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**Sexual Harassment against Female Health Workers in  
Public Hospitals in West Bank**

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**Sexual Harassment against Female Health Workers in  
Public Hospitals in West Bank**

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## Thesis Approval

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## **Dedication**

*To the memory of my mother "Ibtesam", a strong and gentle soul who taught me to trust in Allah, believe in hard work and always have belief in my potentials.*

*I dedicate this work to my father Faisal; "without him nothing of my success would have been possible".*

*My sister May, who has always been with me in every single moment.*

*My brothers Malek, Murad & Motie, who were my backbone whenever I needed the support.*

*My partner & Fiancé Husam for his patience and love.*

*To my friends, who were there to lift me up whenever I felt down to help me approach my achievement.*

**Declaration**

I certify that this entire thesis submitted for the Degree of Master, is the result of my own research, except where otherwise acknowledged, and that this thesis (or any part of the same) has not been submitted for a higher degree or qualification to any other university or institution.

Signed: .....

Mais Faisal Iz-Aldin Abu-Assab

Date:4/3/ 2019

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Finally, I send my gratitude to my family to whom I owe all the success. To my father Faisal: "thank you for showing me that the key to life is enjoyment". To my sister May, "thank you for the unstoppable support". And to my brothers Malek, Murad and Motie. And above all, to the one person who made this all possible; my mom "Ibtesam". She was the constant source of support and encouragement and has made a numerous number of sacrifices for the entire family, especially for me to continue my education; for without her understanding this work would have never been completed, "you are my enormous inspiration, may your soul rest in peace". Also I'll never forget to thank my partner "Husam" for his patience and his support in helping me to finalize this work.

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## Abstract

**Background:** Sexual harassment is considered one of the most prevalent types of violence against women. The issue is a recognized phenomenon throughout the world in all cultural and occupational contexts. The World Bank defines sexual harassment as is any unwelcome sexual advance, request for sexual favor or other verbal, non-verbal or physical conduct of a sexual nature which unreasonably interferes with work, is made a condition of employment, or creates an intimidating, hostile or offensive environment.

The problem of sexual harassment in workplaces is well known as a significant issue. It is an occupational hazard and a violation of human rights. According to the Palestinian Central Bureau of Statistics, the number of women who have joined the labor force has been increased from 10.3% in 2001 to 19% in 2017. Therefore, increased their vulnerability to unwanted attention at the workplace.

When a male harasses a woman on the job, he is doing more than annoying her, he is creating tension which makes her job more difficult and reduces her productivity. A woman who is a target of sexual harassment often goes in the same process of victimization like other gender related crimes, frequently blaming herself and doubting her own self-worth.

The objective of this study is to explore prevalence, types, and the effect of workplace harassment against female health workers in public hospitals in the West Bank, the consequences, and the associated risk factors.

**Methods:** A descriptive cross-sectional study was conducted on a sample of 238 female health workers in all departments at three major public hospitals in West Bank. A self-administered questionnaire was developed based on the WHO workplace violence questionnaire which was used to collect the data. The questionnaire consisted of 3 parts: socio-demographic data, incident of harassment, and reporting of harassment. Oral consent was obtained from the participants. The questionnaire was filled by 238 female health workers, the response rate was 87.5%, and the data were analyzed using SPSS.

**Findings:** The prevalence of sexual harassment among participants was (27.3%). The most common type of sexual harassment was oral with the percent of (44.6%). Assaulters of sexual

harassment were as follows: (24.6%) were patients' companions, and (21.5%) were colleagues in the same position.

“Job category” and “years of experience in the current hospital” are significantly associated with exposure to sexual harassment ( $p < 0.05$ ). Nurses showed their vulnerability to be harassed 3 times more than doctors (OR= 2.8; 95%CI (1.173 – 6.738)); on the other hand, workers who had 1- 5 years of experience in the hospital were more likely to be harassed 1.5 times more than those who worked for more than 10 years (OR= 1.583, 95%CI (0.393 – 6.374)). The majority of respondents (44.5%) indicated that they don't know about hospital policies regarding harassment, while 41.6% assured the absence of any policies. Only 12.8% (mainly 8 cases) reported the incident of harassment; 1 case reported for the hospital administration, 2 cases reported for the police and 5 cases to the direct manager.

**Interpretation:** The study revealed high prevalence of sexual harassment among females in the health system compared to other findings in other studies. Meanwhile, the study showed significant underreporting of sexual harassment. There is a need for effective policies and strategies to prevent harassment against female health workers in public hospitals.



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## **List of abbreviation**

- **EEOC:** Equal Employment Opportunity Commission.
- **EFC:** Employers' Federation of Ceylon.
- **ICN:** International Council of Nurses.
- **ILO:** International Labor Office
- **MoH:** Ministry of Health.
- **PA:** Palestinian Authority.
- **PCBS:** Palestinian Central Bureau of Statistics.
- **PSI:** Public Services International.
- **WB:** West Bank.
- **WHO:** World Health Organization.



# Chapter 1: Introduction

## 1.1 Research Background

Sexual harassment was defined in 1970 as a type of violence against women in general in 1973, in a report about discrimination called "*Saturn's Rings*" by Mary Rowe (Kamberi & Gollopeni, 2015). Since then the issue has become a recognized phenomenon throughout the world in all cultural and occupational context. Sexual harassment is any unwelcome sexual advance, request for sexual favor or other verbal, non-verbal or physical conduct of a sexual nature which unreasonably interferes with work (The World Bank, 1994).

