



# Guideline on Prevention and Protection from Workplace Violence and Sexual Harassment for Nurses and Midwives

2017



**Human Resource Branch, Health Services Division**  
Ministry of Health and Family Welfare  
Government of the Peoples' Republic of Bangladesh





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and Sexual Harassment for Nurses and Midwives 2017**

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May 2017

**Human Resource Branch, Health Services Division**  
Ministry of Health and Family Welfare  
Government of the Peoples' Republic of Bangladesh

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## Foreword

Workplace violence and sexual harassment is a serious problem that affects a workers ability to perform his/her duties effectively. In most cases a worker is unaware of what behavior is considered inappropriate in the workplace and may continue to conduct that behavior and the victim silently endures that behavior in the workplace either due to lack of a proper reporting system or out of fear of being stigmatized or losing job.

The health care sector is also not free from workplace violence and sexual harassment. Some healthcare professionals such as nurses and midwives are at increased risk as they are required to deliver health care either working alone or in small groups, during late night or early morning hours in health care facilities where they have extensive contact with the public. Violence in health care setting is a threat to effective and quality health service delivery and violates an individual's rights to personal dignity and integrity.

This guideline describes, What behaviors are considered inappropriate and unacceptable in the workplace; What to do when incidents occur; and Where to report if any incidents occur.

I thank the Human Resources for Health (HRH) project in Bangladesh funded by Global Affairs Canada (GAC) for providing technical assistance to take this initiative of working with the Directorate General of Nursing and Midwifery (DGNM) and Human Resource Branch, Health Services Division, Ministry of Health and Family Welfare in developing this guideline on Prevention and Protection from Workplace Violence and Sexual Harassment for Nurses and Midwives.

I appreciate the HR Branch, Health Services Division, Ministry of Health and Family Welfare who is responsible for management of the entire health workforce, in identifying the need for development of such a guideline to protect this essential health workforce- the nurses and midwives from workplace violence and sexual harassment.

I hope that this guideline will encourage the victim to report such incidents and the management of health care facilities to be committed to deal with such incidents of unacceptable behaviors and ensure a safe working environment for the nurses and midwives in Bangladesh.

**Tandra Sikder**

Additional Secretary

Director General, Directorate General of Nursing and Midwifery  
Ministry of Health and Family Welfare





## Preface

Violence and sexual harassment in the health sector workplace is a global and growing phenomenon with nurse-midwives being the most vulnerable. Nurse-midwives experiencing violence and sexual harassment in health care facilities suffer from long term impact. It reduces their self-esteem that interferes with quality health care delivery. Many countries recognizing the prevalence of workplace violence and sexual harassment have taken measures to protect healthcare workers/nurse-midwives from workplace violence and sexual harassment.

Human Resource Branch, Health Services Division, Ministry of Health and Family Welfare (MOHFW), and Directorate General of Nursing and Midwifery (DGNM) considering the risk of workplace violence on nurse-midwives has developed this guideline on “Prevention and Protection of Workplace Violence and Sexual Harassment for Nurses and Midwives”. It is expected that this guideline will ensure a safe and respectful workplace environment with mandatory prevention and protection programs, reporting mechanism and disciplinary measures against all type of workplace violence and sexual harassment. The Human Resources for Health (HRH) project in Bangladesh, funded by Global Affairs Canada (GAC), working for strengthening the nursing education and services in Bangladesh, have provided technical support in developing this guideline.

This guideline has been developed in line with “The guideline on prevention and protection from sexual harassment offence against women and girls by the honorable High Court at educational institutions and work places (2008)” and International Council of Nurses (ICN) Position Statement on Abuse and Violence against Nursing Personnel (2006).

I am thankful to the HRH project’s Gender Sensitive Human Resource Task Team (GSHRTT) for taking this important initiative. I would also like to express my sincere thanks especially to the GSHRTT Working Committee comprising of representatives from the HR Branch/Health Services Division, Directorate General of Nursing and Midwifery, GNSPU, HEU and HRH project, who have put all their sincere efforts in preparing this guideline through a series of consultation meetings. My colleague Nahid Sultana Mallik, Deputy Secretary, HR Branch, Health Services Division deserves special thanks for her valuable inputs in developing this booklet.

I sincerely hope that this guideline will generate awareness among the nurse-midwives and the management of health care facilities on prevention and protection from Workplace Violence and Sexual Harassment and to take necessary steps to address the issue in the event of such an incidence.

**Mr. Faiz Ahmed**

Additional Secretary (Admin) and  
Line Director, Human Resource Development,  
Health Services Division  
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# Introduction

Workplace violence is a serious and growing problem that affects all healthcare professionals. It can strike anywhere, and no one is immune. Some workers, however, are at increased risk. Among them are workers who deliver services; or work alone or in small groups, during late night or early morning hours, or in community settings and homes where they have extensive contact with the public. This group includes health-care and social service workers such as nurses and midwives. Like all other South-East Asian countries, the nurses and midwives workforce in Bangladesh is constituted with mostly female members. Nurses are the health-care workers most at risk, with female nurses considered the most vulnerable (ICN 2004)<sup>1</sup> and higher risk to sexual harassment (Vittorio di Martino 2003)<sup>2</sup>. Violence in health care setting is a threat to effective and quality health service delivery and violates an individual's rights to personal dignity and integrity. Therefore, guidelines are needed to prevent workplace violence and manage the negative consequences experienced by healthcare workers following violent events. A written guideline will inform employees about:

- What behavior (e.g., violence, intimidation, bullying, harassment, etc.) that management considers inappropriate and unacceptable in the workplace.
- What to do when incidents covered by the guideline occur.
- Where to report if any incidents occur.

