PROTECTING THOSE WHO CARE

UNION INITIATIVES TO PREVENT VIOLENCE AND HARASSMENT IN THE CARE WORKFORCE

UNI global union

care

CONTENTS

EXECUTIVE SUMMARY

INTRODUCTION

Violence and harassment in the health and care sectors represent a global crisis that undermines the safety, dignity, and wellbeing of millions of workers—a majority of them women. These abuses often take the form of psychological abuse, insults, threats, physical aggression, sexual harassment, gender-based violence, and discrimination. Violence emanates from co-workers, managers, and third-parties such as patients and their families. These abuses violate workers' dignity and safety, intensify burnout and turnover, and undermine the quality and sustainability of health systems.

Care work takes place in settings that expose workers to higher levels of risk: workers provide intimate, emotional, and often urgent care to individuals who may be sick, distressed, or experiencing mental health issues. The stress in these contexts is exacerbated by chronic short-staffing, overstretched and under-resourced health systems, isolation in home-based and residential care settings, and the deep undervaluing of care work and feminized labour.

Despite the gravity of these abuses, violence in health and care work has too often been treated as "part of the job" instead of as serious violations demanding urgent and effective response. And despite the importance of adequate staffing for health systems to be sustainable and provide quality care, many governments and employers have failed to make adequate investments in safe levels of staffing.

The 2019 adoption of the landmark International Labour Organization (ILO) Convention 190 on Violence and Harassment (C190) set a global standard on governments' obligation to identify, prevent, and respond to violence at work. This includes identifying sectors at especially high risk for violence and harassment—such as the health and care sectors— and taking effective protection measures.

While some governments have been working with unions and employers to introduce new protections and give greater visibility and importance to violence and harassment in the health and care sectors, most are falling far short.

Governments have a responsibility to take comprehensive action to prevent violence and harassment through strong laws, policies, and effective implementation. They should also work in close collaboration with unions and employers to identify risks, strengthen prevention systems, and ensure that workers can speak up safely and receive appropriate support. Employers must fulfill their responsibility to provide safe and healthy workplaces by establishing clear procedures, providing training for both managers and workers, and fostering a culture of dignity and respect.

This report is divided into two main sections. The first part highlights findings from the 2025 UNI Global Union Care Survey of workers and provides new insights on the nature and extent of violence and harassment experienced by health and care workers across a diverse range of countries and health settings.

The second part highlights inspiring initiatives that unions have undertaken to advance prevention and response to violence and harassment, amplifying models and lessons learned into best practices.

FINDINGS FROM THE UNI GLOBAL UNION CARE SURVEY

In 2024-2025, UNI conducted an online global survey of health and care workers. The survey included 15,376 respondents representing institution-based, community-based, and home-based health workers across 80 countries. The global survey covered a range of working conditions, including type of work, hours of work, benefits, training, experiences with discrimination and violence, and union membership.

Most of the participants were institution-based workers, while 2,165 respondents represented community health workers and 1,188 respondents represented home-based health workers.

The survey found strikingly high levels of workers who experienced violence or harassment frequently and did not feel safe at work.

- 86% of surveyed workers at healthcare facilities report experiencing or witnessing violence, discrimination or harassment on the job.
- 27% of surveyed workers feel "unsafe" or "very unsafe" at work.
- 30% reported experiencing violence or harassment once a month or more; among the 2,211 nurses who answered this item, the figure rises to 37%.
- 17% reported incidents once a week or more.
- 4% reported daily incidents.
- Out of 8,022 workers who responded to the question, 69% said they did not feel adequately supported by their employer when they experienced discrimination or violence at work.

As reported in a February 2025 UNI analysis of the 11,233 respondents working in institutional settings, workers who said they "always" worked short-staffed were almost two-and-a-half times more likely to report experiencing or witnessing harassment or violence at least monthly—and four times more likely to experience it daily—in comparison to those workers who said they "rarely" worked short-staffed.

A similar pattern existed for discrimination: almost three out of four workers (74%) who reported "always" working short-staffed said they experienced or witnessed discrimination at work, in comparison to 35% who said they "never" worked short-staffed.

These experiences impact worker turnover. Workers who reported regularly experiencing or witnessing harassment, violence or discrimination were far more likely to view their job as unsustainable until retirement. 63% of workers who said they experienced or witnessed harassment at least monthly said their jobs were not sustainable until retirement.

WORKER TESTIMONIES DESCRIBING EXPERIENCES WITH VIOLENCE AND HARASSMENT

SHORT-STAFFING RISKS

> *"There are constant verbal and physical attacks from patients on us as health workers, and without any real health and safety protection protocol to protect us."*
>
> ***Health worker, outpatient clinic, Chile***

Chronic understaffing and weak infrastructure slow care, fuel the frustration of patients and their families, and increase insults, threats, and assaults against frontline workers. Staff often become the "face" of broader system failures and bear the brunt of third-party harassment and violence.

WORKING WITH HIGH-RISK POPULATIONS

> *"Our job description say we deal with challenging behavior but not the severity of violence we have to deal with... and [we're] told it's what we are paid for and to expect to get hurt."*
>
> ***Care worker, inpatient facility, United Kingdom***

Workers may face aggression when working with patients and health-service users who have dementia, mental health issues, or for example, individuals who become highly-stressed or violent in emergency settings. Many health workers report managerial attitudes that normalize violence as part of the job—leaving caregivers feeling expendable and unsafe.

VERBAL ABUSE AND MENTAL-HEALTH IMPACTS

> *"He yelled at me so loudly it made my eardrums vibrate. Every time I visited that house, I felt stressed, and eventually I refused to go there anymore."*
>
> ***Care worker, Japan***

Verbal aggression, including insults, threats, and yelling, was frequently

reported among survey respondents. They reported feeling anxiety, fear, and stress as a result. Verbal abuse comes from users and families as well as managers and co-workers.

SEXUAL HARASSMENT AND VIOLENCE

> *"He texted me and told me what he would do with me... There were times when he groped me... I reported... but I was informed that I had to deal with it because there was no place to transfer this man."*
>
> ***Marta, care worker, public nursing home, Poland***

Sexual harassment occurs across diverse health settings—private homes, residential care facilities, hospitals—and can be perpetrated by patients and their relatives, colleagues, or managers. Some of the documented incidents took place when health workers were isolated, for example lone community visits or understaffed night shifts. Others discussed sexual harassment in the context of power imbalances and staff hierarchies in healthcare settings.

DISCRIMINATION AND HARASSMENT

> *"A particular manager at my workplace treats the workers like slaves. She is most of the time verbally abusive.... She continuously threatens the carers that they are sponsored, putting fear in them to do whatever she wants. And many staff are afraid to speak up of the poor treatment because of their [immigration] sponsorship with this manager."*
>
> ***Health worker, mental health care facility, United Kingdom***

In the UNI Global Care Survey, 44% of 14,511 surveyed workers reported discrimination at work. Of the 1,386 workers who answered additional questions about the nature of discrimination, 39% cited gender, 21% cited race, 18% cited union activity, and 12% cited sexual orientation. A further 7% cited tribal affiliation.

CASE STUDIES

This report presents diverse case studies of how unions are making violence and harassment in the care sector visible—and how they are winning protections aligned with international standards. These case studies are based on interviews with union leaders, desk research, and analysis of negotiated agreements and laws. These examples showcase a range of approaches—awareness-raising, training, collective bargaining, national legal reform, joint union-employer committees, and workplace protocols and policies.

Peru - Federación Centro Unión de Trabajadores de EsSalud (FED-CUT) represents workers in EsSalud, the tripartite social security healthcare system, and documents frequent psychological abuse from patients and families, driven by shortages of health workers and medicines. Although Peru has ratified C190, enforcement remains uneven, particularly amid political turnover. To secure durable protections, FED-CUT embedded C190 language in EsSalud collective bargaining agreements, committing to a prevention committee and protocol, a worker complaints system, and accompaniment through the process. FED-CUT works with other unions through the Grupo Impulsor to push for enforcement of C190.

Japan - The Nippon Care Service Craft Union (NCCU) which is affiliated with UA ZENSEN, is Japan's largest care-sector trade union and has paired documentation with policy change. A 2018 member survey publicized high harassment levels and helped spur government actions, including adding harassment-related mental-health harms to workers' compensation criteria and tightening Long-Term Care Insurance operational standards. In 2025, the Kasuhara Countermeasure Law was enacted, requiring all employers to institute measures and consultation points for user harassment. NCCU's collective agreements emphasize education, awareness for healthcare users and their families, and grievance procedures.

Ghana - The Health Services Workers' Union (HSWU) organizes across public and private health facilities and reports that violence and harassment—often triggered by delays in care and chronic staffing gaps—are persistent yet under-reported. HSWU runs regular trainings on gender-based violence, occupational safety and health, survivor-centered response, and bystander intervention across all the regions in which it operates. It makes a strong push for awareness during the 16 days of activism against gender-based violence. In the absence of C190 ratification, HSWU has secured worker protections through collective bargaining, adding clauses on confidential reporting, survivor support, training for managers and members, and sanctions for perpetrators.

Ireland - The Services, Industrial, Professional and Technical Union (SIPTU) operates within a collaborative, national industrial-relations framework that enables unions to shape policy on workplace violence, compensation, and occupational safety and health. The Managing Violence and Aggression policy was recently revised and requires tailored risk assessments by setting, reporting systems, manager responsibilities, and staff supports. Separately, SIPTU won a revision of the Serious Physical Assault Scheme in 2023, raising support-staff entitlements to up to six months' pay with allowances, narrowing inequities across grades.

Chile - Federación Nacional Sindicatos de la Salud Privada y Afines (FENASSAP), organizes private-sector health workers and highlights the different types of harassment present in health settings. Alongside other unions, they successfully advocated for the Ley Karin (Law 21.643)—in force since August 2024. This law adds a gender perspective to labor relations, defines sexual and labor harassment, third-party violence, incivility and sexism. It also requires employers to include violence in risk assessments and implement prevention protocols under social-security guidelines.

Canada - Unifor represents health workers across hospitals, long-term care, community and home-care settings, combining policy advocacy with worker training. Unifor uses official data on workplace violence incidents in Ontario province to inform its worker trainings. Unifor's employer-funded Family Education Centre delivers 40-hour courses on health and safety, conflict resolution, and bystander training. The union also implements a zero-tolerance for harassment policy for union events, modeling the culture it advocates. Policy priorities include explicit regulation of third-party violence, bringing long-term care fully under occupational and safety health rules, and involving unions in workplace risk assessments and investigations.

Belgium - In Belgium's social-profit sectors, every worker is covered by sectoral collective bargaining agreements, and companies with more than 50 employees must have joint prevention and protection committees that can inspect workplaces and propose safety improvements. Social partners created VIVO and embedded ICOBA to focus specifically on aggression: ICOBA offers courses, policy advice, free materials, and an online Aggression Scan to help employers and worker representatives assess and strengthen policies.

Argentina - Federación de Asociaciones de Trabajadores de la Sanidad Argentina (FATSA) represents public and private health workers and uses ILO Convention 190 as a bargaining and advocacy framework, emphasizing that widespread verbal, physical, and workplace harassment—directed at a predominantly female workforce—requires institutional responses. The union leverages the Ley Micaela – which requires gender-violence training for all officials in all three branches of government -- as a normative anchor to push for a culture of awareness and prevention. FATSA complements policy work with member education, awareness campaigns, and legal and psychological support.

BEST PRACTICES

Violence and harassment in the health and care sectors are pervasive, yet they are not inevitable. Across diverse national contexts, unions, employers, and governments have demonstrated that prevention and response are possible through data, dialogue, education, legislation, collective bargaining, and systemic reform.

Common threads across the case studies in this report highlight the following lessons learned.

COLLECT AND SHARE RESEARCH TO MAKE THE PROBLEM VISIBLE

Systematic data turns workplace abuse from a hidden issue into an undeniable labour-rights problem. Strong research can inform targeted prevention and response measures. Union surveys and administrative statistics in Japan, Peru, and Canada revealed the scale of incidents in health settings and added pressure for reform. In Canada, Ontario's Public Services Health and Safety Association shares workplace violence data with Unifor to shape training and risk-assessment programs.

SHIFT THE NARRATIVE: VIOLENCE IS NOT PART OF THE JOB

Unions challenge the normalization of aggression in the health sector by affirming that safety is a right and by reinforcing employers' obligations to identify, prevent, and respond to workplace violence. Unions across the case studies in this report raise awareness to shift narratives and demand workplaces with zero-tolerance for harassment.

PRIORITIZE AWARENESS-RAISING AND TRAINING

Unions emphasize the importance of raising awareness about workplace violence, gender, and effective prevention measures among workers, employers, and all levels of government. In Ghana, the Health Services Workers' Union runs nationwide training cycles on gender-based violence, occupational safety and health, and survivor-centred response. In Argentina, the Ley Micaela establishes mandatory training on gender and violence for officials at every level in the three branches of government. In Canada, Unifor runs a worker-led education centre with forty-hour courses specific to the health sector on health and safety, conflict resolution, and bystander intervention.

ENACT AND ENFORCE LEGAL AND NORMATIVE FRAMEWORKS

Unions use C190 to advocate for strong national protections. Legal frameworks create clear duties for employers and set enforcement pathways. Chile's Law 21.643, known as Ley Karin, adds a gender perspective,

defines prohibited behaviours including third-party violence, and requires risk assessments, prevention protocols, training, and timely investigations. Japan's Kasuhara Countermeasure Law requires all employers to implement measures and establish reporting desks for harassment from users and the public.

ENSURE EMPLOYER ACCOUNTABILITY

Unions are working to ensure that employers are trained to understand their responsibilities, and implement sector-specific risk assessments, accessible reporting systems, and survivor-centred support. Ireland's Managing Violence and Aggression policy requires risk assessments suited to each setting.

RELY ON COLLECTIVE BARGAINING

Collective bargaining is one of the most powerful vehicles for workers to negotiate strong protections with enforcement power. Contract language creates obligations that endure beyond political turnover and uneven national enforcement. In Peru, where implementation of C190 has been slow, FED-CUT's collective bargaining agreements with EsSalud include a prevention committee and protocol, a worker complaints system, and accompaniment of workers who make complaints. Several other unions, for example in Ghana and Canada, have used collective bargaining to negotiate stronger protections than those available in national law.

BUILD ALLIANCES TO AMPLIFY VOICE AND SUSTAIN PRESSURE

Coalitions help secure legislative change and strengthen implementation when institutions are slow to act. In Peru, the union works through the Grupo Impulsor with national and international partners to press for implementation of Convention 190 and related guidance. SIPTU in Ireland also works collaboratively with other health sector unions on a shared agenda and for amplified voice.