As increasing number of women have joined the labor force over the last 3 decades. According to PCBS, working females in 2008 were 14.7% (PCBS, 2008), and in 2016 they became 19.4%. This witnessed an increase in their vulnerability to unwanted attention at the workplace. Nowadays, the problem of sexual harassment in workplaces is well known as a significant issue (an occupational hazard and a violation of human rights). The International Labor Organization (ILO) has called it a violation of the fundamental rights of workers, a safety and health hazard, a problem of discrimination, an unacceptable working condition, and a form of violence usually against women workers ( Lee, Song, & Kim, 2011). Although both men and women can be subjected to sexual harassment, quantitative and qualitative research showed that women are much more likely to be victims to men perpetrators in societies globally (Action against Sexual in Asia and the Pacific, 2001).

The consequences to the individual employee can be serious. In some situations, a harassed woman risks losing her job or the chance for a promotion if she refuses to give in to the sexual demands of someone in authority. In other situations, the unwelcome sexual conduct of co-workers causes hostile and unpleasant working conditions - putting indirect pressure on her to leave the job. Sometimes, the employee is so traumatized by the harassment that she suffers serious emotional and physical consequences and very often, becomes unable to perform her job properly (Stop Violence Against Women, 2003).

In Palestine, women are less involved in the workforce than men due to these legal restrictions besides cultural standards. In the West Bank (2016), 19.4% of women were employed compared to 71.6% of men. The driving factor for the gap in women's

employment is explained by several sources; the most important is the Palestinian culture considering that the woman's place is at home with her children. However, there are some who believe that cultural norms are changing for the better, and that now women are entering the world of professions and being active in the society. Despite these positive developments, for those women who work, heavy discrimination is still reported.

Statistics surrounding sexual violence in Palestine are staggering. In 2014, the Palestinian Authority (PA) reported that 53% of Palestinian women had been exposed to violence while 18% of unmarried women were reported as victims of sexual violence. From 2011, 76% of callers to SAWA's hotline were under the age of 21. Between 2011 and 2013, female callers reported a total of 10,663 cases of abuse, including domestic violence, sexual violence, attempted rape, rape, and sexual abuse within the family (Sevald, 2016).

Palestinian culture is one of many that normalize sexual abuse, thereby instilling fear in women about speaking out. This is reflected in a legal clause of the Jordanian Penal Code that states: "a perpetrator will escape prosecution if he marries his victim for 3 to 5 years". Overall, West Bank and Gaza laws do not provide complete definitions of what sexual crimes are, therefore leaving too much space to legal loopholes.

## **1.2 Research Problem**

The number of working females in Palestine is increasing each year along with the education level in general, but still, there are cultural standards and other factors that limit women's ambitions. Sexual harassment -as a type of violence- restricts the quality of service that the health workers offer, also it may cause an unpleasant pressure over the worker besides a lot of other terrible effects which can either be psychological and/or occupational.

As many other communities, sexual harassment especially at the workplace is still under reporting due to the cultural standards that do not support women to raise up their voices and talk about harassment. Also, the need for the financial reward from work is another reason that women maintain their silence. In general, there are no apparent regulations and policies at hospitals for fighting harassment, and the reporting process of harassment is not well developed. Also there are no studies about sexual harassment in specific.

## **1.3 Objectives of the study**

### **1.3.1 Aim of the study**

This study aims at assessing sexual harassment against female health workers in public hospitals and its associated factors in the West Bank.

### **1.3.2 Specific objectives**

1. To determine the prevalence of sexual harassment against female health workers in public hospitals in the West Bank.
2. To identify the most prevalent types of sexual harassment among female health care workers in hospitals and the perpetrators.
3. To assess the effect of sexual harassment on victims.
4. To assess the differences in exposure to sexual harassment in relation to the health workers and hospital characteristics.

## **1.4 Operational Definitions**

### **1.4.1 Workplace violence**

“Incidents where staff are abused, threatened or assaulted in circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, well-being or health” (WHO/ ILO/ ICN/ PSI, 2002).

### **1.4.2 Harassment**

“Any conduct based on age, disability, HIV status, domestic circumstances, sex, sexual orientation, gender reassignment, race, color, 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 unreciprocated or unwanted and which affects the dignity of men and women at work” (WHO/ ILO/ ICN/ PSI, 2002).

### **1.4.3 Sexual harassment**

“Any unwanted, unreciprocated and unwelcome behavior of a sexual nature that is offensive to the person involved, and causes that person to be threatened, humiliated or embarrassed” (WHO/ ILO/ ICN/ PSI, 2002).

#### **1.4.4 Occupational accident**

“An unexpected and unplanned occurrence, including acts of violence, was arising out of or in connection with work which results in one or more workers incurring a personal injury, disease or death” (ILO, 1998).

#### **1.4.5 Victims**

“Any employee who is the object of act(s) of violence or violent behavior(s)” (WHO/ ILO/ ICN/ PSI, 2002).

#### **1.4.6 Perpetrators**

“Any person (patient, patient relatives/visitors or coworkers) who commit act(s) of violence or engage in violent behavior(s)” (WHO/ ILO/ ICN/ PSI, 2002).

## **Chapter 2: Literature Review**

This chapter elaborates on the context of this study, types of sexual harassment, causes of sexual harassment in the workplace and its effect, and prevalence of sexual harassment from studies locally and internationally.

### **2.1 Context of the study**

#### **2.1.1 Working females in the West Bank**

Despite the fact that women make up nearly half of the Palestinian society, and the availability of educational opportunities, besides the high positions that women represent, their contribution to labor force is still limited (WAFSA, 2018). This is the result of the social heritage that drives many Palestinian families to ban women from entering the workforce in addition to other reasons like marriage, pregnancy and childbirth.