The guideline will also encourage employees to report such incidents and will show that management is committed to deal with incidents involving violence, sexual harassment (eve teasing) and other unacceptable behaviors.

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<sup>1</sup> Canadian Nurses Association, *Fact Sheet – Violence in the Workplace*, September 2005

<sup>2</sup> Vittorio di Martino, ILO/ICN/WHO/PSI, *Workplace violence in the health sector, Relationship between work stress and workplace violence in the health sector*, 2003, Geneva

## Bangladesh Constitution: Part III

### FUNDAMENTAL RIGHTS

#### **Article 27: Equality before law.**

All citizens are equal before law and are entitled to equal protection of law.

#### **Article 28: Discrimination on grounds of religion, etc.**

1. The State shall not discriminate against any citizen on grounds only of religion, race, caste, sex or place of birth.
2. Women shall have equal rights with men in all spheres of the State and of public life.
3. No citizen shall, on grounds only of religion, race, caste, sex or place of birth be subjected to any disability, liability, restriction or condition with regard to access to any place of public entertainment or resort, or admission to any educational institution.
4. Nothing in this article shall prevent the State from making special provision in favour of women or children or for the advancement of any backward section of citizens.

#### **Article 29: Equality of opportunity in public employment.**

1. There shall be equality of opportunity for all citizens in respect of employment or office in the service of the Republic.
2. No citizen shall, on grounds only of religion, race, caste, sex or place of birth, be ineligible for, or discriminated against in respect of, any employment or office in the service of the Republic.
3. Nothing in this article shall prevent the State from -
  - a. making special provision in favour of any backward section of citizens for the purpose of securing their adequate representation in the service of the Republic;
  - b. giving effect to any law which makes provision for reserving appointments relating to any religious or denominational institution to persons of that religion or denomination; reserving for members of one sex any class of employment or office on the ground that it is considered by its nature to be unsuited to members of the opposite sex.

## Establishment Manual (Volume 1), Ministry of Establishment

Section VI, The Government Servants (Conduct) Rules, 1979- # 27 revised in 29 Dec. 2002<sup>3</sup> included the following:

**27A. Conduct towards female colleagues-** No Government servants shall use any language or behave with his female colleagues, in any manner, which is improper and goes against the official decorum and dignity of female colleagues.” (Page 899)

## Gender Equity Strategy 2014, GNSPU, MOHFW

Intermediate Objective # 4.2 indicates the following:

Ensure that gender sensitive policies practiced in human resource (HR) dealings

### Activities

- Policy on maternity leave in place
- Breastfeeding rooms are made available for staff
- Harassment free workplace policy
- Policy to address safety and security at workplace

### 5.6.1.c Capacity building of policy makers, managers, providers and stakeholders on EGVNP issues

1. Conduct training programmes at central and field level
2. Organize dissemination workshops, seminars and conferences
3. Organize exposure visits in and abroad

### 5.6.1.d Revitalization of Committees of (GNSPU)

1. **Gender Focal Points:** Assign gender focal points in each OPs. Develop TOR for gender focal points, assign skilled staff with decision making to the roles and ensure development of capacity.
2. **Gender Advisory Committee:** Review and revise TOR for gender advisory committee. Ensure effectiveness of governance of gender structure has been reviewed and actions taken accordingly under MOHFW.
3. **Gender Equity, Voice and Accountability Task Group:** Ensure the TOR of GEVA task group to be reviewed and revised and it continues to work as a link between MOHFW, NGOs and development partners.

<sup>3</sup> Government of the People's Republic of Bangladesh, Ministry of Establishment, Establishment Manual, Volume-1, (compiled up to 30 June, 2009), (Section VI, The Government Servants (Conduct) Rules, 1979

# Definition

**Violence** is defined as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, mal development, or deprivation". *World Health Organization (WHO), 1995*

"**Violence** is a broad term that describes a wide range of behaviors. It includes verbal, physical, emotional and sexual abuse, harassment, ostracism, bullying, verbal dismissal, neglect and other negative behaviors. Excessive workloads, unsafe working conditions and inadequate support can be symptomatic of workplace violence and are incompatible with good nursing practice"

*International Council of Nurses (ICN), 2006*

**Workplace violence** is any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site. It ranges from threats and verbal abuse to physical assaults and even homicide.

*Occupational Safety & Health Administration (OSHA) 2015*

**Harassment:** Any conduct based on age, disability, HIV status, domestic circumstances, sex, sexual orientation, gender reassignment, race, colour, language, religion, political, trade union or other opinion or belief, national or social origin, association with a minority, property, birth or other status that is unwanted and which affects the dignity of men and women at work. *Human Rights Act, UK*

**Sexual harassment:** Any unwanted, unreciprocated and unwelcome behaviour of a sexual nature that is offensive to the person involved, and causes that person to feel threatened, humiliated or embarrassed. *Irish Nurses Organization*

# Major Types of Workplace Violence

## Verbal

Outbursts of yelling and screaming; use of an exaggerated or angry tone of voice; cursing; use of derogatory, foul, condescending, or inappropriate language, or use of racial or ethnic slurs. It is not always what is said but how it is said or when and where a comment is made.

## Non-verbal

Includes eye rolling, raising eyebrows, making a face, turning away from a person, or physically excluding someone. Although these nonverbal behaviors are not spoken, they are seen and felt as abusive.

## Passive behaviors

The absence of an action rather than an overtly identifiable action that directly affects communication between caregivers and can include not answering pages or returning phone calls, not responding to or being impatient with questions, deliberately communicating incomplete information, and silence.

## Passive-Aggressive Behaviors

Behavior such as complaining about an individual to others; gossiping; badmouthing the organization, colleagues, or physicians to patients or others; discrediting leaders; fostering disregard of policies and procedures; and being unnecessarily sarcastic or negative. This type of behavior negatively affects the patient care culture by demoralizing staff members and destroying team support.