ADDRESS STRUCTURAL DRIVERS SUCH AS SHORT-STAFFING AND WEAK INFRASTRUCTURE

Workers often become the face of health system failures that provoke anger from patients and families. Prevention must involve systemic solutions, including addressing the chronic problems with short-staffing and weak infrastructure.

RESOURCE PREVENTION AND ENFORCEMENT EFFORTS, INCLUDING UNION-LED INITIATIVES

Progress depends on dedicated budgets, enforcement capacity, and persistence through political change. For example, this includes funds for the design and delivery of trainings for government workers, employers, and workers, or access to legal, psychological, and other support services for victims.

RECOMMENDATIONS TO UNIONS

MAKE THE PROBLEM VISIBLE WITH EVIDENCE

Run regular member surveys and case documentation, share findings with workers and employers, and use the results to set bargaining and training priorities.

EMBED PROTECTIONS THROUGH COLLECTIVE BARGAINING

Secure clauses that are in line with or exceed the standards in C190 on risk assessment, prevention protocols, confidential reporting, non-retaliation, and survivor support including counselling and accompaniment during complaints.

BUILD WORKER KNOWLEDGE AND LEADERSHIP

Deliver ongoing training on rights, recognition of risks, bystander strategies, and survivor-centred response; develop trained advocates and focal points across workplaces.

SUSTAIN ALLIANCES AND COORDINATION

Work with other unions, civil society partners, employers, and public authorities to advance implementation, monitor progress, and defend gains during political change.

CHALLENGE NORMALIZATION OF ABUSE

Use clear messaging that everyone must be safe at work and that violence is not part of the job.

RECOMMENDATIONS TO EMPLOYERS

INSTITUTIONALIZE PREVENTION

Conduct risk assessments specific to the health setting, create written prevention protocols, train managers and staff, and communicate clear zero-tolerance messages to workers and service users.

MAKE REPORTING SAFE AND USABLE

Provide multiple confidential channels, explain steps and timelines, protect workers from retaliation, and track outcomes to build trust.

PROVIDE SURVIVOR-CENTRED SUPPORT

Offer prompt access to counselling, medical and legal assistance, reasonable adjustments to work, and regular follow-up.

SHARE DATA AND ACT ON IT

Review incident trends with worker representatives, update controls, and measure whether changes reduce risk.

RECOMMENDATIONS TO GOVERNMENTS

ALIGN LAW AND PRACTICE WITH INTERNATIONAL STANDARDS

Adopt and enforce International Labour Organization Convention No. 190 and Recommendation No. 206, including recognition of third-party violence and gender-based violence.

REQUIRE EMPLOYER ACTION AND OVERSIGHT

Mandate risk assessments, prevention protocols, training for managers and workers, defined investigation timelines, protection against retaliation, and effective inspection and remedy.

RESOURCE IMPLEMENTATION

Fund enforcement, training, and data systems, and invest in structural factors such as staffing and continuity of care that reduce risk at the source.

ENGAGE SOCIAL PARTNERS

Use bipartite and tripartite dialogue to design policies, monitor implementation, and adjust measures based on evidence.

RECOMMENDATIONS TO DONORS AND INTERNATIONAL PARTNERS

FUND WHAT WORKS

Support union organizing, union-led awareness-raising and training programs, social dialogue, data collection, and the rollout of negotiated protections and workplace protocols.

BACK NATIONAL IMPLEMENTATION OF STANDARDS

Provide technical and financial support for legal reforms, guidance materials, public awareness, and monitoring aligned with ILO Convention No. 190 and Recommendation No. 206.

ENABLE CROSS-COUNTRY LEARNING

Invest in platforms that spread practical tools such as risk-assessment methods, training curricula, and model collective bargaining clauses, and that help coalitions sustain pressure for enforcement.

VIOLENCE AND HARASSMENT IN THE HEALTH AND CARE SECTORS

INTRODUCTION

Violence and harassment in the health and care sectors occurs with unacceptable frequency and pervasiveness, causing harm to workers' health, safety, dignity, and well-being. Health and care workers face particular risk of violence and harassment at work, including verbal abuse, threats, bullying, physical assault, and sexual harassment. Understaffing in institutional settings, over-stretched and under-resourced healthcare infrastructure, isolation in home-based settings, undervaluing of feminized work, and inadequate investment in sector-specific prevention and response mechanisms are fueling this hidden crisis. Women, migrants, and informal caregivers often face the greatest risks with the least support.

Addressing and preventing violence and harassment in the care sector is essential for upholding human rights, ensuring worker safety and dignity, strengthening health systems, and ensuring availability and quality of care.

The first part of this report presents quantitative and qualitative data illustrating the nature and extent of violence and harassment in the health and care sectors. Much of this violence has been normalized as "part of the job" in the case of health workers supporting patients with dementia or mental health issues, hidden in the case of care workers in private home settings, and ignored by institutions and management who have a duty to promote safety and dignity at work – for all workers.

The second part of this report highlights the determined and sustained commitment that unions have shown in amplifying the problem of violence and harassment in the care sector, and fighting for and winning new protections—aligned with international standards. Examples are drawn from diverse national contextsincluding Peru, Japan, Ireland, Ghana, Canada, Belgium, and Argentina. These case studies showcase a range of approaches: awareness-raising, training, collective bargaining, national legal reform, joint union-employer committees, and workplace protocols and policies.

DEFINING VIOLENCE AND HARASSMENT IN THE WORLD OF WORK

The 2019 ILO Convention on Violence and Harassment in the World of Work (Violence and Harassment Convention, No. 190) or *"C190"* requires governments to respect, promote, and realize the right of everyone to work free from violence and harassment. It is accompanied by the ILO Violence and Harassment Recommendation (No. 206 or "R206") which provides additional guidance to states.

This report uses the definition of violence and harassment articulated in article 1 of the convention:

a. The term *"violence and harassment"* in the world of work refers to a range of unacceptable behaviours and practices, or threats thereof, whether a single occurrence or repeated, that aim at, result in, or are likely to result in physical, psychological, sexual or economic harm, and includes gender-based violence and harassment;
b. The term *"gender-based violence and harassment"* means violence and harassment directed at persons because of their sex or gender, or affecting persons of a particular sex or gender disproportionately and includes sexual harassment.[1]

The convention applies to all sectors, whether private or public, formal or informal.[2] It applies to violence and harassment that takes place in the course of, linked with, or arising out of work:

a. In the workplace, including public and private spaces where they are a place of work;
b. In places where the worker is paid, takes a rest break or a meal, or uses sanitary, washing and changing facilities;
c. During work-related trips, travel, training, events or social activities;
d. Through work-related communications, including those enabled by information and communication technologies;
e. In employer-provided accommodation; and
f. When commuting to and from work.[3]

Particularly relevant for the health and care sectors, article 8 of C190 obligates governments to identify sectors, occupations, and work arrangements in which workers have a greater exposure to violence and harassment, and to take measures for effectively protecting them.[4]

Recommendation 206 provides additional guidance, outlining that:

Particular attention should be paid to the hazards and risks that:

a. Arise from working conditions and arrangements, work organization and human resource management, as appropriate;
b. Involve third parties such as clients, customers, service providers, users, patients and members of the public; and
c. Arise from discrimination, abuse of power relations, and gender, cultural and social norms that support violence and harassment.[5]

The adoption of C190 by governments, employers' groups, and workers' groups was a landmark step in creating a global standard to prevent and address violence and harassment at work—including for health and care workers. Unions across different sectors have incorporated these standards into their advocacy and negotiations. Their strategies have integrated attention to gender-based violence at work and placed an emphasis on prevention and risk assessments, including through occupational safety and health.[6]

Fifty-one countries have ratified the convention, but many more, including large countries with significant numbers of health and care workers, have not. Furthermore, progress has been uneven at the national level. While some countries have implemented sector-specific policies and legal protections, dedicated budgets and enforcement remain a challenge.

A lack of commitment to prevention efforts allows violence to continue. Inadequate reporting structures, stigma, fear of retaliation, and weak institutional accountability contribute to the underreporting of incidents and limited redress for victims.

EXPOSURE TO VIOLENCE IN THE HEALTH AND CARE SECTORS

Growing evidence shows that workers in the health and care sectors have a particularly high risk to workplace harassment and violence. In recent years, the COVID-19 pandemic both heightened exposure to violence and harassment for health workers and raised public awareness about the occupational hazards in the sector.

For example, in 2022, the European Agency for Safety and Health at Work (EU-OSHA) commissioned a Flash Eurobarometer to learn more about changes in occupational safety and health in post-pandemic workplaces. It found that 30% of health and care workers surveys said they were exposed to violence or verbal abuse in comparison to an average of 16% across the other sectors surveyed.[7]

Similarly, a 2022 survey across 19 Latin American countries found that more than half of the healthcare workers surveyed said they experienced abuse during the COVID-19 pandemic, with 96% reporting verbal abuse, 11% reporting physical violence, and 20% reporting other forms of aggression.[8]

In a review of 25 studies involving 9,648 participants in health settings across East Africa, 56% of respondents reported workplace violence.[9] Factors significantly associated with workplace violence included working in the emergency department, younger age and less work experience, being female, and alcohol consumption.[10]

Women, who represent approximately 67% of the global health and care workforce,[11] often face gender-based violence and harassment rooted in unequal power relations, occupational segregation, and entrenched social norms. Migrant health workers, often in informal roles, or facing social discrimination, face additional layers of risk.

UNI GLOBAL UNION CARE SURVEY RESULTS AND WORKER TESTIMONIES

> *More than a quarter (27%) of surveyed health and care workers feel "unsafe" or "very unsafe" at work.*
> ***UNI Global Union Care Survey, 2025***

In 2024-2025, UNI conducted an online global survey of health and care workers. The survey included 15,376 respondents representing institution-based, community-based, and home-based health workers across 80 countries.

Responses were gathered using a mixed-method, non-probability opt-in approach relying on multiple digital distribution channels. UNI Global Union distributed the survey among its trade union affiliates in the health and care sectors around the world. The survey was also distributed through social media advertisements.

Most of the participants were institution-based workers, while 2,165 respondents represented community health workers across 38 countries. Of these, a large number of respondents were from Pakistan (30%) and Nepal (23%). 94% of these respondents were women. 1,188 respondents represented home-based health workers across 41 countries. 83% of these respondents were women. More than half of the home-based health worker respondents were from Colombia, Turkey, and the United Kingdom.

The global survey covered a range of working conditions, including type of work, hours of work, benefits, training, experiences with discrimination and violence, and union membership. Further information about the methodology of the survey can be found in the February 2025 UNI report, *Fixing the Care Crisis*.[12]

HIGH RATES OF REPORTED VIOLENCE AND HARASSMENT

Surveyed workers across institutional, community, and home settings reported alarming levels of violence and harassment.

- 86% of surveyed workers at healthcare facilities report experiencing or witnessing violence, discrimination or harassment on the job.
- 30% of surveyed health and care workers reported experiencing violence or harassment at work once a month or more frequently. This percentage rose to 37% of the 2,211 nurses who responded to this question.
- 17% of surveyed health and care workers reported experiencing violence or harassment once a week or more frequently.
- 4% of surveyed and health and care workers reported experiencing violence or harassment on a daily basis.
- Out of 8,022 workers who responded to the question, 69% said they did not feel adequately supported by their employer when they experienced discrimination or violence at work.

HIGHER FREQUENCIES OF SHORT-STANG ARE ASSOCIATED WITH AN INCREASED PREVALENCE OF HARASSMENT OR VIOLENCE

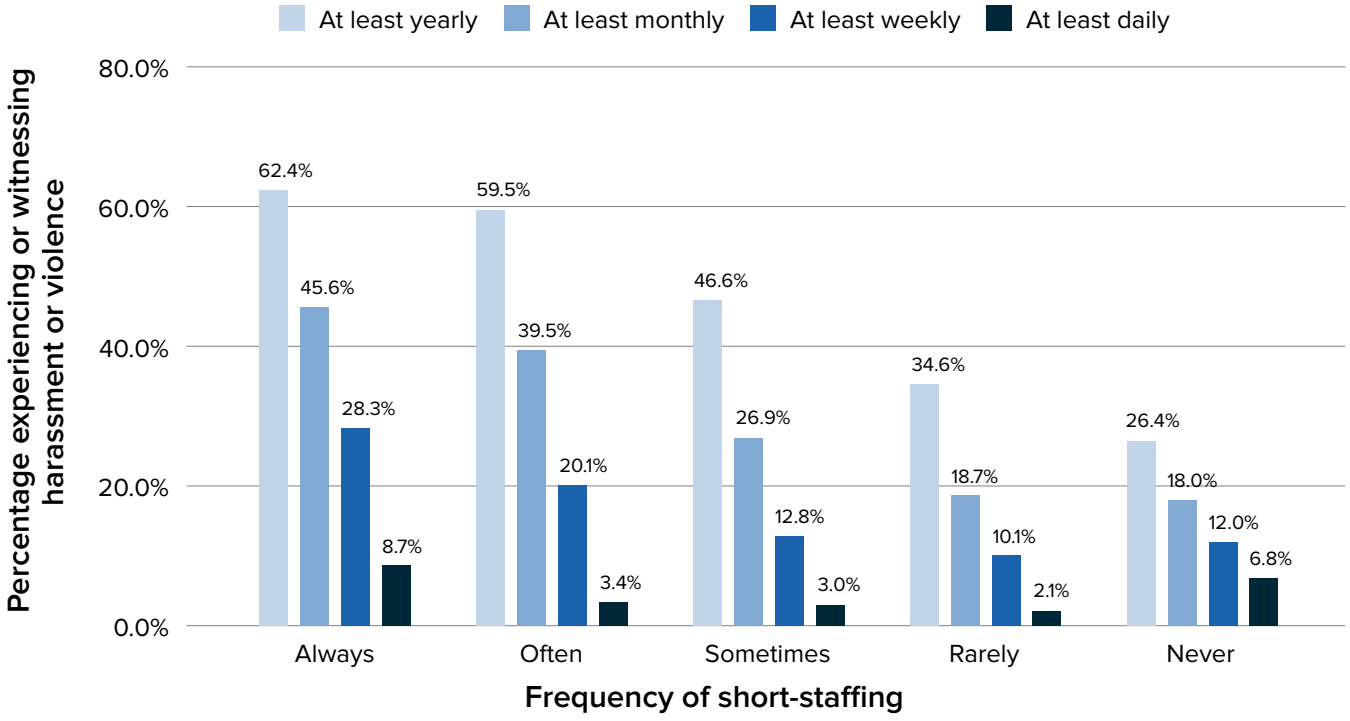


Figure 1. *Minimum frequency of experiencing or witnessing harassment or violence on the job, by frequency of working short-staed.*

As reported in a February 2025 UNI analysis of 11,233 respondents working in institutional settings, workers who said they "always" worked short-staffed were almost two-and-a-half times more likely to report experiencing or witnessing harassment or violence at least monthly and four times more likely to experience it daily in comparison to workers who said they "rarely" worked short-staffed.[13]

A similar pattern existed for discrimination: almost. three out of four workers (74%) who reported "always" working short-staffed said they experienced or witnessed discrimination at work, in comparison to 35% who said they "never" worked short-staffed.[14]

These experiences impact worker turnover. Workers who reported regularly experiencing or witnessing harassment, violence or discrimination were far more likely to view their job as unsustainable until retirement. 62% of those who said they never had these experiences felt their jobs were sustainable until retirement. This proportion was reversed for workers experiencing or witnessing harassment at least monthly, of whom 63% said their job was not sustainable until retirement.[15]

5,048 participants in the overall survey responded in the short answer section to provide specific examples of the violence, harassment, or response from management that they have experienced or witnessed. Several patterns emerged:

SHORT-STAFFING RISKS

> *"It is a terrible and stressful experience since by not having enough staff, care is slower and poorer in terms of patient care...There are constant verbal and physical attacks from patients on us as health workers, and without any real health and safety protection protocol to protect us."*
> ***Health worker, outpatient clinic, Chile***

Short-staffing and inadequate health infrastructure contributed to conditions fostering stress for workers, constraints on quality of care, and anger on the part of patients and their families. Short-staffing was a common theme raised across every region as a major factor contributing to insults, threats, and physical attacks against health workers.