The role of women in the production process and their position in the labor market have been affected by the following number of factors: First, inherited customs and traditions which limited the role of women in specific professions and specific work sites. Second, the absence of development plans which seek to accommodate women's labor according to a specific social allocation taking into account the basic needs and characteristics of women in production sites, including training and vocational training schemes; inconsistencies in established labor laws, and lack of positive aspects to address women's issues and the realization of their rights (WAFSA, 2018).

The rate of unemployment amongst women and men is widening (22% for men and 39.2% for women). The percentage of women working in the public sector was 26% of the total number of women compared to 72.7% working in the private sector; and the percentage of women working on the Israeli side and in the settlements was 0.7% (PCBS, 2018).

#### **2.1.2 Sexual harassment against females**

According to the Palestinian Central Bureau of Statistics (PCBS), 29.9% of ever-married women in the West Bank and 51% in the Gaza Strip have been subjected to a form of violence within the household; with 48.8% of women in the West Bank and 76.4% in the Gaza Strip declaring of being psychologically abused; 17.4% in the West Bank and 34.8%

in the Gaza Strip physically abused; and 10.2% in the West Bank and 14.9% in the Gaza Strip sexually abused. Also 3.3% of ever married women reported being exposed to psychological violence at barriers and inspection points from soldiers; while 0.6% reported exposure to physical violence, and 0.2% reported sexual harassment. However, 65.3% of women who were exposed to violence by their husbands declared preferring to remain silent; while 30.2% said they asked for the recourse from their families, and 0.7% opted to seek the assistance of an institution -women institution or center- (PCBS, 2011).

### **2.1.3 Sexual harassment in law**

The Palestinian legal framework that criminalizes sexual harassment in public work is somewhat scarce, as it is neither a phenomenon that is included in the Palestinian laws and regulations governing the work of state institutions to follow up on corruption cases, nor does it include a deterrent penalty to the offender, especially in the Jordanian Penal Code of 1960 which is applied in the Palestinian territories, as well as the Civil Service Law, and the Law of the Palestinian labor, since there is no statement of such laws or regulations and instructions issued under the basis for harassment. Palestinian law can be described in terms of the crime of sexual harassment as weak, since the Jordanian applied law does not convey a clear expression considering the crime and punishment of harassment, and is incompatible with recent developments in the Palestinian labor market (The Palestinian Basic Law).

The only legal codes that address domestic violence in West Bank and Gaza are the Palestinian Women's Bill of Rights (2008) and the Draft Law for Family Protection Against Violence (2009). Both are rarely referenced in reports on Palestinian women, and only the Bill of Rights actually addresses sexual harassment. All of this is testament to the fact that sexual and domestic violence are issues that are widely ignored by the Palestinian Authority (PA) and Palestinian law.

When asked why the hesitation to report crimes, those interviewed responded that speaking up about sexual violence is useless in the best case scenario, and at worst, would exacerbate the situation. Additionally, many Palestinian women are unaware of the resources available to them to report cases of sexual violence, or simply fear the backlash of family humiliation and societal shame (Sevald, 2016).

## 2.2 Types of sexual harassment

Workplace sexual harassment has two forms where one of them must be present. First type is “**Quid Pro Quo**” which means this for that, this type is present when the perpetrator has an authority or higher position in the work, which make the sexual harassment takes place in order to gain job benefit like job rise, promotion or even continuous of employment. The second type is “**hostile working environment**”, this type occurs when there is no interest between the victim and the perpetrator, like being harassed from other colleague or customer (ILO & EFC, 2013).

Sexual harassment could be physical, verbal or visual. Physical sexual harassment includes making unnecessary physical contact, unnecessary standing close, inappropriate touching or even sexual assault. While verbal sexual harassment is like making sexual comments, relating sexual jokes or stories, requesting sexual favors or directing work discussion to sexual topics. Finally, visual sexual harassment may take different forms such as: sending unwanted mails or messages with sexual content, displaying pictures or posters with sexual content or even sending anonymous letters or mails (ILO & EFC, 2013). These are just examples of sexual harassment.

## 2.3 Causes of workplace sexual harassment

Causes of sexual harassment differ from one person to another as well as the situation of harassment. The Western Cape Government in 2005 summarized the causes of sexual harassment in workplace as follows:

- ❖ **Socialization:** men who brought their values to workplace, who thought that their harassment is like a compliment to their colleagues. Alternatively, those women who see themselves dependent on or with a lesser value than men, found difficulty in dealing with harassment. And usually the breadwinners’ fear of losing their jobs dominates, so they prefer to keep silent.
- ❖ **Power games:** this depends on the changes in some women positions in the last years of the power relationships, some men feel threatened and unsecured regarding the empowerment of women, so they try to empower themselves by harassment.
- ❖ **Moral values, divorce and cultural differences:** a challenge is made for some men who tries and doesn’t accept refusal. Divorce in general, either for the perpetrator or the victim, increases emotional distress which increases the vulnerability of the victim

towards harassment. Culture differences like being from the city or a village, in addition to other differences also play a role in what is acceptable or not for colleagues' relations.

❖ **Credibility and victim-blaming:** for those who respect women, they refuse to believe that other men can harass women, and they focus more on the high position or work age of a woman which makes the victim less credible from their point of view. Some other females blame themselves for the occurring of harassment by either something they said or did, and they feel guilty and afraid of speaking out loud about the harassment. All of that because they don't realize that the occurrence of harassment is common and that it's not their fault.