## Physical Abuse

Behavior such as fighting, hitting, spitting, pushing, shoving, pinching, kicking, and throwing objects, any unwanted or hostile physical contact, threatening body language or aggressive movements or gestures.

## Employer/Manager Abuse

Issuing threats to report a person, making threats about the employee's performance evaluation, berating staff members in public or private, or denying an employee's physical or emotional response to an on the job injury.

# Type of sexual harassment

## a. Personal harassment

### Physical

- Deliberate and unwanted physical contact (e.g. pinching, touching, fondling, stroking, grabbing, kissing, rubbing, poking or pulling)
- Unnecessary close physical proximity
- Stalking (to approach or follow in an insistent, apparently discreet way)

### Gestural

- Repeated sexually-oriented gestures about the body, appearance of a person
- Nods, winks, gestures with the hands, fingers, legs or arms, signs and other offensive behaviour which is sexually suggestive
- Persistent leering at the person or at part of his/her body

### Verbal

- Repeated sexually-oriented comments or gestures about the body, appearance or life-style of a person
- Offensive phone calls
- Sexually explicit jokes or propositions
- Unwanted compliments with sexual content
- Name calling

### Written

- Offensive letters or e-mail messages or SMS

## b. Coercive behavior in workplace may include

- Explicit/implicit promise of career advancement in exchange of sexual favours
- Explicit/implicit promise of recruitment in exchange of sexual favours
- Threats of dismissal if sexual favours are not granted
- Making work/life difficult if sexual favours are not granted

## c. Hostile environment

(when conduct of a sexual nature creates an uncomfortable working environment)

- Showing/displaying sexually explicit graphics, cartoons, pictures, pornographic materials photographs or Internet images
- Offensive jokes of a sexual nature
- Exposure of intimate parts of the body
- Use of obscene language

*(Adapted from the Framework Guidelines for Addressing Workplace Violence in the Health Sector, The Training Manual, 2005)<sup>4</sup>*

<sup>4</sup>Developed by International Labour Organization (ILO), International Council of Nurses (ICN), World Health Organization (WHO), Public Services International (PSI)

# Situation of sexual harassment in Asia region

In Bangladesh, very little empirical or qualitative data is available on workplace violence and sexual harassment. However, in a recent study report by Action Aid "Women and the city III: A summary of baseline data on violence against women and girls in seven countries" (February 2015), it was found that in Bangladesh, sexual remarks or gestures, teasing through abusive language, and jokes with sexual implications were the most common and frequent feature of eve teasing/sexual harassment suffered by women. Women cited the street as the place where violence occurs most frequently, or as the place where they feel the least secure of all public places. In the study conducted in 7 cities (Dhaka, Chittagong, Rajshahi, Khulna, Barisal, Sylhet and Narayanganj) 84% reported of verbal abuse or sexual remarks, 56% reported of sexual harassment/eve teasing and 22% reported of sexual assault, rape or fear of rape in the past months or year. With regard to factors contributing to lack of safety, women made clear links between poor lighting, working or travelling at night, and an increased sense of fear or exposure to actual violence. Reasons for not reporting a case of sexual harassment or sexual assault included that reporting did not benefit, process was too complex or tedious, fear of social stigma and further harassment.

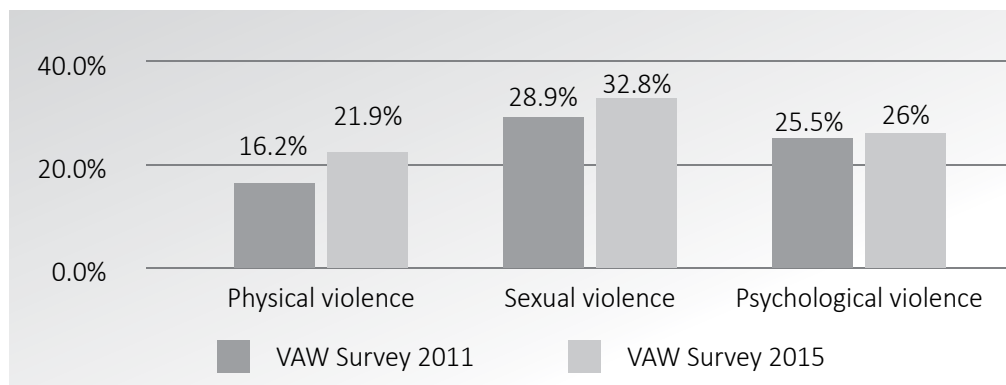
The same study found that in Nepal 44% reported of verbal abuse or sexual remarks and 22% reported of physical abuse, while in Cambodia 77% reported of verbal abuse or sexual remarks, 25% reported of physical abuse and 10% reported of sexual assault, rape or fear of rape in the past months or year.

In the National Violence Against Women (VAW) Survey 2011, conducted by Bangladesh Bureau of Statistics, it was found that non-partner violence (physical or sexual) was experienced by 25% women ever. Perception of violence occurrence in “workplace”, 28.9% mentioned sexual violence, 25.5% perceived psychological violence and 16.2% mentioned physical violence.

According to the second VAW survey conducted by BBS [Report on Violence Against Women (VAW) Survey 2015(BBS 2016)], non-partner physical violence during lifetime was experienced by 27.8% women and sexual violence by 3% women. Rates were highest among adolescents for both lifetime (30.9%) and last 12 months (11.2%) non-partner physical violence. Perception of occurrence of violence in "workplace", 32.8% mentioned of sexual violence, 21.9% of physical violence and 26% psychological/emotional violence. Perception on occurrence in Hospital/Nursing home/Health Center, 6.8% perceived of physical violence, 10.9% of sexual violence and 7.1% of psychological/emotional violence, and occurrence in Educational Institution, 11.4% mentioned of physical violence, 13.9% about sexual violence and 9.6% mentioned of psychological/emotional violence. (Chapter 6: Page 47-53)

Comparing the findings of BBS VAW Survey in 2011 and 2015, it can be seen that women's perception of occurrence of violence in workplace has increased.