For example, a health worker in Peru said, "It was stressful and exhausting since the patients were the upset ones causing problems: insults, threats and accusations, [because we are] not being able to attend to them due to the demand. Violence occurs due to the same patients who want to be seen immediately, because some have to wait 2 to 3 hours for care or cannot find a consultation, which makes them confront us."[16] As one Pakistani community health worker summarized, violence and harassment take place, "when patients are more and medicines are few." [17] and a hospital nurse in

Kenya said that it is due to "hostile relatives reacting to not being attended on time and unavailability of drugs and bed space. [18]

Several workers and union leaders noted that although short-staffing and lack of appointments and medications are due to larger systemic problems, workers face the brunt of patient frustration as the "face" of the health-care system. Another hospital worker in Peru said, "Because of the lack of medical personnel, patients start yelling at us and since we are the ones who stand up we have to endure the insults.[19] An administrative worker at in-patient care facility similarly said, "Some clients would come and shout at us due to the problems with the doctor." [20]

In some cases, the short-staffing is directly related to care for patients that require additional safety protocols. For example, one care worker at a residential facility for older people in Canada said, "We are admitting residents that require custodial care 24-7, yet there are not enough custodials to cover those residents, putting pressure on CCAs (Continuing Care Assistants) to not only be responsible for activities of daily living but also act as a custodial. I have been punched, slapped, bitten, choked--the list is endless."[21]

Similarly, a care worker at a resident facility for older people in Belgium said they face violence from residents with dementia. "They cannot do anything about this themselves. Due to a shortage of staff, too much of our structure is missing for these residents, causing our residents to respond differently to people. Which sometimes results in aggression because non-permanent employees do not know our people well enough." [22]

WORKING WITH HIGH-RISK POPULATIONS

> *"The violence is from the service users in our care. Our job description says we deal with challenging behavior but not the severity of violence we have to deal with, and being told it's what we are paid for and to expect to get hurt."*
> ***Care worker, in-patient care facility, United Kingdom***

Across diverse country contexts and health and care settings, workers discussed working with patients with dementia, with violent patients and angry family members in emergency settings, service-users with mental health issues, and other situations with an elevated risk of violence and harassment. Some raised concerns about not receiving adequate trainings or having adequate protocols to safely deal with these situations, and others said that despite trainings, they faced apathetic attitudes from management who expected them to accept such violence as a part of the job.

Several health workers, including caregivers and health care assistants, said they did not receive proper training for managing patients with aggressive behaviors. For example, one care worker at a mental health care facility in New Zealand said, *"Staff are not given adequate safety training particularly as care givers. We are considered expendable and have not been given due respect for our work and the dangers to our safety. We experience multiple daily events threats."*[23]

The responses from respondents in the UNI Global Union Care Survey were reinforced by research conducted by affiliates. Malgosia, a worker in a public care home in Poland described the hazards involved in her workplace:

> *"Our facility has residents addicted to alcohol. When they are drunk, we have a lot of problems with them.... The worst are the nights, when there is one caregiver and one nurse for every 95 residents. Drunkards, and sometimes just two is enough, because they often rob other residents or extort money from them for alcohol. When I intervened during a fight between a drunk and another resident, I was told not to resist, or he would stab me with a knife between my ribs. The case went to court, but unfortunately the proceedings were discontinued."*[24]

A report published by E tū in New Zealand highlighted a health worker who said, *"I don't really feel safe and it is getting worse. While the hospital is not a dementia facility, many of the clients have dementia. We are often punched or spat on, have hot porridge thrown at us, and one client runs naked around the facility. I have hidden in the toilets to avoid being punched."*[25]

VERBAL ABUSE AND MENTAL HEALTH IMPACTS

> *"He yelled at me so loudly it made my eardrums vibrate. Every time I visited that house, I felt stressed, and eventually I refused to go there anymore."*
> ***Care worker, Japan***[26]

Verbal violence, insults, threats, and yelling were among the most frequently reported forms of abuse that health and care workers reported. Such violence emanated from health and care service users, their families, management, and co-workers. One hospital health worker in Argentina said, *"Verbal violence is as harmful as physical violence, it leaves consequences that are not seen but penetrate very deeply in each person who receives it."*[27]

A hospital worker in Brazil who experienced harassment said:

> *"These are experiences that don't go away, to this day, when I see the people who harassed me, I feel stuck, paralyzed, a feeling of exhaustion, pain in my stomach, heart racing, tension takes over my body.... [My boss] made me feel useless, among so*

many aggressive statements that just remembering it makes me emotional."[28]

A nurse in Zimbabwe discussed a harsh working environment among colleagues where she worked, including due to hierarchies among staff:

> *"People will insult, swear at you or each other and use unprofessional language…shout in the corridors with some threatening to fist fight… people within the same rank are not treated equally merely because they are still new or they are juniors."*[29]

A nurse working in a hospital in Ghana said:

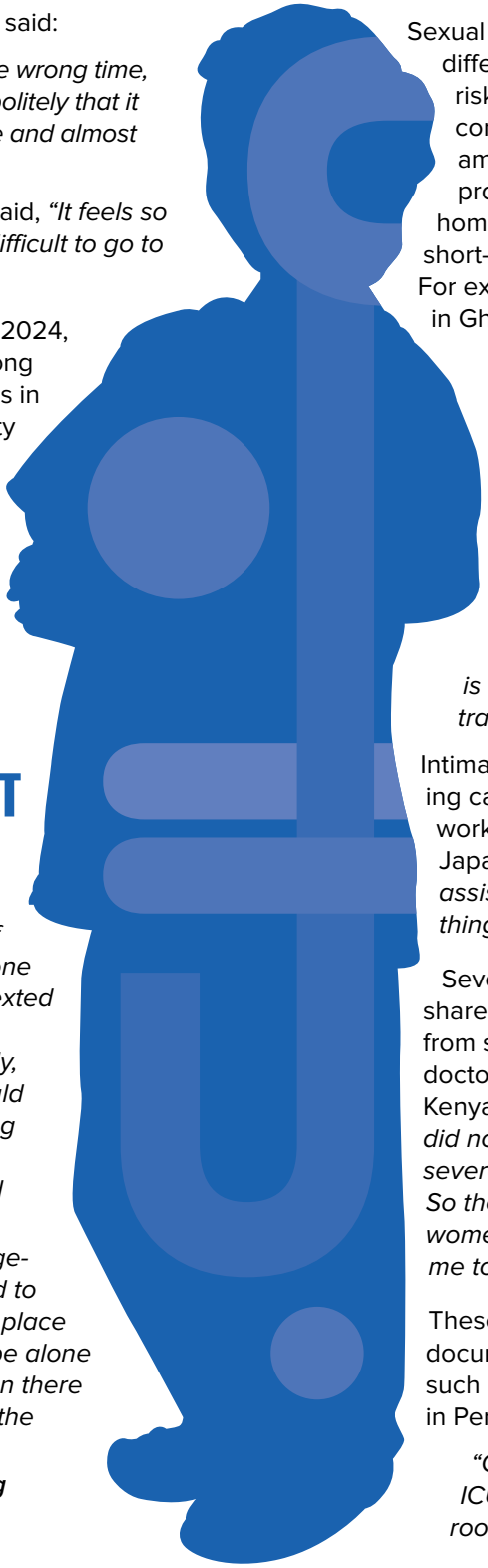
> *"A patient relative was visiting at the wrong time, so I approached him and told him politely that it wasn't time. He started insulting me and almost slapped me."*[30]

A Pakistani community health worker said, *"It feels so bad when you are harassed that it is difficult to go to work or the workplace."*[31]

Between November 2023 and August 2024, UNI Americas conducted a survey among workers across different service sectors in Peru to obtain information on third-party violence at work. 385 respondents (58.4%) were in the health and care sector.[32] Of these, 65% of male health and care workers reported insults and verbal aggression as did 54% of female health and care workers. Eleven percent of male health and care workers had experienced threats against their life.[33]

SEXUAL HARASSMENT AND VIOLENCE

> *"I had a situation where a client of mine molested me. He got my phone number; I don't know where. He texted me and told me what he would do with me, that I had a beautiful body, breasts, etc. He wrote that he would tell my husband that he was having fun with me during the night shift. There were times when he groped me.*
>
> *I reported the matter to the management, but I was informed that I had to deal with it because there was no place to transfer this man. I tried not to be alone with him, but it's quite difficult when there are so few of us and I'm alone on the night shift."*
>
> ***Marta, care worker, public nursing home, Poland*** [34]



Many survey respondents described situations of sexual harassment, even as many union leaders interviewed for this report noted that sexual harassment is likely underreported from true levels due to stigma, harmful social norms, poor reporting mechanisms, and inadequate victim support. A community health worker providing home-based care in the United Kingdom said, *"Sexual harassment is commonplace. I have had to deal with masturbating in front of me. I deal with being intimately touched inappropriately. Filthy language. Asked to do sexual favours for money. Groped."* [35]

Sexual harassment can take place in different settings. Isolation can be a risk factor, whether being a single community health worker traveling among different homes, a home health provider providing care in a private home, or a health worker working short-staffed in a residential care facility. For example, a community health worker in Ghana said:

> *"[I am] one staff working in different communities, home-visiting alone which poses threat to us especially being a female. As a community health nurse, I work in the community, sometimes you get harassed by men especially when you enter a house to look for cases or met the absent of a client and there is a drug abuser like alcohol, weed or tramadol (opioid) abuser."*[36]

Intimate tasks such as dressing and bathing care service users can also expose workers to harassment. A care worker in Japan said, *"During one-on-one bathing assistance, I was told or asked sexual things."*[37]

Several of the survey respondents shared experiences of sexual harassment from senior staff members, including doctors, or management. A nurse in Kenya said, *"One of the senior doctors did not take it well when I rejected him several times…I was pregnant at the time. So they said they didn't want pregnant women in that department and moved me to another department."* [38]

These testimonies have also been documented in reports from UNI affiliates, such as from this emergency room nurse in Peru:

> *"One day during the pandemic, an ICU doctor arrived at the emergency room where I worked as a nurse….*

He [said] "If I tell you today, I'll rape you. You have to say yes, daddy, and wait for me with your legs open. Do you understand?" It was a very disastrous moment for me because I was new, and on top of that, he complained to my boss that I was spoiled. My boss threatened to fire me because the ICU doctor is his friend."

"Well, in my case, I couldn't complain to anyone or clear things up because they recommended that I not say anything because I was just starting in the hospital, and he has power. I hope life gives him back what he did to me, but every time I remember him, when I see him, it doesn't seem fair that everything is like nothing happened." [39]

In the 2024 UNI Americas survey of third-party workplace violence, 22% of health and care workers reported sexual harassment from third parties. [40]2

DISCRIMINATION AND HARASSMENT

"A particular manager at my workplace treats the workers like slaves. She is most of the time verbally abusive.... She continuously threatens the carers that they are sponsored, putting fear in them to do whatever she wants. And many staff are afraid to speak up of the poor treatment because of their [immigration] sponsorship with this manager."

Health worker, mental health care facility, United Kingdom [41]

In the UNI Global Care Survey, 44% of 14,511 surveyed workers reported discrimination at work. Of the 1,386 workers who answered additional questions about the nature of discrimination, 39% cited gender, 21% cited race, 18% cited union activity, and 12% cited sexual orientation.[42] A further 7% cited tribal affiliation.

While many surveyed workers were not comfortable answering the question on their migration status for the survey, the descriptive answers surfaced numerous accounts of harassment based on workers' identity as migrants or speaking different languages. Similarly, several workers from South Asia mentioned caste. A Pakistani community health worker said, *"A lot of inappropriate phrases are spoken due to caste."* [43]

Some examples of verbal harassment based on race, gender, and union activity include a health care technician in Peru describing how a co-worker would approach one of her colleagues, *"because she was dark-skinned he insulted her and was always making discriminatory jokes."* [44] Similarly, a nurse in Kenya said she was, *"harassed sexually by those in management, discriminated based on my gender, unable to access some benefits because of my tribe."* [45] A nurse in Argentina said, *"Being linked to union activity generated many situations of violence, as did belonging to the female gender."* [46]

UNION STRATEGIES FOR WINNING DIGNITY AND SAFETY

The following case studies are based on interviews with union leaders, desk research, and analysis of negotiated agreements and laws. They provide examples of how unions are striving to make violence and harassment visible and to win practical protections aligned with international standards.

They showcase a range of approaches—awareness-raising, training, collective bargaining to embed enforceable obligations, national legal reform and workplace protocols and policies—.

PERU - FED-CUT

Federación Centro Unión de Trabajadores de EsSalud (FED-CUT) represents workers in Peru's second largest provider of healthcare: EsSalud, a tripartite social security health insurance scheme funded by payroll taxes. FED-CUT's members include health workers across diverse job roles in hospital and health clinic settings, including doctors, nurses, health technicians, administrative staff, secretaries, and maintenance personnel.

Violence and harassment at work—particularly psychological abuse and aggression from patients—are major concerns. The inadequacies of the healthcare system, including the chronic shortage of doctors and limited availability of medications contributes to deep frustration among patients and their families, who too often, translate this into abuse of health workers.