❖ **Aggressiveness or bravado:** this type is about men who can start an act of harassment when in a group. On the other hand, if they are alone they do not start the act at all.

❖ **Lack of company policy:** when there are no policies and regulations to control the incidents of harassment, this makes men more aggressive.

## **2.4 Sexual harassment effects**

Sexual harassment linked to physical or psychological effects, these include: headache, sleep problems, anxiety, depression, post-traumatic stress and others. The effect of sexual harassment also create an uncomfortable work conditions that makes the employee less committed to work, enhances the dissatisfaction in the work, and also it may increase their absenteeism (Emamzadeh, 2018).

## **2.5 Prevalence of sexual harassment**

Sexual harassment is an important and widespread public health problem, particularly for females who work in the medical environment. The term 'sexual harassment' as a description for this conduct was only coined in the 1970s. Since then, the issue has become a recognized phenomenon throughout the world in all cultural and occupational contexts. According to the International Labor Organization (ILO), sexual harassment is a clear form of gender discrimination based on sex, a manifestation of unequal power relations between men and women. The problem relates not so much to the actual biological differences between men and women – rather, it relates to the gender or social roles attributed to men and women in social and economic life, and perceptions about male and female sexuality in society that can lead to unbalanced male-female power relationships (Action against Sexual in Asia and the Pacific, 2001).



Two studies in Palestine assessed the violence in general in hospitals, and sexual harassment was part of the assessments (Kitaneh & Hamdan, 2012) and (Hamdan & Abu Hamra , 2015). A cross-sectional study carried out in 2011 in northern public hospitals of MoH, with a sample of 271 participants of both physicians and nurses from the total population of 928 in public hospitals showed that 59.6% reported non-physical violence, including 1.7% exposed to sexual harassment. According to gender, females showed 63.6% while males showed 36.4% for non-physical violence (Kitaneh & Hamdan, 2012). Another study conducted in emergency departments of both West Bank & Gaza Strip with 415 participants from 6 emergency departments of 6 hospitals provided emergency care (3 governmental hospitals and 3 non-governmental hospitals). The participants were physicians, nurses and administrative personnel. A total of 444 people responded to the survey, 71% of them reported exposure to non-physical violence including 8.6% exposed to sexual harassment. Harassment from the patients' relatives\visitors had the larger percentage reaching up to 70%, 22% from colleagues and 8% from patients. There was no significant difference between West Bank & Gaza Strip for non-physical violence (70.2%, 71.6% respectively), also the gender difference was not significant (72.8%) for females, and 70.7% for males (Hamdan & Abu Hamra , 2015).

In Israel, a research performed in 2017 in one large hospital in Jerusalem with 729 participants (nurses & physicians) measured the sexual harassment 6 months prior to the study. Violence took place in all departments of the hospital, where emergency rooms and outpatient clinics were the most subjected to violence. Prevalence of sexual harassment was 11.5% where patients were, mainly, the perpetrators. Regarding the risk of being harassed the researchers found that exposure to harassment is reduced, each year, by 4% from the previous year, and nurses were more likely to be exposed to violence more than doctors. Also nurses who worked in emergency rooms were 5.5 times more likely to be exposed to violence than those worked in internal medicine departments (Shafran-Tikva, et al., 2017).

Here are some of the findings of a research that was carried out in Lebanon about sexual harassment in workplace, taking into consideration that their results were based on 100 respondents: a total of 28% (12% of the male respondents and 16% of the female respondents) were sexually harassed. However, 9% of the males and 12% of the females were sexually harassed at work. The surprising outcome was that only 5% of the cases were reported. When respondents were asked about their feelings toward sexual harassment consequences from the point of view of the harassed, the majority (71%)

responded by saying that it is dangerous and annoying. Moreover, 37% commented that sexual harassment is embarrassing, 5% said it is casual, and 12% declared that it is not a big issue (Heiase, 2015).

In Egypt the situation is completely different, results of a study done in Tanta University Hospitals with a representative sample of 430 nurses, were; 70.2% of the studied nurses were ever exposed to sexual harassment at the workplace; 43.7% of the harassed nurses were working in both day and night shifts. Staring in a suggestive manner emerged as the most common form of harassment, followed by hearing sexual words and comments or jokes (70.9%, 58.6% and 57.3%, respectively). The relatives of the patients were the most common perpetrators, followed by the hospital staff followed by the doctors (61.9%, 45.4%, respectively). During the harassment situation, astonishment and shock were the most frequent responses reaching the percent of 65.2% of the harassed nurses, while after its occurrence 38.4% ignored the situation. About 95% of the harassed nurses were left with psychological effects, mostly in the form of disappointment and depression (76.5% and 67.9%, respectively) (Abo Ali et al., 2015).

In Riyadh University Hospital in Saudi Arabia, a cross-sectional study with 370 nurses showed that almost half of the participants experienced sexual harassment during 12 months prior to the study. Verbal abuse was the major subject (Alkorashy & Al Moald, 2016).

In Turkey, 15.9% of 270 respondents of health workers (nurses, physicians and health officers), who work in emergency departments of Ankara hospitals, were exposed to sexual harassment. Forms of sexual harassment were: 51.2% exposed to verbal sexual harassment, 37.2% exposed to sexual connotations and 27.9% were exposed to physical sexual harassment. Regarding the reporting of sexual harassment, 37.2% remained silent while 34.9% reported the incidence to the manager (Talas, et al., 2011).