### Women’s perception of occurrence of violence in workplace



VAW Survey Year	Physical violence	Sexual violence	Psychological violence
VAW Survey 2011	16.2%	28.9%	25.5%
VAW Survey 2015	21.9%	32.8%	26%

The same BBS report (2016) found that regarding knowledge of the government helpline, few ever-married women (2.4%) know about the government telephone helpline for reporting violence. However, 41.3% of women reported they knew about other places where they could report experiences of violence. The most well-known service responsible for dealing with reports of violence were police/thana (identified by 27.8% of women), and the Union Parishad/Upazila Parishad/Paurashava (12.1%). The village leader or mediator



and village court were known as places to lodge reports by 11.0% and 7.5% of these women respectively. Other services such as courts (4.2%), NGOs or private organization (2.4%), government organizations(0.8%), and the one stop crisis centre(0.3%) were known to relatively few of the respondents. Knowledge of the police/thana ranks the highest in all geographic areas, the second highest was union/upazila/paurashava, and third highest was village leader or mediator (Page 39)

In a study *“Sexual Harassment at Work Place: Experiences of Women in the Health Sector”*, conducted by a researcher, Paramita Chaudhuri, *“sexual harassment in hospitals, of women doctors and nurses, seem to have become a common practice in India. What’s worse, most of the employees have not heard of an Internal Complaints Committee (ICC) for redressing their grievances. Further, they can be sexually harassed not only by their co-workers but also by patients and their relatives and even employees of service providers like technicians of medical equipment etc.”*

In another study, *“Experiences of sexual harassment of women health workers in four hospitals in Kolkata, India”* by Chaudhuri P four types of experiences were reported by victims: verbal harassment, psychological harassment, sexual gestures and exposure and unwanted touch. The women who had experienced harassment were reluctant to complain, fearing for their jobs or being stigmatized, and most were not aware of formal channels for redress.

Violence in the health sector workplace is a global and growing phenomenon with nurses and midwives the most vulnerable. Violence in health care setting is a threat to effective and quality health service delivery and violates an individual’s rights to personal dignity and integrity.

Many countries recognizing the prevalence of workplace violence have taken measures to protect healthcare workers/nurses and midwives from workplace violence and harassment. Under the Ministry of Health and Family Welfare (MOHFW), the HR Branch, Health Services Division, (former HRMU, MOHFW) is responsible for management of entire health work force in the public sector and the Directorate General of Nursing and Midwifery (DGNM) is responsible for maintaining and managing nursing & midwifery education and services in Bangladesh. HR Branch, Health Services Division and DGNM has considered the risk and negative impact that workplace violence can have on Nurses and Midwives, and has developed this guideline to ensure a safe and respectful workplace environment with mandatory prevention and protection programs, reporting mechanism and disciplinary policies against all type of workplace violence and sexual harassment.

This guideline has been developed in line with *“The guideline on prevention and protection from sexual harassment offence against women and girls by the honorable High Court at educational institutions and work places”* and ICN Position Statement on Abuse and Violence Against Nursing Personnel (2006)<sup>5</sup>.

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<sup>5</sup>International Council of Nurses, Geneva, Switzerland, *Guidelines on coping with violence in the workplace*, 2007.

# Objectives of this guideline

The objectives of this guideline are-

1. To create awareness on workplace violence, sexual harassment and its consequences
2. To identify ways and means for preventing workplace violence and sexual harassment
3. To develop a guideline for eliminating workplace violence and sexual harassment

# Factors related to Nurses and Midwives higher risk of workplace violence

## ***Gender***

In Bangladesh the majority of nurses and all midwives are female.

## ***Work related***

Nursing care interventions demand close contact with patients, often being alone with patients.

## ***Patient related***

Mental illness, alcohol or drug use in patients may make them aggressive towards nurses and midwives. Mistrust or miscommunication between patients/relatives and nurses and midwives may create misunderstanding and lead to violence/harassment.

## ***Environmental***

Poor infrastructure (lack of adequate number of toilet, dressing room, breastfeeding corner), insufficient lighting and security system, unrestricted movement of public in health facilities, accessibility of objects in health facilities that can be used as weapons, shift work including commuting to and from work at night and lack of transport facilities.

### ***Organizational***

Understaffing, work overload, poor workgroup relationships, low supervisory support, long queue in outdoors, sudden rush and unavoidable delay by service providers in emergency departments may increase tension among patients/relatives that may lead to aggression in the workplace.

### ***Community/Societal factors***

Victims (including their relatives/attendants) of violent crime, gang activity within a community, communal and political violence seeking health service are often impatient, stressed and aggressive.

### ***Disaster related***

Nurses and midwives and other health-care workers also provide care in adverse environments such as during natural disaster, man-made disaster, war which by their nature expose them to heightened physical and mental hazards.

## **Workplace violence in health facilities can take many forms-**

- Violence from relatives and friends of patients may occur as a result of frustration due to lack of desired (compliance) care or communication.
- Pain, anxiety, loss of control, powerlessness, and disorientation may result in aggressive incidents from patients to nurses.
- Violence in Emergency Departments (EDs) may occur from the crowded and emotional situations. In addition, ED patients could be involved with crimes, weapons and violent behaviors that could put the ED employee at an increased risk of workplace violence.
- Violence may take place by colleagues, supervisors and other healthcare providers

### **Workplace in the Health Sector**

- ✓ Any health care facility (public or private), whatever the size, location (urban or rural) and the type of service(s) provided, such as medical college hospitals, clinics, district level hospitals, upazila health complexes, union sub-centers, community health care centers, community clinics, rehabilitation centers etc.
- ✓ Private practitioners' offices/chambers
- ✓ Diagnostic centers
- ✓ Health sector related public or private offices/departments
- ✓ Any health service performed outside health care facilities e.g. ambulance services or home care (private residence) etc.

