unions must be involved in the design, implementation and monitoring of policies to prevent and eliminate violence and harassment in the world of work.

To support survivors of violence and harassment, there must be effective public policy that provides training and resources to those who are required to inspect, monitor, advise and implement remedial action. Quality public services are essential. Workers must have the knowledge, skills, attitudes and tools that will allow them to recognise and address the differing experiences, expectations and needs of women. □

Public Services International (PSI) is a global trade union federation representing 20 million working women and men who deliver vital public services in 163 countries and territories. PSI champions human rights, advocates for social justice and promotes universal access to quality public services. PSI works with the United Nations system and in partnership with labour, civil society and other organisations.

<http://www.world-psi.org>

PSI represents 8 million health care workers. PSI believes that care must be available to people who need it, not just to those who can pay. Quality health care is important to families, societies and the economy – because healthy workers are more productive.

See: <http://www.world-psi.org/Health>

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