Another study was done in Iran included 6,500 medical workers showed a low frequency of sexual harassment (4.7%) for the last 12 months prior to the study in (2011), from which nurses reported the highest percentage of harassment. The percentage was low as the authors have concluded, which can be attributed to underreporting due to cultural sensitivity or fear. Subsequently, identifying the reasons for refusal to report harassment, developing a clear mechanism for reporting and providing the necessary trainings to health workers are essential in order to deal with harassment (Fallahi et al., 2015).

In Malaysia, a study performed in 2012 on 380 nurses in the Governmental Hospitals of Melaka state showed that 22.8% of them were exposed to sexual harassment in the last 12 months prior to the study. The highest form was verbal sexual harassment with 46.6%, while the most common perpetrators were patients with 40.7% followed by colleagues and then patients' relatives. The reporting of sexual harassment was 54.9% while 45.1% didn't report the incidence because they did not know the proper way to report (Suhaila & Rampal, 2012).

In Ghana, a study conducted in 2016 with 592 nurses and midwives in Ghana hospitals. 12.2% of the participants were exposed to sexual harassment, 83% of the incidents happened inside the hospital. About 55.6% of the victims asked the perpetrator to stop his action while 23.6% took no action. When the participants were asked about the reasons of not reporting the incidence of sexual harassment, 80.6% said that there was no importance for reporting, 22.6% felt ashamed, 19.4% said that reporting is useless while 53.2% did not know the proper way to report (Boafo, et al., 2016).

Regarding WHO/ ILO/ ICN/ PSI program of workplace violence, many studies were done to measure the prevalence of workplace violence in general and the impact of violence in the health sector, these studies measured the violence 12 months prior to the study for both males and females. In Brazil, 1,569 participants (nurses, physicians and auxiliaries) from 14 facilities in Rio de Janeiro City were studied for workplace violence, the prevalence of sexual harassment was 5.7%. The majority of the respondents said that there were no anti-violence policies in the institution; moreover, 34.9% of them were not sure about the existence of anti-violence institutional policies (Palacios, et al., 2003). While in Bulgaria, 508 physicians and nurses from 27 facilities in Sophia City showed that the prevalence of exposure to sexual harassment is only 2.2%, since the absolute number of cases were 11 only for sexual harassment, researchers couldn't go through the analysis process (Tomev, et al., 2003). A study results in Portugal didn't differ too much from that in Bulgaria, the prevalence of sexual harassment was 2.7% out of 498 participants (nurses, physicians and administrates) of 1 large health center complex and 1 medium hospitals in Lisbon Metropolitan Region. Almost all of the participants confirmed the absence of anti-violence policies or were not sure of their existence (36.5%, 63.1% respectively) (Ferrinho, et al., 2003). In Thailand, 1,090 participants were under study from 61 health facilities in Chiangmai Province (urban, suburban, rural areas), only 1.9% said that they had been sexually harassed in the last 12 months in their workplace (Sripichyakan et al., 2003).

## **Chapter 3: Conceptual framework**

This chapter presents the conceptual model of the study. It describes the dependent variable of the study (sexual harassment) the risk factors associated with exposure to sexual harassments, and describes the victims & perpetrators of this study.

### **3.1 Types of workplace sexual harassment**

Figure (3.1) presents sexual harassment as a dependent variable which includes three types: physical, verbal and visual harassments. Physical sexual harassment includes inappropriate touching, while verbal sexual harassment contains sexual jokes and stories, and finally, visual sexual harassment includes sending messages or mail with sexual content or sexual connotations as defined by International Labor Organization (ILO). In each type of violence there is a perpetrator and a victim.

### **3.2 Victims' and perpetrators' types**

The perpetrator in sexual harassment belongs, likely, to either "Quid Pro Quo" or "Hostile work environment" types of sexual harassment. That means that for quid pro quo the perpetrator would either be the manager or the supervisor or even other male coworker, while in hostile work environment the perpetrator would be the patient himself or one of his relatives. The victim in this study was one of the female hospital workers who were exposed to sexual harassment (physicians, nurses, health professionals and office workers).

### **3.3 Sexual harassment risk factors**

Each incidence of sexual harassment has its own situation, but causes and risk factors in general are categorized by individual risk factors and organizational risk factors.

#### **3.3.1 Individual risk factors**

For victims, the risk factors have been in their demographic characteristics of their profession, because it depends on the extent of contact with others, and the years of experience in the hospital, which depend on starting new experience in the hospital and the possibility of adaption and imposition of personnel. Sex of the victim was not considered in this research because all of the participants were females. Other studies by WHO\ ILO\ ICN\ PSI (Geneva 2003) report that females are more likely to be harassed