# Impact of workplace violence and sexual harassment on Nurses and Midwives in health care facilities

- Workplace violence and harassment can have dire consequences at individual as well as institutional levels. If nurses and midwives fear a population they are serving or face constant harassment or bullying from their supervisors or coworkers, the quality of care they deliver will most likely decline.
- Nurses and midwives may be physically harmed and or affected emotionally by the experience. Emotional responses to physical and emotional violence can include anger, shock, fear, depression, anxiety and sleep disruption. This kind of psychological functioning can lead to high absenteeism, increased sick leave, poor nursing care and retention of nurses and midwives.
- Violent behaviors such as bullying result in high absenteeism, lowered morale, loss of productivity, increased sick leave.
- Supervisor's/manager's harassment may result in tangible change to a nurse's employment status or benefits (E.g. hiring, demotion, termination, failure to promote, disciplinary action such as suspension, transfer, undesirable work assignment etc).
- Workplace violence and harassment in health care facilities may have serious consequences at the organizational level such as low retention, increased staff turnover, additional recruitment costs, payouts and legal fees.
- The socio-economic or psychological condition of families of nurses and midwives facing workplace violence and harassment may face serious consequences.

# Measures for Addressing Workplace Violence and Sexual Harassment

## ① Management must send a strong, consistent message of zero tolerance

Management must send a strong, consistent message of zero tolerance towards workplace violence and sexual harassment supported by clear written policies and procedures – including confidential grievance machinery- this attitude must be integrated in the behaviour code of all employees in health facilities. For dealing with particularly sexual harassment issues, management will follow the *High Court Judgment on Sexual Harassment (Annex 1)*.

## ② Supportive Workplace Culture

An open environment leads to a good workplace culture. Health facilities should create an enabling environment between managers/supervisors and nurses and midwives so that any nurse or midwife experiencing any kind of workplace violence/harassment are not afraid to report or discuss with their managers/supervisors.

### 3 Formation of Committee

A committee should be formed with relevant male and female members to investigate any workplace violence/harassment when reported.

### 4 Relevant Resources Support

Human rights and/or legal support advisers should be consulted if required to assure that the rights of all those concerned are interpreted correctly should legal action be pursued.

### 5 Support for Managers/Leaders

Managers/leaders should have good contact and maintain good relations with higher level authorities in their respective health care system. They will then be in a better position to be backed up by the concerned/higher authority to take action and resolve issues effectively when workplace violence/harassment is reported.

### 6 Professional, Union and Regulatory Support

The Bangladesh nursing associations should take a more comprehensive approach to resolve workplace violence/harassment issues effectively and support favorable working conditions for the nurses. Members need to be educated/trained and sensitized on the issue.

### 7 Counseling Services

Counseling services must be available and accessible to both the victims of violence and persons indirectly involved in the incident. Emotional care must aim to convey acceptance, respect and understanding; reassure and support; encourage ventilation of feelings; provide guidance and ensure adequate follow-up.

### 8 Organizational Policies and Guidelines

A national zero-tolerance for workplace violence policy/guideline must be developed which will be applicable to all health facilities at primary, secondary and tertiary levels. Each and every staff member in each and every health facility should be made aware of the existence of this policy/guideline. Each health facility must ensure implementation of the policy/guideline as and when required.

## 9 Effective Mentoring

Mentoring could be an effective approach to combat workplace violence. This approach may include workplace training, awareness on existing policies/guidelines and counseling. Mentoring is more effective when mentors see themselves as colleagues rather than teachers when dealing with the situation of workplace violence. In the absence of a formal system of assigned mentors, younger colleagues may seek advice from older colleagues. Possible mentors may include relevant retired senior government officials, relevant personnel from the Civil Society, NGOs and Private Sectors.

## 10 Education and Training

Workplace violence/harassment issues should be integrated in undergraduate nursing curricula and in orientation programmes for new graduates. Nurses and Midwives should be given the opportunity to participate in training/workshops related to workplace violence/harassment at national and international levels.

## 11 Sensitization of policy makers, managers, providers and stakeholders

Integration of workplace violence and sexual harassment issues during capacity building of policy makers, managers and health service providers (training, workshops, seminars and conferences) will create awareness and sensitization on this issue and ensure implementation of the guideline.

## 12 Involvement of Gender Equity Voice and Accountability (GEVA) Task Group

GEVA Task Group a committee under GNSPU/HEU<sup>6</sup> is responsible to look after (discuss/review) equity, gender and other related issues of HPNSDP. Therefore, integration of workplace violence and sexual harassment in the TOR of GEVA Task Group and TOR of Gender Focal Points will help the GEVA task group and Gender Focal Points to address workplace violence and sexual harassment in healthcare settings as per their roles and responsibility.

<sup>6</sup>Gender NGO Stakeholder Participation Unit (GNSPU), Health Economics Unit (HEU) under MOHFW is responsible for implementation of Gender Equity Strategy and sensitization of the officers working under MOHFW through workshops and trainings on gender issues.