Norma Gómez, secretary of economy and finance for FED-CUT said, *"Appointments are few and far apart. The infrastructure to provide services is lacking. For example, a patient comes to pick up prescribed medicine, and the worker informs them that the medication is not available. Due to this, the patient may become psychologically and physically violent with the worker."* [47] One health worker said, *"The constant refrain, they told me that thanks to them we were able to eat — that we were a group of thieves who took their money, we are criminals — this happened when they couldn't get the medical appointments they needed"* [48]

FED-CUT has conducted awareness campaigns to bring public attention to these abuses.

Such acts of aggression are rarely addressed in a systemic manner protecting workers' rights.

While EsSalud maintains an office for patient complaints, workers say they face sanctions without proper investigations, there has been no equivalent office for workers to file complaints about their safety and treatment. Gómez said that while some psychological support is nominally available, there have been no consistent trainings on prevention or workshops on self-protection techniques to mitigate workplace violence. She believes cases of sexual harassment continue to go underreported, including due to fear of retaliation.

FED-CUT has organized campaigns to raise awareness about violence and harassment, especially among women members, and mobilized actions on symbolic dates such as November 25, the International Day for the Elimination of Violence Against Women. This awareness-raising included attention to the global standards in C190 and the importance of adopting the convention. After sharing evidence of worker abuses and strong campaigning by FED-CUT and other unions, Peru ratified ILO Convention 190 (C190) in June 2023. Despite this advance in legal standards, enforcement remains weak at the national level. The significant political turnover in Peru – seven different presidents in the past seven years – contributes to disruption and delays.

COLLECTIVE BARGAINING

In 2024, FEDCUT negotiated the inclusion of C190 language into its collective bargaining agreement with EsSalud, with three key commitments:

- Establishment of a committee to prevent violence and harassment and through this, to develop a protocol for hospitals and health settings to prevent and address cases of discrimination, violence, and harassment,
- Creation of a complaints reporting system for workers, and
- Accompaniment of workers through the complaint process.[49]

These provisions were renewed in the 2025 collective bargaining agreement. Political instability continues to disrupt the committee's work as each change in government brings a full change to the entire composition of the committee. FED-CUT hopes to manage this by getting incremental sign-offs and agreements so that new committees can start from where previous committees left off rather than having to start over.

STRONG ALLIANCES

FED-CUT continues to build alliances with other unions, workers' groups, and international organizations to pressure the government to take action.

FED-CUT is part of a broader coalition, Grupo Impulsor, which presses for full implementation of C190, as well as ratification for Recommendation 206. FED-CUT and allied unions work together to advocate in Congress and coordinate closely with international partners, such as UNI Global Union and Friedrich-Ebert-Stiftung to strengthen their position. These alliances help amplify their voice in demanding enforcement.

Looking forward, FED-CUT prioritizes implementation of the collective bargaining provisions, continuing outreach to ensure that awareness of C190 and workplace protections spreads throughout their membership base, and working with other unions to put pressure on the government with a unified voice.

JAPAN –NCCU AND UA ZENSEN

> *According to a union member survey conducted by NCCU last year, approximately 40% of respondents reported changes in their workplace or corporate environment since 2018. This indicates tangible effects [from the reforms], such as the establishment of contact points and the implementation of harassment training."*
>
> ***Kumiko Murakami, vice-president, NCCU, October 10, 2025.***

Japan's unions have won important advances to establish strong standards and worker protections in its care sector. The Nippon Care Service Craft Union (NCCU), affiliated with UA ZENSEN (Japanese Federation of Textile, Chemical, Commerce, Food and General Services Workers' Unions), is the largest trade union in Japan's care industry.[50] As of August 2025, it had 88,000 members and union shop agreements with 60 companies.[51] NCCU's members are engaged in all care services provided under the Long-Term Care Insurance System, including home-visit care, day-care services, and residential care.

In addition to collective bargaining with companies, advocating for industry-wide standards, and engaging the government on care industry reform, NCCU also operates a mutual aid system among members and provides trainings.[52]

Pressures on staffing in the care sector are growing in Japan, which has both a shrinking workforce and the world's highest proportion (nearly 30% of its population) of people aged 65 or older, [53] along with accompanying needs for health care, home care, and community supports. In 2024, Japan's Ministry of Health, Labour and Welfare (MHLW) projected a shortfall of nearly 570,000 caregivers by fiscal 2040.[54] In April 2025, NCCU conducted a survey of 488 home care business managers and operators and found that 89% had to turn down service requests in the previous year due to inadequate staffing.[55]

In a written response, Kumiko Murakami, vice-president of NCCU, said, *"Harassment from users and their families in care settings had existed for some time but remained unreported. The NCCU survey brought this issue to light. Care facilities are already understaffed, and harassment is causing further resignation of staff. This situation must be resolved as quickly as possible."* [56]

DOCUMENTATION AND AWARENESS-RAISING

In August 2018, NCCU conducted a survey of 2,411 union members, documenting high levels of harassment in the sector, and raising awareness about the significant toll on workers. The survey found that 74% of polled workers had experienced harassment. [57]

More than half of the workers who had experienced harassment said they had experienced severe stress as a consequence. [58]

40% of respondents reported sexual harassment. [59] Of these, 46% reported it to their manager and only 0.2% to outside grievance procedure contact points. [60]

These survey results were not only published in Japan's five major newspapers and broadcasted on the five major television networks but also disseminated overseas via NHK WORLD JAPAN. [61] Furthermore, they were included in the teaching materials for the Faculty of Liberal Arts at the Open University of Japan. [62] This extensive media coverage raised public awareness about harassment in care workplaces.

Murakami said,

> *"We had been struggling with how to resolve existing harassment issues from users. The #MeToo movement that emerged in the US in the fall of 2017 gave us the courage to proceed with our research. This made the invisible harassment incidents visible through numbers and clarified what really is happening.... And, as NCCU did, it requires the courage to expose harassment so that care workers can work with peace of mind!"* [63]

POLITICAL ENGAGEMENT AND STANDARD-SETTING

With respect to violence and harassment from third parties, NCCU conducted activities alongside UA ZENSEN, the federation to which it belongs. UA ZENSEN includes not only care workers but also members from the commerce, service, and manufacturing industries, many of whom faced violence and harassment from customers, users, and business partners. In August 2018, UA ZENSEN submitted 1.76 million signatures collected by its members to the Ministry of Health, Labour and Welfare (MHLW). Simultaneously, NCCU requested the MHLW to establish measures to prevent and address harassment against care workers.

As a result, the ministry established the *"Committee for Research and Study on Harassment in Care Settings"* and appointed NCCU as a committee member. The goal of the committee was to develop methodologies for protecting care workers, enabling local governments to protect them on the front lines, and to educate citizens on how to use care services appropriately. [64] Committee members include university professors, professional associations, employer associations, lawyers, and local government officials.

The MHLW pursued a multi-pronged strategy to raise awareness among employers, workers, and local governments, to institute new legal protections, and to provide training and guidance on implementation. These include:

- **A manual for measures against harassment in care workplaces** (April 2019).
- **Training guidelines** (April 2020),
- **Case studies on harassment in care workplaces** (April 2021). The committee members collected case studies to inform the manuals and training programs and make them relevant to the realities on the ground. These included approaches for handling harassment from its occurrence to resolution, key learning points, and reference materials.[65]
- **Obligations for care service providers to implement harassment prevention measures** through revision of the "Operational Standards of the Long-term Care Insurance Act" (April 2021)
- **Recognition of mental health issues resulting from harassment by users or families under workers' compensation** (September 2023).[66] This involved adding a new item: "Suffering significant nuisance behavior from customers, business partners, or facility users," to the psychological stress evaluation form for work-related tasks. [67]

KASUHARA COUNTERMEASURE LAW

Another major achievement was the approval of the *"Kasuhara Countermeasure Law"* or the Amended Comprehensive Promotion Law for Labour Policies on March 11, 2025 by the Cabinet. NCCU sustained attention to the issue and raised awareness about ongoing abuses by speaking about harassment in care work to the Health, Labour, and Welfare Committee in the House of Representatives on May 13, 2025.[68]

On June 4, 2025, the law was enacted, requiring all employers to implement countermeasures to harassment from customers/users. Specific provisions of the law include:

- Responsibility of companies to take measures to prevent and protect against violence and harassment against workers from users and the public.
- Companies must set up reporting mechanisms, for example consultation desks, to enable workers to make complaints about harassment.

Murakami explained: *"The enactment of the law created stronger constraints than the enforcement regulations of the Long-Term Care Insurance Act, making it mandatory for employers to implement countermeasures. Furthermore, it established the government's responsibility to conduct awareness campaigns to foster a sense of social norms among the public."* [69]

COLLECTIVE BARGAINING

The NCCU has organized the "Labor-Management Council for Improving Working Conditions in the Care Industry" with companies which have labor-management relations with the NCCU. With the purpose of recognizing third-party harassment as an urgent issue and to prioritize prevention measures, it concluded a

"Collective Agreement on Preventing Harassment from Service Users and Their Families" in 2018. The main content focuses on education including:

1. Knowledge and understanding of harassment
2. Improving communication skills
3. Mental health support for staff who have been experienced harassment
4. Training to enable appropriate responses to users and families
5. Methods for handling sexual harassment in care work
6. Change of manager's mindset and risk management

The collective bargaining agreement also covers information sharing within facilities, awareness-raising activities for users and families, and establishing and publicizing grievance procedures and contact points. [70]

Looking forward, Murakami said, *"The top priority for harassment countermeasures in the care sector is raising wages for care workers. One cause of harassment is the low respect for care workers. Raising wages is the most crucial factor for improving the social status of care workers. Bringing wages up to the average for all industries will also help resolve the labor shortage."* [71]

GHANA – HSWU

The Health Services Workers' Union (HSWU) of Ghana organizes workers in both public and private health settings and is affiliated with the Trades Union Congress (TUC). In public health settings, such as public hospitals, regional and district health directorates, and health training institutions, HSWU represents all health workers with the exception of doctors, nurses, and pharmacists. In private health centers, HSWU organizes all workers including these three categories.

Violence and harassment in the health sector is a persistent but often underreported problem in Ghana's health facilities. One common form of harassment occurs between patients, their families, and health workers. HSWU Deputy General Patricia Tweneboah said that patients become frustrated with delays in receiving care, often without understanding the pressures that health workers face or specific health protocols.[72] They may then speak harshly and insult health workers.

Another contributing factor to patient frustration and violence is a chronic shortage of staff. Ghana's health system faces long-standing gaps between the number of workers employed and the growing demand for services. Many newly trained health workers wait years after completing their national service before being hired into permanent positions. Meanwhile, others retire, migrate abroad for better opportunities, or leave the sector entirely. "Many patient to health worker ratios are not looking good.... Few hands are taking care of numerous patients," said Harriet Sobour, head of women and gender for HSWU.[73] The resulting pressure contributes not only to burnout and stress, but also to conflict between staff and patients.

Sexual harassment and gender-based violence also occur. HSWU members have reported inappropriate comments, gestures, and "compliments" about appearance or dress that make them—especially women—feel uncomfortable.

HSWU'S AWARENESS-RAISING AND TRAINING INITIATIVES

HSWU has a long track record of training its members on workplace respect and rights as well as gender equality. In recent years, with the support of UNI, the union has conducted two major training initiatives across regions in both the north and south of the country focusing on gender-based violence, occupational safety and health, and worker empowerment. Workshops delve into harmful social norms, stereotypes, and harassment. "We train our members on the things that constitute harassment. What are the red flags? What are the things that if you see, if you see them coming, what must you do as an employee? How do you report it?" [74]

The trainings involve topics such as zero-tolerance of harassment policies, workplace violence prevention measures, the development of safe grievance mechanisms and reporting procedures, and survivor-centered approaches to handling complaints. Participants also receive training on bystander intervention strategies.[75]

HSWU conducts trainings over a one-year cycle across all the regions where it operates, with an especially strong focus on gender-based violence during the 16 days of activism against gender-based violence between 25th November and 10th December. Tweneboah noted that the union allocates resources to the women's structures across the regions so they are well-resourced for campaign activities during this period.

One of HSWU's achievements has been its systematic integration of gender-based violence training into broader union education programs. HSWU plans additional

awareness-raising activities to reach as many workers as possible. This includes information posted on posters, flyers, and stickers to reinforce messages about rights and safety across health facilities. Tweneboah said, "Even if nobody is speaking to you about sexual harassment or gender-based violence, the moment you see the poster, it gives you some signal that there are certain things you cannot do in the workplace."

COLLECTIVE BARGAINING PROTECTIONS

> *"The collective bargaining agreement becomes a very respected document. The law makes it clear that both the employer, the employee, and the workers' organization must ensure proper enforcement and implementation."*
>
> ***Harriett Sobour, head of women and gender, HSWU, Ghana***

HSWU has used collective bargaining as a powerful tool for institutionalizing protection against violence and harassment. Sobour noted that Ghana has not yet ratified C190 and integrated it into national legislation. Collective bargaining has been the answer to their question: *"And so how then can we as a union put certain structures in place that will be binding on the employer to ensure that the workspace becomes very safe for everybody who works there, most especially the women."* [76]

In recent rounds of negotiations, the union succeeded in incorporating specific clauses on violence, harassment, and gender equality directly into its collective bargaining agreements with health institutions. These provisions compel employers to follow clear procedures when incidents occur, provide remedies, and to uphold disciplinary measures.

When incidents occur between patients and staff, HSWU collaborates closely with hospital management and disciplinary committees to investigate cases and support affected workers.

CHALLENGES AND PRIORITIES MOVING FORWARD

HSWU, in a joint campaign with UNI, is working to strengthen protections in private hospitals. They have organized 17 private hospitals that will now begin collective bargaining.

While HSWU has made significant progress, several challenges remain.

First, implementation gaps persist. Some hospitals—particularly larger, better-resourced institutions are better able to enforce the negotiated provisions, but smaller facilities with limited budgets are less consistent. Others, especially private facilities, may resist union access altogether, preventing workers from benefiting from collective agreements. Employers sometimes prohibit organizers from entering their premises or discourage employees from joining the union, in violation of Ghana's constitution and ILO Conventions guaranteeing freedom of association.