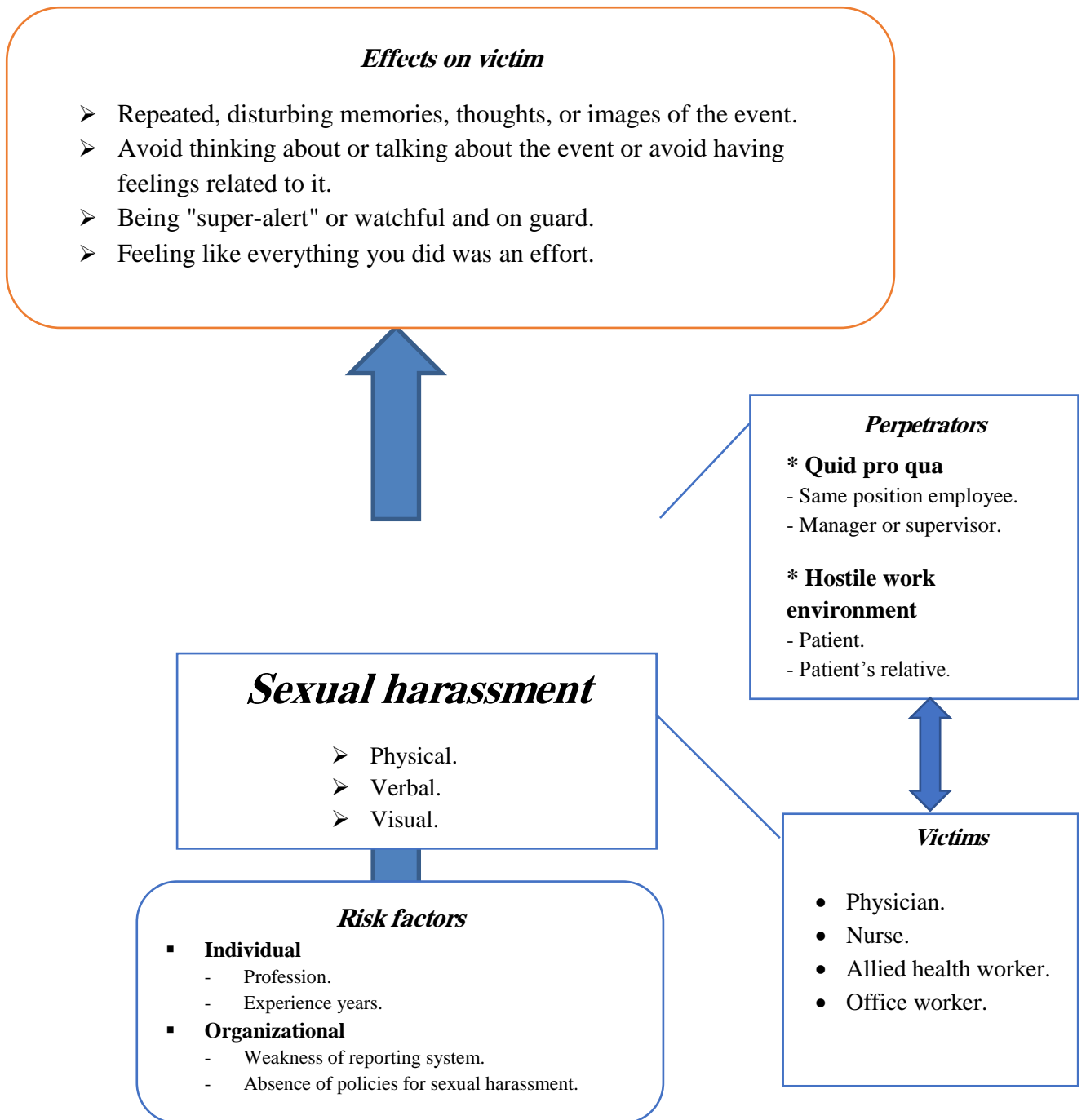
than males. Other factors were excluded from this research regarding the exclusiveness, like age, department and level of education.

### **3.3.2 Organizational risk factors**

The absence of a reporting system and policies regarding the sexual harassment are the most suggested organizational risk factors. In addition to the absence of continuous workshops for the workers in prevention and management of sexual harassment. Nevertheless, these will not be replaced by the existence of social consultant for the workers to provide psychological support after the sexual harassment.

### **3.4 Effects of sexual harassment**

Effects of sexual harassment on the victim according to this study have been covered in four dimensions: First, repeated, disturbing memories, thoughts, or images of the event for victim. Second, avoid thinking about or talking about the event or avoid having feelings related to it. Third the victim being "super-alert" or watchful and on guard and finally, feeling like everything the victim did was an effort. These would affect their mental health, work stability and productivity.



**Figure 3.1:** Conceptual framework of sexual harassment and associated factors

## **Chapter 4: Methodology**

This chapter discusses the methodological approach taken in achieving the study objectives of this research. Study design, study setting, study population, study instrument, data collection procedure and data entry and analysis are discussed. Ethical and administrative considerations and limitations of this study are also mentioned.

### **4.1 Study design**

This study was a cross-sectional designed, descriptive for the related variables. This design was used to measure one variable in a group sharing the same characteristics at the same time, which suites this research measuring the sexual harassment for females who work in the Palestinian hospitals.

### **4.2 Study setting**

This study was conducted in the three largest public hospitals in the WB, covering the three regions; north, middle and south.

### **4.3 Sample and sampling**

Of the target population, the main 3 hospitals were selected to represent geographic regions in WB (North, Middle and South). Due to the small size of the study sample, the researcher used census method to collect data from every eligible worker in the studied hospitals and who was available at the time of the study. Regarding inclusion criteria, all female health workers (physicians, nurses, medical technicians and office workers), who work at least one year in the same hospital, were included.

Of the selected 3 hospitals there were 276 female workers distributed as follow: 39 physicians, 140 nurses, 38 technicians, and 21 administrative workers (hospital management office, registration, and reception). Volunteers, trainees, cleaners and those who had less than one year experience were excluded. The total number of properly completed surveys were 238, while only 12 surveys were not completed properly and 22 workers refused to participate in the study. The response rate was 87.5%.