### Elements of a positive organizational climate to ensure safety and dignity of Nurses and Midwives in health facilities

- a. Management ensures that staff is aware of their rights, legal requirements and responsibilities.
- b. Acknowledgement is made that violence will not to be tolerated.
- c. Decisions regarding violent patient admission and discharge are made jointly by the physician and the nurse.
- d. Security factors are regularly investigated to identify hazards and develop strategies to reduce them.
- e. Continuing education programmes are developed on containing occupational hazards including violence and sufficient work time is allocated for attendance.
- f. The quality of care and competence of staff are maintained at optimal levels.
- g. Accountability for unskilled workers is reasonably allocated to professional staff.
- h. The health team skill mix meets patients' needs.
- i. Staff is allowed to introduce safe work protocols and organize their work accordingly.
- j. Funds are allocated for the implementation and maintenance of security measures (i.e. security personnel, adequate lighting, alarms, telephones, guarded parking).
- k. Support structures (e.g. medical services, confidential grievance machinery, counseling services with debriefing teams comprising mental health professionals) are easily accessible to workers.
- l. The responsibility and accountability for management of pre- and post-aggressive incident strategies are clearly outlined.
- m. Transportation policies take into account security risks for personnel.
- n. The movement and management of patients through various health units/services are rationalized and clear to those involved. For example, long waits in emergency rooms and the inability to obtain needed services or explanations have been cited as contributing to violence.
- o. High-risk activities and locations are identified and dealt with specifically (i.e. on-site storage of narcotics, cash-handling functions).
- p. Policies specific to field workers have been developed to deal with particular risks: e.g. regular reporting to base, visits in pairs to high-risk areas, police support for certain assignments, written protocols on when to stay or leave a high-risk situation.

# The emergency number to report violence

It is recommended that this information must be displayed in every work place and educational institution

In case of any incidence of violence / sexual harassment the victim or anyone else can report immediately to the following:

For protection from violence against women and children

**National Helpline Center**

**Toll free number**

 **109**

**Available 24 hours / 7days**

Department of Women Affairs (DWA)  
Ministry of Women and Children Affairs (MOWCA)

## GLOSSARY

### Abuse

Behaviour that humiliates degrades or otherwise indicates a lack of respect for the dignity and worth of an individual. (Alberta Association of Registered Nurses)

### Assault/attack

Intentional behaviour that harms another person physically, including sexual assault.

### Bullying/mobbing

Repeated and over time offensive behaviour through vindictive, cruel or malicious attempts to humiliate or undermine an individual or groups of employees. *(Adapted from ILO – Violence at Work)*

May include the following behaviours:

- Making life difficult for those who have the potential to do the bully's job better than the bully
- Punishing others for being too competent by constant criticism or by removing their responsibilities, often giving them trivial tasks
- Refusing to delegate because they feel they cannot trust anyone
- Shouting at staff to get things done
- Persistently picking on people in front of others or in private
- Insisting that one particular way of doing things is always right
- Keeping individuals in place by blocking their deserved promotion
- Overloading persons with work and reducing the deadlines, hoping that they will fail
- Attempting to make someone appear incompetent, or make their lives miserable, in the hope of getting them dismissed or making them resign

### Mentoring

Mentoring is defined as a professional relationship in which an experienced person (the mentor) assists another (the mentee) in developing specific skills and knowledge that will enhance the less-experienced person's professional and personal growth.(WHO)

The mentor's functions may include the following:

- Teach the mentee about a specific issue
- Coach the mentee on a particular skill
- Facilitate the mentee's growth by sharing resources and networks
- Challenge the mentee to move beyond his or her comfort zone
- Create a safe learning environment for taking risks
- Focus on the mentee's total development

### **Perpetrator**

Any person who commits act(s) of violence or engages in violent behavior (s) as described in this document. For male and female nurses the perpetrator can include patients, patients' families and other health-care workers or professionals in health facilities or may include co-workers.

### **Physical violence**

The use of physical force against another person or group that results in physical, sexual or psychological harm. It includes among others, beating, kicking, slapping, stabbing, shooting, pushing, biting and pinching. (Adapted from WHO definition of violence)

### **Psychological violence**

Intentional use of power, including threat of physical force, against another person or group, that can result in harm to physical, mental, spiritual, moral or social development. It includes verbal abuse, bullying/mobbing, harassment and threats. (Adapted from WHO definition of violence). Psychological violence may be perpetrated in a minor form, but repeated behavior can become a very serious form of violence that may have a devastating effect on the victim.

### **Racial harassment**

Any threatening conduct that is based on race, colour, language, national origin, religion, association with a minority, birth or other status that is unreciprocated or unwanted and which affects the dignity of women and men at work. (Adapted from Human Rights Act, UK)

### **Threat**

Promised use of physical force or power (i.e. psychological force) resulting in fear of physical, sexual, psychological harm or other negative consequences to the targeted individuals or groups.

### **Victim**

Any person who is the object of act(s) of violence or violent behaviour(s) as described in this document. In this guideline the victim is referred to male and female nurses.

## Prevention and Protection from Sexual Harassment Offence against Women and Girls by the Honorable High Court at Education Institutions and Work Places

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**Writ Petition no:** 5916 / 2008

**Petitioner name** – Advocate Salma Ali, Bangladesh National Women Lawyers Association (BNWLA)

*High Court Directives in the form of Guidelines*<sup>7</sup>

### 1. Judgment

In view of the inadequacy of safeguards against sexual abuse and harassment of women at work places and educational institutions whereby noble pledges of our Constitution made in so many articles to build up a society free from gender discrimination and characterized by gender equality are being undermined every day in every sphere of life, we are inclined to issue certain directives in the form of guidelines as detailed below to be followed and observed at all work places and educational institutions till adequate and effective legislation is made in this field. These directives are aimed at filling up the legislative vacuum in the nature of law declared by the High Court Division under the mandate and within the meaning of article 111 of the Constitution.