Second, weak institutional structures make it difficult to enforce anti-harassment commitments. Many health facilities lack designated officers or units to handle complaints, provide counselling, or follow up on cases. Workers who experience harassment may remain silent for fear of retaliation or stigma. Sobour shared the worker's perspective and fears: *"If I talk about it, nothing will be done for me. My reputation may be damaged, so I will not even mention it—and I'll be dying slowly with my pain."* [78]

Finally, financial and logistical constraints limit the union's reach. Training programs require resources for travel, accommodation, and materials. As Tweneboah said, *"Sometimes you have things beautifully set up, but the funding can make you limit the extent you would want to explore."*

NEGOTIATED COLLECTIVE BARGAINING CLAUSES [77]

a. The Employer and the Union recognizes that Gender -Based Violence and Harassment, including sexual violence is a serious human right issues that can impact an employee's attendance, emotions, health, safety and performance at work. The parties should agree to work together to create a safe and supportive workplace for all employees and to provide support to those experiencing or affected by Gender-Based Violence (GBV) or harassment.

b. The employer in collaboration with the Union shall ensure victims of Gender Based Violence and harassment seek medical attention for physical or psychological injuries. Ensuring victims of GBV access counseling or other services from the victim support unity of the organization.

c. The employer shall ensure legal assistance is extended to victims of GBV where necessary.

d. To promote workplace safety from Gender-Based Violence and Harassment, the employer will collaborate with the Union to develop a workplace safety plan. This plan will promote changing work location for victims where necessary, blocking contact from the perpetrator etc.

e. The employer shall ensure all information related to an employee's experience with Gender-Based Violence and Harassment at work will be kept strictly confidential. The information will only be shared with those who have legitimate need to know and only with the employee's consent.

f. No employee shall face disciplinary action or face other adverse consequences for poor performance or poor attendance if it is a result of experiencing or dealing with Gender-Based Violence provided the employee has disclosed the situation confidentially to the employer or designated contact person at the facility.

g. The employer in consultation with the Union will provide training for all managers and members of the Union on how to recognize the warning signs of GBV, respond to disclosures in a safe, appropriate and non-judgmental manner, identify and challenge GBV stereotypes and unequal power relations that contribute to GBV and make effective and confidential referrals to support services etc.

h. The employer will take appropriate disciplinary action against any employee found to be engaging in violence or harassment, including domestic violence that affects the workplace.

i. The employer shall ensure designated trained contact person who employees can approach for confidential support and assistance when experienced GBV or harassment.

IRELAND - SIPTU

The Services, Industrial, Professional and Technical Union (SIPTU) is Ireland's largest trade union, representing workers in both the public and private sectors. It is organized into five independent divisions, with the Health Division being the largest with approximately 41,500 members. The Health division is subdivided into six sectors: nursing (mainly psychiatric), care (mostly healthcare assistants), the National Ambulance Service, health professionals (diagnostics, radiology, etc.), intellectual disability care staff, and support staff including porters, security, and technical support. The union's structure allows it to coordinate national-level negotiations while maintaining sector-specific representation and advocacy.

According to Ireland's Health and Safety Authority, 59% of workplace incidents involving aggression and violence in 2022 were in the health and care sectors, and particularly among nurses, carers, and social workers.[79] While interpreting this data, Kevin Figgis, head of SIPTU's health division notes that it's also important to take into account reporting rates and that some groups of workers may face increased barriers to reporting. He said that nurses, "are very well-trained at reporting all types of incidents...but that other grades are not as well trained or aware, in fact, I would say the opposite."[80] He also pointed out the elevated risk of workplace violence in emergency and psychiatric settings or in pre-emergency care such as the ambulance service.

COOPERATION WITH UNIONS AND ENGAGEMENT WITH GOVERNMENT

SIPTU operates within a collaborative industrial relations framework involving multiple unions and government bodies. Within health, it participates in the Staff Panel, which brings together the largest unions affiliated with the Irish Congress of Trade Unions (ICTU)—SIPTU, Fórsa, and the Irish Nurses and Midwives Organisation (INMO)—along with smaller unions such as the Medical Laboratory Scientists Organisation, Irish Medical Organisation, Connect, Craft Unions and Unite.

These groups coordinate to advance shared claims and policies through negotiation, lobbying, and, when necessary, industrial action. Engagement with the Health Service Executive (HSE), the Department of Health, and the Department of Public Expenditure and Reform occurs through structured forums such as the National Joint Council and its Policies and Procedures Subcommittee. These forums enable unions to influence key health policies, such as those on workplace violence, compensation for injuries, and occupational health.

MANAGING VIOLENCE AND AGGRESSION IN THE WORKPLACE POLICY

One example of how this framework has successfully created protection measures for workers is the Managing Violence and Aggression in the Workplace Policy, which is updated every few years.[81] This policy aims to prevent and manage work-related aggression and violence directed at staff by service users, their families, or the public. Key provisions include to:

- Increase employee awareness about the risks of work-related aggression and violence.
- Establish organizational responsibilities to prevent and manage work-related aggression and violence.
- Support managers and employees on preventing, identifying, and managing work-related aggression and violence with a focus on hazard identification and risk assessment.
- Provide a framework focused on prevention as reasonably practicable.
- Develop systems for reporting, accurate recording and reviewing incidents of work-related aggression and violence.
- Provide awareness of the appropriate supports available to staff who may encounter incidents of work-related aggression and violence. [82]

Of particular importance is conducting risk assessments tailored to specific health settings and ensuring appropriate safeguards are in place, as workplace risks can vary significantly between settings. Employers have key responsibilities, including that line managers understand their role, and publicizing workplace rights. Unions plan to keep emphasizing the importance of a workplace with zero tolerance for violence and to ensure that the policy does not sit on a shelf but is meaningfully implemented.[83]

ADVOCACY WIN ON COMPENSATION IN CASES OF SERIOUS PHYSICAL ASSAULT

SIPTU achieved a significant policy victory by improving compensation entitlements for support and care workers who suffer grievous physical assaults at work. Under the previous Serious Physical Assault Scheme, nurses and midwives injured due to serious physical assault were entitled to up to nine months of basic pay plus allowances and an additional three months of basic pay if needed. However, support staff were entitled only to three months of such pay. Other grades, such as doctors and physiotherapists, within the irish health service would be entitled to up to six months of basic pay plus allowances.

SIPTU challenged this inequity, and despite initial government resistance citing cost concerns, the union persisted through public advocacy and parliamentary engagement. In an appearance before the Oireachtas Health Committee, Figgis highlighted how if a nurse, health care assistant, and a doctor were assaulted in the same way by the same person in the same setting, they would receive different entitlements.

In 2023, the scheme was revised to give support workers up to 6 months of basic pay with allowances.[84]

This means that support workers will now have the same entitlement to support as all other grades within the Irish public health service if they suffer a serious physical assault in the workplace, apart from nursing which has up to 12 months of protected benefits. Given statistics show that care staff have the second highest recorded incidents of assault in the workplace, SIPTU will continue to advocate that all workers receive appropriate compensation based on the injury rather than their job title. [85]

CHILE - FENASSAP

> *Convention 190 and la Ley Karin have been fundamental for union participation, bipartite and tripartite dialogue, company-wide training, and recognition of a care work and gender perspective.*
> ***Gloria Flores, president, FENASSAP, Chile, October 1, 2025***

The Federación Nacional Sindicatos de la Salud Privada y Afines (FENASSAP) is Chile's National Federation of Health Service Workers and organizes private sector health workers.

Health care workers face multiple forms of violence and harassment in their workplaces. This can include harassment of health workers by managers, third-party violence by patients and their families, and sexual harassment, often among co-workers. Government data shared by the Labor Directorate and the Labor Federation showed that between 2021 and 2023, there were 4,867 complaints of workplace harassment and 2,353 complaints of sexual harassment filed.[86]

NATIONAL LAW: "LEY KARIN"

The ***"Ley Karin"*** (Law 21.643) is a major legislative achievement and establishes explicit protections against workplace violence and harassment in Chile's public and private sectors.[87] The law is named after Karin Salgado, a nurse who died by suicide following persistent workplace harassment and retaliation.

Ley Karin came into effect in August 2024 and has several key elements:

- **Improved legal definitions** – Ley Karin specifically incorporates a "gender perspective" in labor relations into Article 2 of the Chile's Labor Code. It also defines five prohibited behaviors (see appendix for full definitions): sexual harassment, labor harassment, workplace violence exercised by third parties, incivility, and sexism.[88]
- **Requirements for employers to conduct risk assessments and adopt a prevention protocol** - Employers must revise their risk assessments to include workplace violence. They must also create and implement a protocol to prevent labor and/or sexual harassment at work under guidelines established by the Superintendence for Social Security. Employers should have measurable objectives to monitor how effectively they are mitigating risks and make improvements.
- **Requirements for employers to provide trainings and information** – Employers must conduct internal trainings to 1) foster a work culture free of harassment and violence, 2) develop managers' ability to identify risk factors and provide appropriate support to affected workers, and 3) ensure legal compliance among management and human resources, including on prevention measures and investigation procedures.[89] Employers should regularly update workers every six months about the availability of reporting channels.
- **Employer obligations to investigate complaints and sanction misconduct** – Employers must establish clear reporting procedures, investigate complaints, ensure adequate safeguards for those involved in investigations including protection from retaliation, and sanction those who have committed labor or sexual harassment. The law provides for making either verbal or written complaints to the company and the Labour Inspectorate, and investigations must be completed within 30 days.[90]

Notable features of the law include recognition of a single act of harassment as sufficient for legal action, the attention to third-party violence, and the removal of the necessity for a negative impact on the worker to qualify as harassment.[91] Flores noted that, "the law integrates gender perspectives, acknowledging that women are disproportionately affected by harassment and that prevention policies must address these inequalities."[92]

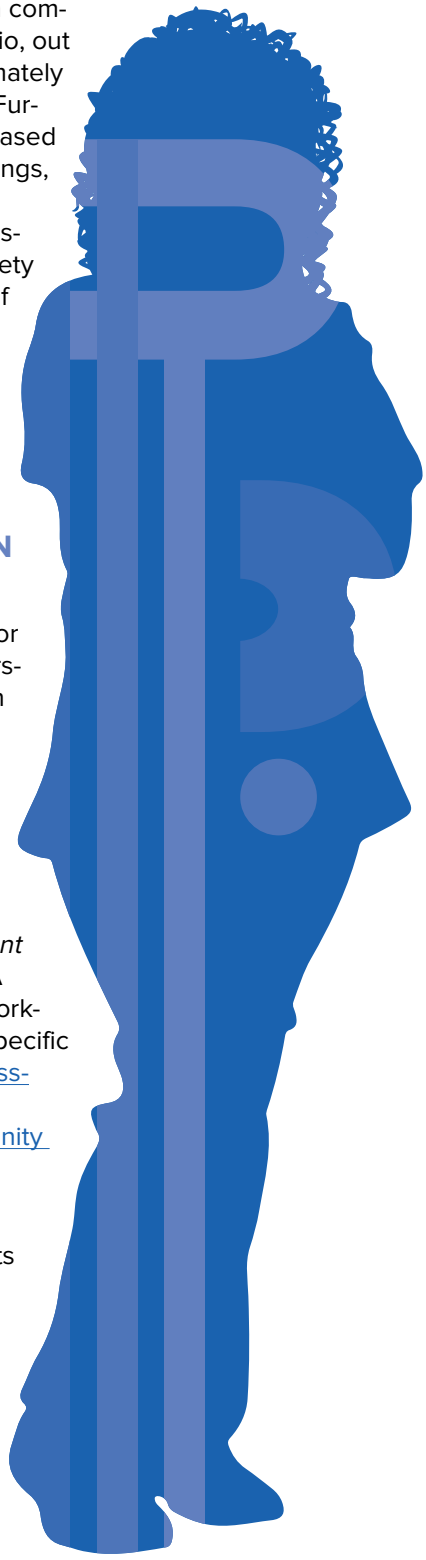
FENASSAP played a central role in building pressure for the adoption of Ley Karin. They led awareness-campaigns and provided trainings to raise consciousness about both workplace violence and the international standards articulated in C190. They amplified the experiences of women in the health sector and presented their demands to Congress and employers. Flores said the key to achieving the legislative win was, *"leadership from the labor movement, pressuring the government, communication campaigns, training at all levels, and ensuring that regulations are understood and applied in every workplace."* [93]

Despite legal and institutional progress, implementation remains uneven across regions and facilities. Some hospitals lack oversight capacity. Flores said that "normalization of abuse in hierarchical structures" persists, and that survivors of harassment and abuse worry about confidentiality. FENASSAP's ongoing goal is to ensure full and effective implementation of the law, strengthen collective mechanisms for prevention, and embed gender equality across all areas of labor relations in the health sector.

CANADA - UNIFOR

Unifor is Canada's largest private sector union, organizing 315,000 workers across 23 sectors. This includes the health sector, with workers spanning those who work in hospitals, long-term care residential centers, community health clinics, and home-based settings. On violence and harassment in the health sector, Unifor is involved in policy advocacy at the national level as well as designing and providing trainings, particularly in the provinces of Nova Scotia and Ontario.

As in other countries, health and care workers report significantly high numbers of incidents of workplace violence and harassment in comparison to other sectors. For example, in the province of Ontario, out of 26,157 allowed workplace violence claims in 2024, approximately 34% (8,8881 claims) emanated from the health sector alone.[94] Furthermore, the number of workplace violence claims have increased 22% since 2021.[95] The data is broken down by healthcare settings, with hospitals reporting the most workplace violence claims, followed by nursing and residential care facilities.[96] These statistics are gathered by the Ontario's Public Services Health & Safety Association (PSHSA), which is funded by the Ontario Ministry of Labour, Immigration, Training, and Skills Development.



These claims likely underestimate the full extent of workplace violence, as some valid claims may not have been approved, the suppression of claims at the workplace, and workers' fear of reporting and retaliation.[97]

GOVERNMENT-UNION COOPERATION TO DESIGN SPECIALIZED PREVENTION PROGRAMS

PSHSA shares semi-annual violence data with Unifor, and Unifor inputs its expertise and guidance into specialized training courses for workers though its participation on the Section 21 Health Care Committee. The systemic collection and regular sharing of data means that these courses can be tailored to address directly the conditions that foster workplace violence and harassment, and the types of incidents that are occurring.

PSHSA has numerous training resources including certification courses focused on the health and care sectors. This includes, for example the *"Workplace Violence Risk Assessment Webinar Series."* These seminars are accessible on the PSHSA website and provide practical tools and strategies to assess workplace violence risks in healthcare and community settings.[98] Specific examples include, "Conducting Workplace Violence Risk Assessments in Acute Care, Long-Term Care and Retirement Homes", "Conducting Workplace Violence Risk Assessments in Community Based Work Settings", *and* "Assessing the Risk of Violent Behaviour Individual Client Risk & De-Escalation." [99]

Unifor shares these online risk assessments and toolkits with its members, and they are also publicly available.