### **4.4 Study instrument**

Data was collected using a structured self-administered questionnaire (Annex 1). It was prepared based on the questionnaires used in earlier studies by WHO/ ILO/ ICN/ PSI

about workplace violence. However, it has been modified to suit our culture and nature of health work. The questionnaire consisted of three parts. The first part was participants' demographics and professional characteristics (region, age, marital status, education level, job category, working in different shifts, working department and experience in current hospital and field). The second part started with measuring harassment occurrence and its frequency, continued with the last incidence of harassment in the last 12 months about the exposure to sexual harassment; if the respondent answered with a "yes", then she should continue the second part, if not, she was asked to just complete the third part of the questionnaire. The second group of variables consisted of (sexual exposure, frequency of exposure, type of harassment, time of harassment, location of harassment, who was the perpetrator, age of perpetrator, consciousness of perpetrator, reaction against the exposure, effect of exposure, reporting the exposure of harassment, reasons of not reporting). The third part was about reporting the incident of harassment, and policies and regulations regarding sexual harassment, all respondents were asked to fill this part which was comprised of the following variables (existence of anti-sexual harassment policies or regulations, existence of social consultant for workers and exposure to harassment on other colleague).

Validity and reliability of the instrument were done; Cronbach's Alpha was 0.759, which is considered as good in the measure of reliability.

#### **4.5 Pilot study**

A pilot study was undertaken in December 2017 before the survey instrument was distributed. It was implemented on 25 participants in another hospital other than those included in this study. This aimed to explore the appropriateness of the study instruments; the clarity of meanings and scales, and the time it takes to fill the questionnaire. The pilot survey was reviewed by Dr. Asma Imam and Dr. Motasem Hamdan.

#### **4.6 Ethical consideration**

In this study, the participation was voluntary. There is no indication of the identity of the participants and the studied hospitals. The data was collected only for the purpose of this study.



#### **4.7 Data collection**

Data collection started in August 2018, after getting the needed approvals and permissions from hospitals' administrations, and oral consent from the participants. Being informed that the data collected through this questionnaire will be used strictly for this study, the participants voluntarily agreed to fill it out. The researcher was responsible for the distribution of the questionnaire to all those meeting the selection criteria. Due to their nature of work in some hospitals, the requested questionnaire was left with the participants for hours or until the end of their working day and then was collected again after being filled. In all selected hospitals, participants were asked to place the completed survey in sealed envelopes to maintain privacy. Data collection process took place between August and October 2018.

#### **4.8 Data entry and analysis**

The data was entered and analyzed by the researcher using Statistical Package of the Social Sciences (SPSS version 16.0). The data variables were divided same as the parts of the questionnaire. Descriptive analysis was applied on all the variables, some of the variables needed recoding of options. In descriptive analysis, frequencies in numbers and percentages were only done.

Inferential analysis (Chi-square) was carried out. This type of analysis was used to assess the association between exposure to harassment and the characteristics of the respondents, using the level of significance at  $P < 0.05$  (confidence level of 95%).

Binary logistic regression was also used in order to assess/ study the determinants (risk factors) of exposure to sexual harassment.

#### **4.9 Study limitations**

Many limitations were faced in this study due to the sensitivity of the issue and for the reason that our society tries to be seen as ideal in its behavior. The main reason that this study only included public hospitals is the limitations the researcher faced while conducting the research, they included but not limited to: gaining the needed approvals from the targeted institutions and refusal of many hospitals to participate in the study.

At the beginning of the data collection process, some of the health workers refused to complete the questionnaire because of its title, some of them asked the researcher about

the effectiveness of doing this type of study at the time that no one listens to the female workers' troubles. These kinds of comments, made other surrounded workers worry about filling the questionnaire. Some of the workers could not complete the questionnaire due to the nature of their medical work in the hospital since they were busy almost all of the time, this, in return, delayed the researcher work and took more time from her to reach her goal.

When the researcher started the data entry, she knew that there was a recalling bias, because the questionnaires were distributed about 12 months ago and the researcher could not be sure of the accuracy of this data. Some of the questionnaires (12) were not completed in the right way, so they were excluded from the study.

Reporting cases were modest which forced the researcher to do only descriptive analysis for all what is considered in the reporting section, and she could not do the inferential analysis to assess the relation between reporting and other variables.

## **Chapter 5: Results**

This chapter includes the main findings of the study, starting with the descriptive analysis of the study respondents, which includes demographic and professional characteristics, organizational characteristics, prevalence and frequency of sexual harassment, characteristics of the last incidence of sexual harassment and impact of sexual harassment ending with the inferential analysis