### 2. Extent

These guidelines shall apply to all work places and educational institutions in both public and private sectors within the territory of Bangladesh.

For this Guideline titled “*Guideline on Prevention and Protection from Workplace Violence and Sexual Harassment for Nurses and Midwives*”, all health service facilities at primary, secondary and tertiary levels falls under work places and all Nursing Institutes, and Nursing Colleges falls under education institutions.

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<sup>7</sup>In the Supreme Court of Bangladesh, High Court Division (Special Original Jurisdiction), Writ Petition No. 5916 of 2008. [http://www.supremecourt.gov.bd/resources/documents/276907\\_Writ\\_Petition\\_5916\\_08.pdf](http://www.supremecourt.gov.bd/resources/documents/276907_Writ_Petition_5916_08.pdf)

### 3. Duties of employers and authorities

Since it is the duty of all citizens and public servants to observe the Constitution and the laws, and since the Constitution of the Republic in several articles ensures gender equality and the State's firm and consistent stand against all sorts of discrimination on the ground of sex, and since the Constitution ensures equal rights of women with men in all spheres of the State and public life and contemplates equality before law and right to equal protection of law, it shall be the duty of the employers and other responsible persons in work places, and the authorities of all educational institutions to maintain an effective mechanism to prevent or deter the commission of offences of sexual abuse and harassment, and to provide effective measures for prosecution of the offences of sexual harassment resorting to all available legal and possible institutional steps.

For this Guideline titled "*Guideline on Prevention and Protection from Workplace Violence and Sexual Harassment for Nurses and Midwives*", Directorate General of Nursing and Midwifery, Ministry of Health and Family Welfare, are referred to employers and authorities.

### 4. Definition

**Sexual Harassment** includes

- a. Unwelcome sexually determined behaviour (whether directly or by implication) as physical contact and advances;
- b. Attempts or efforts to establish physical relation having sexual implication by abuse of administrative, authoritative or professional powers;
- c. Sexually coloured verbal representation;
- d. Demand or request for sexual favours;
- e. Showing pornography;
- f. Sexually coloured remark or gesture;
- g. Indecent gesture, teasing through abusive language, stalking, joking having sexual implication.
- h. Insult through letters, telephone calls, cell phone calls, SMS, pottering, notice, cartoon, writing on bench, chair, table, notice boards, walls of office, factory, classroom, washroom having sexual implication.
- i. Taking still or video photographs for the purpose of blackmailing and character assassination;
- j. Preventing participation in sports, cultural, organizational and academic activities on the ground of sex and/or for the purpose of sexual harassment;
- k. Making love proposal and exerting pressure or posing threats in case of refusal to love proposal;
- l. Attempt to establish sexual relation by intimidation, deception or false assurance.

Such conduct mentioned in clauses (a) to (l) can be humiliating and may constitute a health and safety problem at workplaces or educational institutions; it is discriminatory when the woman has reasonable grounds to believe that her objection would disadvantage her in connection with her education or employment in various ways or when it creates a hostile environment at workplaces or educational institutions.

## 5. Creating awareness and public opinion

- a. In order to deter and eliminate sexual harassment and torture, and to create a safe environment for work and education, the employers/ management of all workplaces and authorities of all educational institutions will attach prime importance to the publicity and publication against sexual harassment and gender discrimination. There must be sufficient orientation before the formal classes start for a new session in educational institutions, and monthly, half yearly orientation in all workplaces and institutions;
- b. There must be arrangement for proper counseling for the concerned persons, if necessary;
- c. Awareness of the rights of female students and employees guaranteed and conferred by the Constitution and the statutes should be created by notifying in simple words the relevant provisions of the Constitution and the statutes;
- d. The educational institutions and the employers will maintain regular communication and effective consultation with the administrative authorities to create awareness among the personnel in law enforcing agencies in this regard;
- e. To prepare and publish booklets containing these guidelines and provisions of the Constitution and statutes regarding gender equality and sexual offences;
- f. To create awareness regarding fundamental rights guaranteed in the Constitution.

## 6. Preventive steps

All employers and persons in charge of work places and authorities of all educational institutions shall take effective measures for prevention of sexual harassment. To discharge these obligations, they shall take, amongst others, the following steps:

- a. Prohibition of sexual harassment and sexual torture as defined in clause 4 above should be notified, published and circulated widely and in an effective manner;
- b. Constitutional and statutory provisions against gender discriminations and sexual harassment and punishment for the offences of sexual harassment and torture should be widely circulated;
- c. To ensure that there is no hostile environment towards women at workplaces and educational institutions, and to engender confidence and trust in women workers and students that they are not placed in a disadvantaged position in comparison to their male colleagues and fellow students.

## 7. Disciplinary Action

Appropriate disciplinary action must be initiated in case of any falling within the definition of sexual harassment and torture in clause 4 of these guidelines.

## 8. Complaints

Where such acts do not constitute misconduct under the disciplinary rules, an appropriate and effective mechanism must be evolved at the workplaces, and educational institutions, in both public and private sectors for record and redress of the complaint made by the victim. The following measures must be included in the complaint mechanism.

- a. It must be ensured that the identity of the complainant and also that of the accused will not be disclosed until the allegation is proved;
- b. Security of complainant will be ensured by the Concerned Authority;
- c. Complaint can be lodged by the victim or through her relatives, friends or lawyers, and it can be sent by mail also;

- d. A complainant can file the complaint with a female member of the Complaint Committee separately;
- e. The complaint will be lodged with the Complaint Committee to be constituted as provided in clause 9 below.