WORKER-LED EDUCATION CENTER

Another example of awareness-raising and training is through Unifor's Family Education Centre in Port Elgin - a worker-led but employer-funded education center.[100] Unifor has negotiated for employers to pay a percent per hour contribution,

for example, three or five cents an hour for every hour of work, that goes into an education fund.

Workers under certain collective bargaining agreements can take paid education leave to take a 40-hour training program, developed and created by Unifor's Education Department in coordination with the union's other departments. Courses addressing violence and harassment in the health sector include a Health and Safety 101, a conflict-resolution course, and a bystander intervention training.

Joanne Hay, the director of health, safety and environment for Unifor, says union education opportunities provide an opportunity to build activism, and strengthen worker power by shifting harmful narratives, such as the normalization of the idea that workplace risks – such as violence from patients with dementia or mental health conditions -- are an inevitable *"part of the job."* She said:

> *Many health careworkers do not think they can refuse unsafe work and this is simply wrong. Employers need to understand their responsibility to impose controls that protect workers' safety including protecting them from workplace violence and harassment.... Employers play on the compassionate hearts of health care workers and send the message, this is part of your job, get over it.* [101]

Raising awareness and training programs reinforce health workers' rights and the legal responsibilities that employers have to protect workers.

Discussions surface the ways that short staffing contributes to conditions fostering violence. For example, Hay said, this is *"still a fight with governments, employers, hospitals .... For example, if there is a two-person requirement written into a safety plan for a patient, but they are short-staffed, and only one person available, there is pressure on the worker to go ahead and do the unsafe work anyway. If the worker gets hurt, the employer will blame the worker and say they did not follow protocol."* [102]

She added that short-staffing can also contribute to families harassing workers. *"Patient to care ratios are already slim. If a worker is injured or calls in sick leaving the workplace even shorter-staffed. Families blame the workers for the long wait times or delay in care to their loved ones, not the employers or owners of the retirement or care homes. This harassment has included threats to health care workers' lives, extreme verbal abuse and even physical abuse. Families should be addressing these concerns with the rightful owners – the government and the employers."* [103]

ZERO-TOLERANCE FOR VIOLENCE AND HARASSMENT AT UNION EVENTS

Another positive model is Unifor's zero-tolerance for harassment policy at union events.[104] Hay said, *"We have people at every event, if you feel unsafe or harassed.... Our phones are on 24/7."* [105] Alongside provisions for timely resolution of complaints and protection from retaliation, the policy includes specific prevention measures:

4.01 Unifor will support practices which may assist in reducing conflict and the potential for harassment, discrimination and violence or perceptions of harassment in the union environment including:

1. Communicating the requirement of a respectful union environment;
2. Offering training on harassment prevention, human rights, conflict resolution and collaborative problem-solving;
3. Encouraging informal and early resolution wherever appropriate, and advising of informal and formal processes available to address harassment, discrimination and violence;
4. Sharing resources to support those with concerns including the availability of trained union representatives, EFAP, alternative dispute resolution and mediation practitioners.[106]

COLLECTIVE BARGAINING AGREEMENTS

> *"We're seeing legislation can be written, wiped, and crossed off in in the stroke of a pen, leaving us more vulnerable. So, when we build greater protections into the collective agreement language... we're building protections for workers that we can grieve, and that we can use to hold the employer accountable to. And that's the power of a strong piece of language."*
>
> ***Joanne Hay, director of health, safety, and environment, Unifor, Canada, October 3, 2025***

Recent bargaining cycles across Ontario's hospital sector have led to strengthened collective agreement provisions addressing violence, harassment, and mental health protections. For example, the Waterloo Regional Health Network (formerly Grand River Hospital) expanded its harassment and discrimination article to align fully with the Ontario Human Rights Code. The contract defines harassment comprehensively and emphasizes respect and dignity at work. In addition, the agreement requires the hospital to share information with the union about incidents that occur:

> *25:02 – The Hospital shall notify the Union as soon as practical but not more than four (4) calendar days of any employee who has been threatened and/or assaulted while performing his/her work and the area which the threat/assault occurred. Updated statistics on numbers of staff assaulted while performing work will be brought to each meeting of the joint Health & Safety Committee. The assaulted employee may choose to have their name remain confidential.* [107]

The St. Joseph's Health Care London collective agreement has one of the most advanced negotiated frameworks related to workplace violence and harassment. Its negotiated provisions prohibit a wide range of behaviors, from psychological abuse to threats and

physical force, and explicitly require that no worker be assigned to work alone in a potentially violent situation. The hospital must maintain adequately equipped response teams and take every reasonable precaution under Ontario's Bill 168 to protect employees. In addition, Letters of Understanding (LoUs) address two critical dimensions of gender-sensitive implementation: ensuring female representation during health and safety investigations, and establishing specific commitments on mental health supports for staff. [108]

These additional clauses reflect best practice in recognizing both the gendered nature of workplace violence and the need for trauma-informed response systems.

DOMESTIC VIOLENCE PROTECTIONS

Violence and harassment in the health sector can take many forms, and an important aspect of C190 is the recognition of the impact of domestic violence on diverse workplaces, and the role that governments and employers have to protect workers experiencing such violence. In particular, the health care sector has a high proportion of women workers. Recommendation 206 provides guidance on the types of measures that can be implemented, such as flexible work arrangements and leave—for example to accommodate court hearings. Another example is temporary protection against dismissal for challenges arising while a worker is experiencing domestic violence.

Canadian unions are among those leading the way globally in terms of awareness-raising about the impact of domestic violence on the workplace and advocating for protections. They have successfully negotiated provisions addressing domestic violence in collective bargaining agreements, including for intimate partner violence-related leave. Hay said, *"To date, we have over 700 women advocates working across the country in our Unifor workplaces and locals, and…once their positions have been negotiated they receive 40-hour training on outreach and so are able to provide supports to women and families trying to escape from domestic violence, along with a 3-day training update each year."* [109] Unifor is also actively negotiating racial justice advocates with roughly 200 negotiated thus far.

POLICY ADVOCACY

Canadian unions, including Unifor, point to evidence about the extent of third-party violence, but note the gap in employer response and legislation. *"All of the big unions are pushing for regulatory changes to include third-party violence."* [110] After a long period of pushing for strengthened protections, the federal government will go into regulatory review of third-party violence in 2026.

For Ontario, a priority recommendation is the inclusion long-term care facilities within the application of occupational safety and health regulations as well as revising the definition of occupational illness. Unifor is also pushing for an expansion of the definition of *"critical injury"* on the job to include multiple concussions, due to the long-term health consequences they have seen among workers. Other recommendations include informing unions when harassment investigations are ongoing and involving unions in risk assessments to support the implementation of effective preventive measures.

One avenue for this is union participation on the Section 21 Health Care Committee. One of its functions is to develop guidance notes to assist workplaces and ministry inspectors navigate compliance.[111] They also put forward recommendations for legislative change to address existing gaps. Even when these changes take time, Unifor maintains pressure on the government advocating for the importance of these changes.

BELGIUM - ICOBA

The Belgian socialist union BBTK-SETCa, which organizes workers in all social profit sectors in Belgium, has worked effectively through social dialogue to introduce policies, protocols, and resources to prevent and respond to workplace violence and harassment.

In Belgium, sectoral bargaining units help set floors for working conditions and wages. Every worker is covered by collective bargaining agreements. Company-level bargaining is possible only when improving upon the sectoral floor. [112]

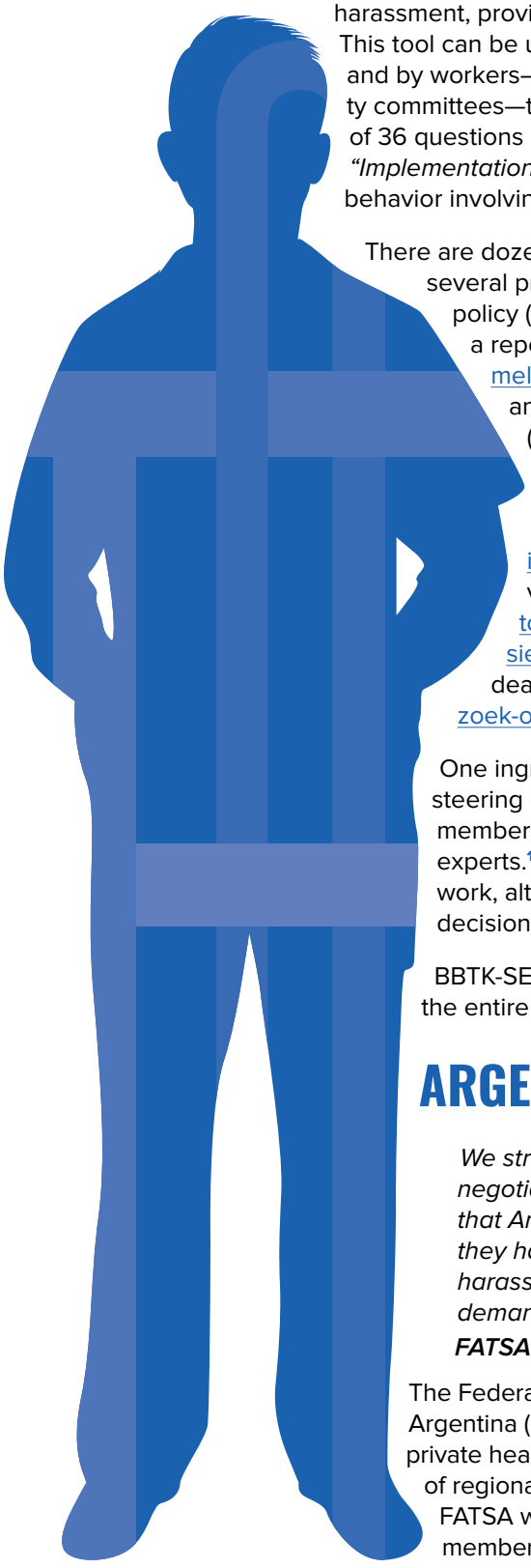
Companies with more than 50 employees must create joint worker-management committees focused on health and safety: the Committee for Prevention and Protection at the Workplace. These committees address occupational safety, including protection from violence, bullying, and sexual harassment at work. [113] If a company does not have such a committee, the trade union delegation performs the responsibilities of the committee. The committee can conduct workplace inspections and propose changes to strengthen health and safety policies.

In 2000, Flemish social partners founded VIVO, an umbrella initiative around training and employment in the social profit sectors. Within VIVO, they embedded ICOBA, Iedereen competent in het beheersen van agressie (Everyone competent in managing aggression), to specifically focus on workplace violence and harassment. ICOBA receives funding from and reports to the sector funds on people with disabilities and youth care, the sociocultural sector, childcare, and care at home. [114] These sector funds are financed by contributions from employers and companies under collective labor agreements.

ICOBA is focused on providing workers access to courses to strengthen their ability to prevent and respond to workplace aggression, giving organizations advice on their workplace policies, generating free educational materials and online tools, and raising awareness. ICOBA aims to support the creation of

positive working environments with comprehensive and structured policies around aggression. This includes an emphasis on prevention, appropriate response to violence and harassment, including support and recovery, and ongoing learning from incidents that take place. [115] ICOBA also has a budget to offer financial support for organizations to hold trainings around aggression.

ICOBA creates different tools that support both workers and employers to identify, prevent, and address workplace aggression. One innovative tool is a free online tool that scans workplace policies on violence and harassment, provides analysis, and suggests areas for improvement.[116] This tool can be used by employers developing or revising a policy, and by workers—including worker representatives in Health and Safety committees—to call for changes.[117] The Aggression Scan consists of 36 questions divided into three themes: *"Organization and Policy," "Implementation,"* and *"Embedding"* and addresses inappropriate behavior involving target groups, workers, third parties, or material.[118]



There are dozens of resources on the ICOBA website, including several practical tools on creating a workplace aggression policy (www.icoba.be/maak-een-agressiebeleid?), creating a reporting system (www.icoba.be/tools/maak-een-meld-en-registratiesysteem-met-een-stappenplan), analyzing and addressing the incidents that occur (www.icoba.be/leer-uit-agressie-incidenten), specific guidance for people with particular responsibilities such as prevention advisors, child care providers, and union representatives (www.icoba.be/maak-een-agressiebeleid?), after-care for victims of violence and harassment (www.icoba.be/toolbox-icoba?themes=Opvang+en+nazorg+na+agressie), and referrals for individuals needing support to deal with their aggressive behavior (www.icoba.be/zoek-ondersteuning-rond-omgaan-met-eigen-agressie).

One ingredient for success has been the composition of a steering group per sector, consisting of ICOBA workers, union members and representatives, workers organizations, and experts.[119] The steering group guides the direction of ICOBA's work, although the sectoral funds have the final authority in its decisions.

BBTK-SETCa is calling for ICOBA's work to be expanded to the entire social profit sector across Belgium.

ARGENTINA - FATSA

> *We strive to use C190 as a framework and as a tool for negotiation. When we talk with employers, we remind them that Argentina has ratified Convention 190, and therefore they have a legal obligation to prevent violence and harassment. It also strengthens our arguments when we demand specific measures in collective bargaining.*
>
> ***FATSA group interview, October 7, 2025***

The Federación de Asociaciones de Trabajadores de la Sanidad Argentina (FATSA) is a union representing both public and private health sector workers in Argentina. FATSA is comprised of regional unions specific to particular provinces and cities. FATSA works to provide trainings and awareness for its members, advocate for improved occupational safety and

health, negotiate collective bargaining agreements, and participate in emergency public health response, such as for Covid-19.

Representatives of FATSA, from two unions (SSP and ATSA Buenos Aires), described violence in the health sector as a phenomenon that manifests in multiple forms. According to Celeste Damonte, head of youth, gender, and human resources at the CGT, violence against health workers comes from patients and their families, from employers, and from supervisors. At times, there are situations of external violence arising from personal circumstances, and these are difficult to address. *"We face situations ranging from verbal aggression by patients or family members to physical attacks or harassment among the staff themselves. We have a high percentage of women workers in the health sector, which makes gender-based violence especially visible."* [120]

Celeste Damonte said,

> *"Many times the health worker is the one who absorbs all the frustrations of the system. When patients wait a long time to be treated or there are no supplies, they take it out on the person in front of them — the nurse, the receptionist, or the technician — not realizing that we are also victims of those same deficiencies.*
>
> *There's a lot of normalization of violence. For example, if someone yells at you or insults you, people say, 'It's part of the job.' We are trained to contain patients, but that does not justify violence."*[121]

María Sofía Bozzarelli, a lawyer with FATSA's secretariat for equality of opportunity said that together with Griselda Benavidez, they have spent years categorizing different forms of workplace violence in the public health system. She said:

"We recognize three main forms:

1. *Internal violence – between workers themselves,*
2. *External violence – from patients or users of the health system, and*
3. *Institutional violence – when workers face aggression or mistreatment from employers or management structures.*

Violence exercised by the system toward users ultimately affects the working conditions of the staff, when workers experience aggression or mistreatment from employers or hierarchical structures." [122]

She added that they tailor responses to the causes of conflict: *"Sometimes what looks like "violence" actually results from structural problems: lack of staff, poor management, long hours, or lack of resources.... The responses differ. Personal misconduct may lead to sanctions. Structural issues require dialogue and systemic solutions."* [123]

"LEY MICAELA"

The Ley Micaela (Law No. 27.499) establishes mandatory training on gender and violence for everyone working—at all levels—in Argentina's three branches of government, to ensure they understand gender-based violence and are better trained to prevent and respond to it.[124] The law was adopted by Argentina's Congress in 2018 after the femicide of Micaela Garcia and criticism of how law enforcement and the judiciary had failed to respond appropriately. The law was federalized in 2020. In the public sector, the protocols for addressing workplace violence predate the Micaela Law, but with this law, a gender perspective was incorporated into the approach to workplace violence.