## **9. Complaint Committee**

- a. In all work places and educational institutions in both public and private sectors, the Concerned Authority will constitute a Complaint Committee in order to receive complaints, and to conduct investigation and make recommendations.
- b. The Complaint Committee will have minimum five members and majority of the members will be women. The head of the Complaint Committee should be a woman, if available.
- c. The Complaint Committee should have at least two members from outside the organization concerned, preferably from organizations working on gender issues and sexual abuse.
- d. The Complaint Committees will submit annual reports to the Government on the compliance of these guidelines.

## **10. Procedure of the Complaint Committee**

Normally the complaint has to be lodged with the Complaint Committee within 30 working days of the occurrence. To verify the complaint the Complaint Committee will:

- i. In case of minor harassment, if it is possible, the Complaint Committee shall dispose of the complaint with the consent of the parties involved and shall report to the Concerned Authority of the educational institution or work place in public or private sector, as the case may be.
- ii. In all other cases the Complaint Committee shall investigate the matter.
- iii. The Complaint Committee will have the power to send registered notice by mail to the parties and the witnesses, conduct hearing, gather evidence, and examine all relevant papers. In this type of complaint, apart from oral evidence emphasis should be placed on circumstantial evidence. To conduct the work of the Complaint Committee effectively the related office of the educational institutions and workplaces in both public and private sectors will be bound to extend any cooperation which is requested from them. The Complaint Committee will keep the identities of the complainant/s confidential. While recording the testimony of the complainant/s any question or behaviour which is intentionally base, insulting or harassing should be avoided. The testimony must be recorded in camera. If the complainant wants to withdraw the complaint or stop the investigation then the reason behind this has to be investigated and mentioned in the report.

The Complaint Committee shall submit the investigation report with recommendation within 30 working days to the Concerned Authority of the educational institution or work place, as the case may be. The period of 30 days may be extended up to 60 days where it is found necessary.

If it is proved that a false complaint has been filed intentionally then a report will be submitted to the Concerned Authority recommending appropriate action for the complainant/s. The Complaint Committee will take decisions on the basis of the view expressed by the majority of its members.



## **11. Punishment**

The Concerned Authority may suspend temporarily the accused person (other than students) and in case of students, may prevent them from attending their classes on the receipt of the recommendation of the Complaint Committee. If the accused is found guilty of sexual harassment, the Concerned Authority shall treat it as misconduct and take proper action according to the disciplinary rules of all work places and the educational institutions in both public and private sectors within 30 (thirty) days and/or shall refer the matter to the appropriate Court or tribunal if the act complained of constitutes an offence under any penal law.

We direct that the above guidelines will be strictly followed and observed in all educational institutions and work places in both public and private sectors until adequate and appropriate legislation is made in this field.

## SAMPLE FORMAT



## Policy for Protection of Nurses and Midwives from Workplace Violence and Sexual Harassment

**Name of Organization**

Directorate General of Nursing and Midwifery (DGNM), Ministry of Health and Family Welfare (MOHFW)

**Policy Statement**

Opening statement of the Organization's (DGNM, MOHFW) attitude towards prevention and protection from workplace violence and sexual harassment.

**Organization's objectives**

Organization's (DGNM, MOHFW), objectives on this policy to protect Nurses and Midwives from workplace violence and sexual harassment

- create a working environment where all nurses and midwives are treated with dignity, courtesy and respect and protect all nurses and midwives from workplace violence and sexual harassment
- implement training and awareness raising programmes to ensure that all nurses and midwives and other employees in health facilities/health service delivery programmes are aware about workplace violence
- present strategies that aim to confront and reduce/eliminate workplace violence
- implement awareness raising programmes to ensure that all nurses and midwives and other employees in health facilities/health service delivery programmes are aware about sexual harassment and on the consequences of sexual harassment and that sexual harassment is a punishable offence
- provide an effective procedure for complaints, based on the principles of government guideline
  - High Court Judgment on Sexual Harassment (Writ Petition no: 5916 / 2008)
  - Government of the People's Republic of Bangladesh, Ministry of Establishment, Establishment Manual, Volume-1, (compiled up to 30 June, 2009), Conduct towards female colleagues, (Conduct) Rules, 1979-revised 29 Dec. 2002,<sup>8</sup>
  - Any other available policy and law.....

<sup>8</sup> 27A. Conduct towards female colleagues- No Government servants shall use any language or behave with his female colleagues, in any manner, which is improper and goes against the official decorum and dignity of female colleagues. "Government of the People's Republic of Bangladesh, Ministry of Establishment, Establishment Manual, Volume-1, (compiled up to 30 June, 2009)

- encourage the reporting of behavior which breaches the workplace violence and sexual harassment policy
- treat all complaints in a sensitive, fair, timely and confidential manner and guarantee protection from any victimization or reprisals
- promote appropriate standards of conduct at all times.

### **Definition**

A clearly worded definition of workplace violence and sexual harassment.

### **What is not workplace harassment and sexual harassment**

Clearly mention what kind of behavior will not be considered as workplace harassment and sexual harassment.

### **Circumstances of workplace violence and sexual harassment**

State clearly in what situations and by whom a nurse or a midwife is at risk to face workplace violence and sexual harassment.

### **Consequences that can be imposed if the policy is breached**

Should include a general warning to all employees of the consequences they can expect if they do not comply with the policy. Depending on the severity of the case, consequences may include an apology, counseling, transfer, dismissal, demotion or other forms of disciplinary action. Employees should also be informed that immediate disciplinary action will be taken against anyone who victimizes or retaliates against a person (nurse or midwife) who has complained of sexual harassment.

### **Responsibilities of management and staff**

Managers and supervisors' role to deal with workplace violence and sexual harassment complaint.

### **Reporting Method**

Provide clear information on where the victim/individual can get help advice or make a complaint.

### **Alternative solution to prevent workplace violence and sexual harassment**

State available options to minimize/prevent workplace violence and sexual harassment.

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