A powerful normative impact of the law is how it redefines prevention as a shared social responsibility. For unions, it has provided both a legal and educational framework to strengthen workplace protocols against harassment and violence, including in the health and care sectors. FATSA also trained its own membership: they began by training executive committees and expanded the sessions to union delegates and base members, ensuring that gender and violence awareness became part of everyday organizational culture.

Political challenges threaten the integrity and implementation of the Ley Micaela. In 2024, President Javier Milei proposed amendments to narrow the trainings to only the topic of domestic violence and to make it mandatory only for some officials rather than all. He has dissolved the National Women's Institute and the Ministry for of Women, Genders, and Diversity – the institutions promoting gender equality and taking the lead to implement the law.

In this political climate, provincial governments, employers, and unions are important sites for continuing to promote and uphold the law. FATSA, for example, and in particular SSP, has succeeded in maintaining close collaboration with the Ministry of Health of the Province of Buenos Aires, which—unlike the national government—has preserved the Ministry and carries out active work on the issue of violence and other matters related to diversity.

COLLECTIVE BARGAINING

> *"That's why we see collective bargaining as a protective shield. When laws are weakened, agreements still preserve prevention clauses."*
>
> ***Celeste Damonte, secretary for youth, gender, and human resources, CGT, FATSA group interview, October 7, 2025***

Collective bargaining, social dialogue, and engagement with employers are strategic mechanisms to continue the work of raising awareness about violence and harassment in the workplace, instituting prevention measures and ensuring effective response.

SSP has advocated for joint committees at hospital and health centers with union and management representation. These committees analyze cases of harassment and violence and propose prevention measures. Adriana Rosenzvaig, an advisor on international cooperation for FATSA noted, *"Union presence in these committees is key to prevent management from handling cases alone and to protect those who report."* [125]

MOVING FORWARD

> *"Our goal is for prevention to be part of institutional culture — not dependent on a person or a government."*
> ***María Sofía Bozzarelli, lawyer, secretariat for equality of opportunity, FATSA group interview, October 7, 2025***

FATSA's other activities include running awareness-campaigns and distributing educational materials in hospitals and homes. They also provide legal and psychological support to workers facing violence, aiming for victims not to feel alone when they speak out. Bozzarelli said, *"Making violence visible is essential. Speaking about it breaks the silence and forces institutions to act."* [126]

Adriana Rosenzvaig notes that across almost the entire country, unions affiliated with FATSA have taken on the challenge of including gender-based violence and related training in their agendas through the Micaela Law and other instruments.[127] The "red bench," which symbolizes and commemorates victims of gender-based violence, has been installed in various union spaces.

Recognizing that the prevention of violence is a collective task, ATSA, within the framework of the CGT, is coordinating with other unions to consolidate best practices from different protocols to create a unified model protocol fighting violence and harassment at work.

FATSA recognizes that wins include preventing rollbacks and regression. *"The biggest challenge is sustaining what we've achieved. Public discourse has turned hostile toward feminist and union movements, but we believe collective organization is the key to moving forward."* [128]

BEST PRACTICES

Violence and harassment in the health and care sectors are pervasive, yet they are not inevitable. Across diverse national contexts, unions, employers, and governments have demonstrated that prevention and response are possible through data, dialogue, education, legislation, collective bargaining, and systemic reform.

Common threads across the case studies in this report highlight the following lessons learned.

COLLECTING AND PUBLICIZING DATA: MAKING THE PROBLEM VISIBLE

Reliable data has been a powerful tool for change. Across the case studies, unions and government agencies have shown that collecting, analyzing, and publicizing evidence about the nature and scope of violence and harassment makes the problem visible, gives it legitimacy, and drives reform.

In countries such as Japan, Peru, and Canada, union surveys and administrative data have exposed the high prevalence of violence in care settings—sometimes revealing that over half of all reported workplace-violence incidents in a given jurisdiction occur in the health sector.

Research also puts a human face on the problem. Testimonies gathered through union surveys, such as those conducted in Japan and Peru, give voice to workers' lived experiences and highlight both the emotional toll of abuse and the institutional failures that allow it to continue.

These findings have raised public awareness, provided evidence for advocacy, guided the design of prevention programs, and shaped collective bargaining priorities. When data are shared regularly between unions, employers, and relevant goverment agencies—as in the cooperative models documented in Canada—they become the foundation for targeted training, tailored risk assessments, and sector-specific prevention measures.

SHIFTING NARRATIVES: VIOLENCE IS NOT "PART OF THE JOB"

A second common thread is the deliberate effort to challenge the normalization of violence in care work. Across all contexts, workers and unions described how abuse—especially verbal and psychological aggression—has long been accepted as part of caring for patients with high needs, or as an unavoidable consequence of working in under-resourced environments.

Unions have worked to overturn this narrative by insisting that safety is a right, not a privilege, and that no one should be expected to endure threats or humiliation as part of their job. Awareness campaigns, trainings, and public messaging have reframed violence not as

an individual problem but as a symptom of systemic failures—understaffing, poor management, and the devaluation of care work.

This narrative shift has also reframed responsibility: from workers expected to "manage" aggression, to employers and governments obligated to prevent it. Education programs across unions emphasize that workers have the right to refuse unsafe work and that employers must implement preventive controls. Through these campaigns, violence is no longer a private burden carried by caregivers but a public issue demanding institutional solutions.

ADDRESSING STRUCTURAL CAUSES: STAFFING, RESOURCES, AND THE VALUE OF CARE WORK

Short-staffing, inadequate resources, and the undervaluation of care work undermine quality of care and also generate conditions that can foster abuse.

Workers described how staff shortages, long wait times, and lack of medicines provoke frustration from patients and families, which is then directed at frontline workers. Chronic understaffing also erodes safety protocols, forcing workers to perform high-risk tasks alone or without adequate backup.

The undervaluation of care work—often performed by women, migrants, and informal workers—exacerbates vulnerability. Low wages and precarious employment reinforce a culture where violence is tolerated or ignored.

Addressing these root causes requires systemic investment: hiring sufficient staff, improving pay and working conditions, ensuring safe staffing ratios, and recognizing care work as skilled and essential.

AWARENESS-RAISING AND TRAINING: BUILDING A CULTURE OF PREVENTION

Training and awareness-raising have been essential to building workplaces that recognize and prevent violence.

Regular training helps both workers and managers understand what constitutes violence and harassment, how to recognize early warning signs, and how to report and respond safely. Unions have integrated these sessions into broader education programs. Posters, flyers, and visible campaigns within health facilities reinforce these messages and disseminate information on rights and responsibilities.

Successful trainings do not focus only on individual behavior—they also foster institutional capacity. They establish clear reporting procedures, train focal persons in confidentiality and survivor-centered response, and equip supervisors to identify risk factors and intervene early.

In many cases, training has also functioned as a form of empowerment. Workers get reinforced with the message that harassment is a violation of their rights. Employers learn that prevention is not optional but a legal and moral duty. The outcome is a shift toward organizational cultures where violence is neither hidden nor tolerated.

LEGAL AND NORMATIVE FRAMEWORKS: TURNING STANDARDS INTO SYSTEMS

National laws and international standards have provided a backbone for reform. The adoption of the ILO Violence and Harassment Convention, No. 190, and its Recommendation No. 206 has catalyzed legal and policy innovation across countries. Even where governments have not yet ratified C190, unions have used its language to negotiate protections and demand legislative change.

Legal advances include clear definitions of violence, explicit recognition of gender-based and third-party harassment, and obligations for employers to prevent, investigate, and sanction abuse.

Recent legislative reforms—such as Chile's Ley Karin, Japan's Kasuhara Countermeasure Law, and Argentina's Ley Micaela—show that integrating gender perspectives, risk-assessment requirements, and training obligations into law can create national frameworks that integrate standards set out in C190.

At the same time, laws are insufficient without enforcement and resources. Best practice combines legal advocacy with accompanying strategies—such as workplace committees, collective bargaining clauses, and awareness campaigns.

COLLECTIVE BARGAINING: ENSHRINING PROTECTIONS BEYOND POLITICAL CYCLES

Collective bargaining is a strategic and resilient mechanism to advance protections, including where national policy or political will is weak. Through negotiation, unions have secured enforceable clauses obligating employers to prevent, investigate, and respond to violence and harassment.

Such agreements have several advantages. They are legally binding on employers, provide clear grievance mechanisms, and often include funding provisions for training, safety planning, and victim support. In contexts like Argentina and Peru where political environments fluctuate or governments change, collective bargaining ensures continuity—negotiated commitments in agreements are independent from political volatility.

As in Ghana, unions do not have to wait for governments to ratify C190 and implement national legislation but can proactively integrate violence and harassment prevention measures into their bargaining agendas.

Effective bargaining is tailored to the specificity of the sector and workplace, and can be the site of innovation and emerging models of prevention and response. For example, Unifor in Canada has been able to negotiate agreements that recognize and address intersections between workplace and domestic violence.

Expanding collective bargaining coverage is a critical strategy. In particular, supporting sectoral-level bargaining enables negotiated protections to reach workers across the sector in comparison to enterprise-level agreements.

EMPLOYER ACCOUNTABILITY: FROM POLICIES TO PRACTICE

Effective workplace policies are those that move beyond paper commitments to integrated, sector-specific systems of prevention and response. Employers have a critical responsibility in preventing violence and harassment.

Several practices stand out. First, risk assessments that are tailored to specific health and care settings help identify context-specific hazards—such as working with patients with dementia, handling emergencies, or providing home-based care. Second, training for managers ensures that those in supervisory roles understand their responsibilities and can respond appropriately to complaints. Third, clear reporting mechanisms—including confidential focal points and transparent investigation procedures—build trust and reduce underreporting.

A fourth best practice is visible zero-tolerance communication. Posters, campaigns, and leadership messages signal that violence and harassment are unacceptable and that victims will be supported. Finally, trauma-informed support systems—including counselling, legal aid, and flexible work arrangements—are critical for helping survivors recover from abuse.

ALLIANCES AND COORDINATION: STRENGTH IN UNITY AND DIALOGUE

Experience across regions underscores that violence and harassment are systemic issues that require collective solutions. Unions that collaborate—whether with other unions, employers, civil society, or government—achieve greater reach and legitimacy.

Tripartite and bipartite bodies, such as health and safety committees or social-sector steering groups, create structured forums to develop and monitor workplace policies. Joint initiatives between unions and employers, such as sectoral training institutes or safety committees, ensure that prevention efforts are practical and grounded in the realities of the workplace.

Transnational alliances, like those facilitated by UNI Global Union, allow affiliates to share model clauses, campaign strategies, and policy tools. Coalitions such as Peru's Grupo Impulsor demonstrate how alliances among multiple workers' organizations can sustain advocacy for ratification and implementation of C190, even amid political instability.

Violence prevention gains strength when it becomes a shared agenda.

SUSTAINING PROGRESS: RESOURCES, POLITICAL WILL, AND PERSISTENCE

Finally, the durability of progress depends on persistence. Even where strong policies exist, implementation gaps remain. Unions repeatedly highlight the need for adequate funding, political will, and ongoing engagement.

Some of the most important victories have been not only new gains but also the defense of existing rights against political rollbacks. Embedding violence-prevention language in collective agreements, creating permanent training structures, and maintaining public awareness campaigns all help safeguard progress.

CONCLUSION

Violence and harassment against health and care workers is a global crisis—one that undermines the safety, dignity, and wellbeing of millions of workers, two-thirds of them women. Across every region, care workers describe verbal abuse, physical aggression, sexual harassment, and discrimination as realities that are too often dismissed as "part of the job."

Chronic short-staffing, under-resourced health systems, and the undervaluing of feminized and migrant labour create the conditions that enable this violence to persist. The consequences undermine health systems: they deepen burnout, drive turnover, and erode quality of care.

The case studies of union campaigns and innovations in this report demonstrate that violence and harassment are not inevitable. Across public and private health settings, stable and volatile political contexts, and widely differing social and economic situations, unions have shown that progress is possible through awareness-raising and training, sustained advocacy, collective bargaining, and policy engagement.

From Ghana to Japan, Argentina to Ireland, unions are shifting the narrative that violence is an unavoidable cost of care. The solutions are within reach.

Governments must fully implement ILO Convention No. 190 and Recommendation No. 206 and integrate their principles into national law. Employers must conduct risk assessments, create prevention protocols, provide training, and ensure safe, confidential reporting channels.

Violence and harassment can be prevented—but only if this shared responsibility is embraced with urgency, resources, and commitment.

ENDNOTES

1 International Labour Organization (ILO), Convention No. 190 concerning the Elimination of Violence and Harassment in the World of Work, Article 1, adopted 21 June 2019, entered into force 25 June 2021, NORMLEX, www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C190.

2 Ibid., Article 2.

3 Ibid., Article 3.

4 Ibid;, Article 8.

5 ILO, Recommendation concerning the elimination of violence and harassment in the world of work, adopted by the Conference at its one hundred and eighth session, Geneva, 21 June 2019 (Recommendation No. 206)., art. 8.

6 Violence and harassment in the world of work: Trade union initiatives, strategies and negotiations on implementing the Convention on Violence and Harassment (No. 190) and Recommendation (No. 206), 2019, Geneva: International Labour Office, 2024.

7 Leclerc, C., De Keulenaer, F. & Belli, S. (2022). OSH Pulse – Occupational safety and health in post-pandemic workplaces. Flash Eurobarometer (European Agency for Safety and Health at Work). Luxembourg: EU-OSHA. Available at: https://osha.europa.eu/sites/default/files/Eurobarometer-OSH-in-post-pandemic-workplaces_en.pdf

8 García-Zamora, et al., "Aggression, Micro-aggression, and Abuse Against Health Care Providers During the COVID-19 Pandemic. A Latin American Survey," Current Problems in Cardiology, vol. 47, no. 10 (2022), art. 101296, available at: www.pubmed.ncbi.nlm.nih.gov/35779676/ (accessed 12 October 2025).

9 Eshetie et al., "Magnitude of workplace violence and associated factors among healthcare professionals in East Africa: A systematic review and meta-analysis," PLOS ONE 20(9): e0332415, available at: https://doi.org/10.1371/journal.pone.0332415, (accessed 12 October 2025).

10 Ibid.

11 World Health Organization. Closing the leadership gap: gender equity and leadership in the global health and care workforce. Policy Action Paper, 7 June 2021. WHO. ISBN 978-92-4-002590-5. Available at: https://www.who.int/publications/i/item/9789240025905

12 UNI Global Union, Fixing the Care Crisis: Stopping the Staff Exodus, Building Resilient Care Systems (A Global Survey of Institutional Health and Care Workers, February 2025), UNI Global Union, Nyon, 2025, https://uniglobalunion.org/wp-content/uploads/FINAL-UNI-Care-2025-Report-Fixing-the-care-crisis.pdf.

13 Ibid.

14 Ibid.

15 Ibid.

16 2025 UNI Global Union Care Survey.

17 2025 UNI Global Union Care Survey.

18 2025 UNI Global Union Care Survey.

19 2025 UNI Global Union Care Survey.

20 2025 UNI Global Union Care Survey.

21 2025 UNI Global Union Care Survey.

22 2025 UNI Global Union Care Survey.

23 2025 UNI Global Union Care Survey.

24 All-Poland Alliance of Trade Unions (OPZZ) Konfederajka Pracy, Fight for Dignity, Warsaw, 2024.

25 E tū, "New report exposes a care sector in crisis," 13 November 2024, E tū, accessed 9 October 2025, https://etu.nz/new-report-exposes-a-care-sector-in-crisis/

26 Kumiko Murakami, vice-president, NCCU, written questionnaire response, October 10, 2025.

27 2025 UNI Global Union Care Survey.

28 2025 UNI Global Union Care Survey.

29 2025 UNI Global Union Care Survey.

30 2025 UNI Global Union Care Survey.

31 2025 UNI Global Union Care Survey.

32 UNI Americas, Unifor Social Justice Fund, and *Diagnóstico sobre el impacto de la violencia de terceros en el sector servicios en Perú*, November 6, 2024, https://uniglobalunion.org/es/news/study-half-of-service-workers-in-peru-faced-violence-from-customers/.

33 Ibid.

34 All-Poland Alliance of Trade Unions (OPZZ) Konfederajka Pracy, Fight for Dignity, Warsaw, 2024.

35 2025 UNI Global Union Care Survey.

36 2025 UNI Global Union Care Survey.

37 Kumiko Murakami, vice-president, NCCU, written questionnaire response, October 10, 2025.

38 2025 UNI Global Union Care Survey.

39 UNI Americas, Unifor Social Justice Fund, and Diagnóstico sobre el impacto de la violencia de terceros en el sector servicios en Perú, November 6, 2024, p. 15. https://uniglobalunion.org/es/news/study-half-of-service-workers-in-peru-faced-violence-from-customers/.

40 Ibid.

41 2025 UNI Global Union Care Survey.

42 2025 UNI Global Union Care Survey.

43 2025 UNI Global Union Care Survey.

44 2025 UNI Global Union Care Survey.

45 2025 UNI Global Union Care Survey.

46 2025 UNI Global Union Care Survey

47 Interview with Norma Gómez, secretary of economy and finance, FED-CUT, Peru, September 24, 2025.

48 UNI Americas, Unifor Social Justice Fund, and Diagnóstico sobre el impacto de la violencia de terceros en el sector servicios en Perú, November 6, 2024, p. 13, https://uniglobalunion.org/es/news/study-half-of-service-workers-in-peru-faced-violence-from-customers/.

49 EsSalud conviene con la FED CUT en constituir un comité de prevención contra la violencia y acoso laboral, en el cual se incluirá a dos (2) representantes de la FED CUT y desde el cual se implementará un protocolo de prevención y atención a casos de discrimnación, violencia, y acoso.

50 A craft or occupational labor union organizes workers across the sector and across company lines.

51 Kumiko Murakami, "Violence and harassment in medical and care work," presentation at UNI-APRO Care Conference, Kathmandu, August 28-29, 2025.

52 Nippon Careservice Craft Union (NCCU). Organization overview. Tokyo: NCCU; 2024 [cited 2025 Sep 19]. Available from: https://www.nccu.gr.jp/official/about.

53 Chiba, Takuro. "Japan's elderly population climbs to record 36.25 million," The Asahi Shimbun, 16 September 2024, https://www.asahi.com/ajw/articles/15428637.

54 Kibi, Ayaka, "Japan faces 570,000 care worker shortage in fiscal 2040," The Asahi Shimbun, 14 July 2024, https://www.asahi.com/ajw/articles/15346218.

55 Speed, Jessica, "Worker shortage forcing home care providers to turn away clients, survey finds," The Japan Times, May 5, 2025, https://www.japantimes.co.jp/news/2025/05/05/japan/home-care-services-worker-shortage/.

56 Kumiko Murakami, vice-president, NCCU, written questionnaire response, October 10, 2025.

57 Kumiko Murakami, "Violence and harassment in medical and care work," presentation at UNI-APRO Care Conference, Kathmandu, August 28-29, 2025.

58 Ibid.

59 Ibid.

60 Kumiko Murakami, vice-president, NCCU, written questionnaire response, October 10, 2025.

61 Ibid.

62 Ibid. The Open University is a correspondence university operated by the Ministry of Education, Culture, Sports, Science and Technology and the Ministry of Internal Affairs and Communications.

63 Kumiko Murakami, vice-president, NCCU, written questionnaire response, October 10, 2025.

64 Kumiko Murakami, vice-president, NCCU, written questionnaire response, October 10, 2025.

65 April 2021 Ministry of Health, Labour and Welfare, https://www.mhlw.go.jp/content/12305000/000947332.pdf

66 The Ministry of Health, Labour and Welfare revised the "Criteria for Recognizing Mental Disorders Caused by Psychological Stress as Work-Related Injuries," on September 1, 2023.

67 Kumiko Murakami, vice-president, NCCU, written questionnaire response, October 10, 2025.

68 Kumiko Murakami, "Violence and harassment in medical and care work," presentation at UNI-APRO Care Conference, Kathmandu, August 28-29, 2025. NCCU was established on 26 January 2000 in Minato-ku, Tokyo.

69 Kumiko Murakami, vice-president, NCCU, written questionnaire response, October 10, 2025.

70 Kumiko Murakami, vice-president, NCCU, written questionnaire response, October 10, 2025.

71 Ibid.

72 Interview with Patricia Tweneboah, deputy general secretary, Health Services Workers' Union (HSWU), October 5, 2025.

73 Interview with Harriett Sobour, head of women and gender, HSWU, October 5, 2025.

74 Ibid.

75 UNI, "Gender Equality and Workplace Health and Safety," training presentation, on file.

76 Interview with Harriett Sobour, head of women and gender, HSWU, October 5, 2025.

77 HSWU, "Proposed articles inserted into the HSWU collective agreement signed with the employer on gender-based violence and harassment at work in September 2025," on file.

78 Interview with Harriett Sobour, head of women and gender, HSWU, October 5, 2025.

79 Emmet Malone, "Most violent workplace incidents occur in health and care sectors," The Irish Times, 20 November 2023. Available at: The Irish Times website, https://www.irishtimes.com/business/work/2023/11/20/most-violent-workplace-incidents-occur-in-health-and-care-sectors/ [accessed 8 October 2025].

80 Interview with Kevin Figgis, head, SIPTU health division, October 7, 2025.

81 Health Service Executive (HSE). HSE National Policy on the Prevention and Management of Work-Related Aggression and Violence 2025. Version 03, effective 29 July 2025. Available at: https://www2.healthservice.hse.ie/files/193/.

82 Interview with Kevin Figgis, head, SIPTU health division, October 7, 2025.

83 Ibid.

84 Health Service Executive (HSE). HR Circular 020/2023: Revised Serious Physical Assault Scheme – Revision of Entitlements. Dublin: HSE, 2023. Available at: https://www.hse.ie/eng/staff/resources/hr-circulars/hr-circular-020-2023-revised-serious-physical-assault-scheme-revision-of-entitlements.pdf (accessed 8 Oct. 2025).

85 Interview with Kevin Figgis, head, SIPTU health division, October 7, 2025.

86 Interview with Gloria Flores, Chile, October 1, 2025.

87 Ley Nº 21.643 – Modifica el Código del Trabajo y otros cuerpos legales, en materia de prevención, investigación y sanción del acoso laboral, sexual o de violencia en el trabajo, https://www.bcn.cl/leychile/navegar?idNorma=1200096.

88 AX Legal, "Chile Labor – Sexual Harassment Prevention," 3 September 2024, https://ax.legal/2024/09/03/chile-labor-sexual-harassment-prevention/.

89 DLA Piper, "Chile: Six Key Requirements for Employers under Karin's Law," 11 July 2024, https://www.dlapiper.com/en/insights/publications/2024/07/chile-six-key-karins-law-requirements-for-employers.

90 Harris Gomez Group, "Chile Employment Law: Understanding Ley Karin – Enhancing Workplace Dignity and Safety in Chile," 3 September 2024, https://www.hgomezgroup.com/employment-law/chile-employment-law-understanding-ley-karin-enhancing-workplace-dignity-and-safety-in-chile/.

91 Ibid.

92 Interview with Gloria Flores, Chile, October 1, 2025.

93 Interview with Gloria Flores, Chile, October 1, 2025.

94 Public Services Health & Safety Association, "PSHSA Section 21 Update April 2025, Workplace Violence Prevention (WVP)," presentation, on file.

95 Ibid.

96 Ibid.

97 UNI Care interview with Joanne Hay, director of health, safety, and environment, Unifor, Canada, October 3, 2025.

98 "Violence Risk Assessment Series," PSHSA, accessed 3 October 2025, https://www.pshsa.ca/resource/violence-risk-assessment-series/.

99 "Violence Risk Assessment Series," PSHSA, accessed 3 October 2025, https://www.pshsa.ca/resource/violence-risk-assessment-series/.

100 Unifor Family Education Centre, "About FEC," accessed October 5, 2025, https://www.Uniforcentre.ca/.

101 UNI Care interview with Joanne Hay, director of health, safety, and environment, Unifor, Canada, October 3, 2025.

102 Ibid.

103 Ibid.

104 Unifor. Unifor Policy on Harassment, Discrimination, and Violence Prevention.

105 UNI Care interview with Joanne Hay, director of health, safety, and environment, Unifor, Canada, October 3, 2025.

106 Unifor. Unifor Policy on Harassment, Discrimination, and Violence Prevention. Available at: https://www.Unifor.org/resources/our-resources/Unifor-policy-harassment-discrimination-and-violence-prevention-and (accessed 6 October 2025).

107 Grand River Hospital Corporation and Unifor Local 1106, Collective Agreement: Service Bargaining Unit, 2024–2026, Waterloo, Ontario, filed under the Fair Work Act provisions for hospital service employees (Memorandum of Settlement, 2024).

108 St. Joseph's Health Care London and Unifor Local 27, Collective Agreement, 2022–2025, London, Ontario.

109 UNI Care interview with Joanne Hay, director of health, safety, and environment, Unifor, Canada, October 3, 2025.

110 Ibid.

111 "Introduction to Section 21 Health Care Committee Guidance Notes," OPSEU / SEFPO, 21 March 2014, accessed 3 October 2025, https://opseu.org/information/general/introduction-to-section-21-health-care-committee-guidance-notes-introduction-to-section-21-health-care-committee-guidance-notes/9810/.

FATSA is an affiliate of CGT, Argentina's main national trade union confederation.

112 ICOBA, 2025. How does the scan work?, https://agressiescan.be/hoe-werkt-de-scan.aspx (accessed 22 September 2025).

113 Beswic, Comité voor preventie en bescherming op het werk (CPBW) https://beswic.be/nl/welzijnsbeleid/structuren-en-organisaties/comite-voor-preventie-en-bescherming-op-het-werk-cpbw [accessed 22 September 2025].

114 SETCa-FGTB, "Tackling workplace aggression through sectoral collective bargaining," presentation, UNI Care Conference on Violence and Harassment, Budapest, 2024.

115 ICOBA. 2025. Waarom bestaat ICOBA? ICOBA. https://www.icoba.be/waarom-bestaat-icoba (accessed 17 September 2025).

116 ICOBA, 2025. Aggression Scan, https://agressiescan.be/ (accessed 22 September, 2025).

117 SETCa-FGTB, "Tackling workplace aggression through sectoral collective bargaining," presentation, UNI Care Conference on Violence and Harassment, Budapest, 2024.

118 ICOBA, 2025. How does the scan work?, https://agressiescan.be/hoe-werkt-de-scan.aspx (accessed 22 September 2025).

119 SETCa-FGTB, "Tackling workplace aggression through sectoral collective bargaining," presentation, UNI Care Conference on Violence and Harassment, Budapest, 2024.

120 Interview with Celeste Damonte, secretary for youth, gender, and human resources, CGT, FATSA group interview, October 7, 2025.

121 Interview with Celeste Damonte, head of youth, gender, and human resources, CGT, FATSA group interview, October 7, 2025.

122 Interview with María Sofía Bozzarelli, lawyer, secretariat for equality of opportunities, FATSA group interview, October 7, 2025.

123 Ibid.

124 Ley 27.499, "Ley Micaela de capacitación obligatoria en género," Boletín Oficial de la República Argentina, 10 de enero de 2019.

125 Interview with Celeste Damonte, head of youth, gender, and human resources, CGT, FATSA group interview, October 7, 2025.

126 Interview with María Sofía Bozzarelli, lawyer, secretariat for equality of opportunities, FATSA group interview, October 7, 2025.

127 Interview with Adriana Rosenzvaig, advisor for international affairs, FATSA group interview, October 7, 2025.

128 Ibid.

ACKNOWLEDGMENTS

UNI Global Union wishes to thank all who have contributed to our work and recent successes, and those who made this report possible.

Nisha Varia, a consultant, researched and wrote this report.

We would like to extend our deep appreciation to our donors, the **Care Fund** and the **Ford Foundation**, for their support of the global survey of health workers, this report, and the organizing of informal care workers around the world.

UNI global union

care

www.uniglobalunion.org