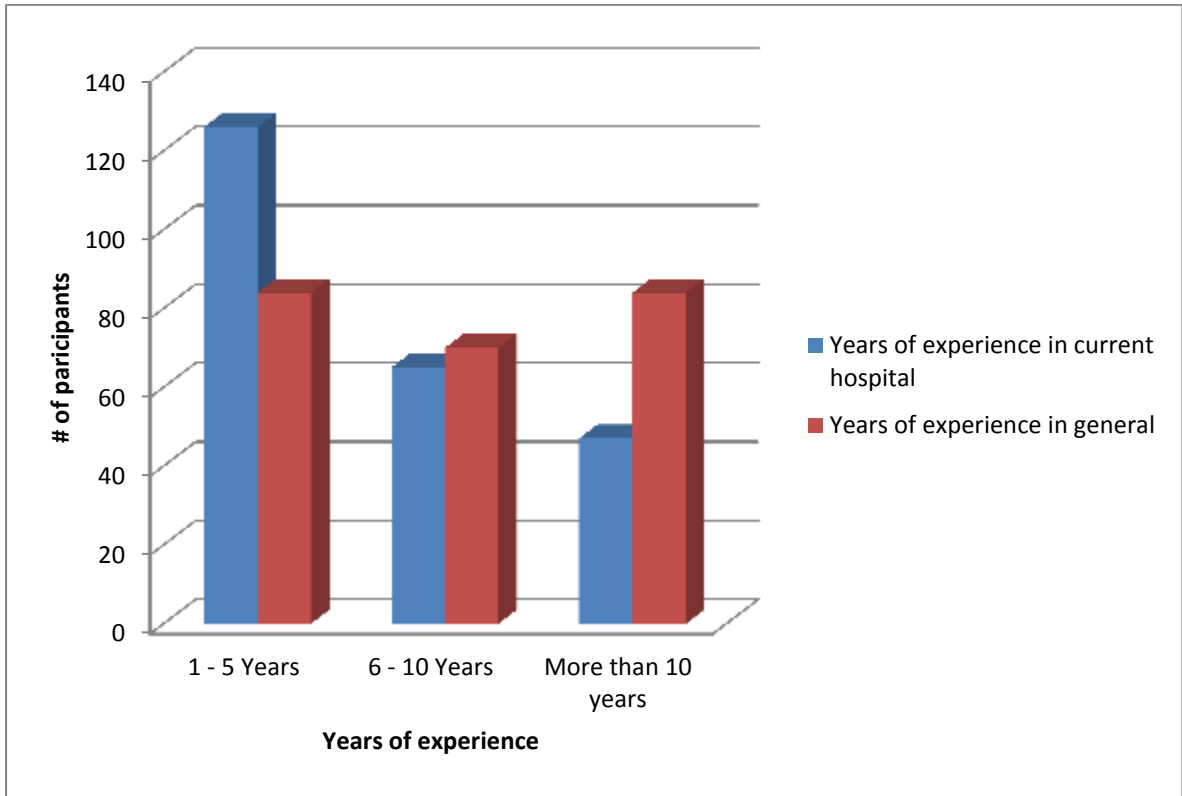
### **5.1 Descriptive analysis of the sample**

#### **5.1.1 Demographic and professional characteristics**

Table (5.1) elucidates the characteristics of the 238 participants. Their distribution according to region is; 39.5% from South area, 28.6% from Middle area and 31.9% from North area. For the age of participants, the highest percentage is between 31-40 years with a percentage of 39.9%, while the extremes are likely to be the same, followed by 11.3% for participants under 25 years and ending with 11.8% for participants who are above 40 years. The marital status of the participants varied between married, single, divorced, and widows with percentages of (65.5%, 30.3%, 2.9% and 1.9% respectively). Nearly half of the participants lived in villages (50.8%), while for the other half; 42% of them lived in a city and 7.1% lived in camps. Pertinent to their education level 59.7% had a bachelor degree, 23.9% had a diploma (years), and the rest of the participants (16.4%) had higher education level. The majority of the participants were nurses with 58.8%, followed by doctors 16.4%, then technicians 16% (laboratory technicians, radiologists, occupational therapists, pharmacologists), while only 8.8% of them were office workers (administrates, registrars and receptionists). Their professional experience, in general, shows 35.3% for (1-5 years) and more than 10 years categories of experience and 29.4% for the category of (6-10 years) (figure 5.1). Instead, for the experience in the same hospital; around half of the participants (52.9%) had (1-5 years) of experience, 27.3% had experience between 6 and 10 years, and the rest of the participants (19.7%) had experience more than 10 years (Figure 5.1).

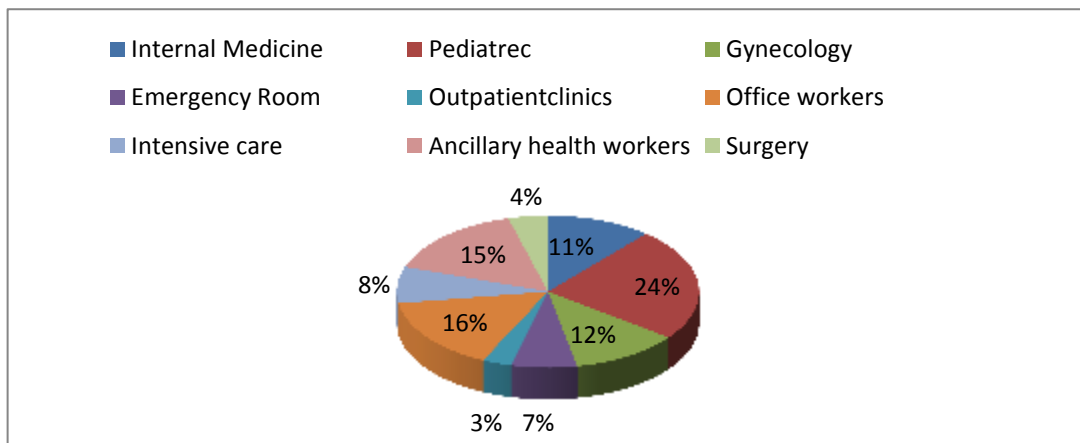
**Table 5. 1:** Distribution of participants according to demographic characteristics and professions

<b>Variable</b>	<b>N</b>	<b>N%</b>
<b>Region</b>		
South	<b>94</b>	39.5
Middle	68	28.6
North	76	31.9
<b>Age</b>		
<25 years	27	11.3
25 – 30 years	88	37
31 – 40 years	95	39.9
>40 years	28	11.8
<b>Marital Status</b>		
Single	72	30.3
Married	156	65.5
Divorced	7	2.9
Widow	3	1.3
<b>Address</b>		
City	100	42
Village	121	50.8
Camp	17	7.1
<b>Education</b>		
Diploma	57	23.9
Bachelor degree	142	59.7
Higher education	39	16.4
<b>Job category</b>		
Doctor	39	16.4
Nurse	140	58.8
Technician (allied sciences)	38	16
Office worker	21	8.8



**Figure 5. 1:** Participants according to their experience in current hospital and in general

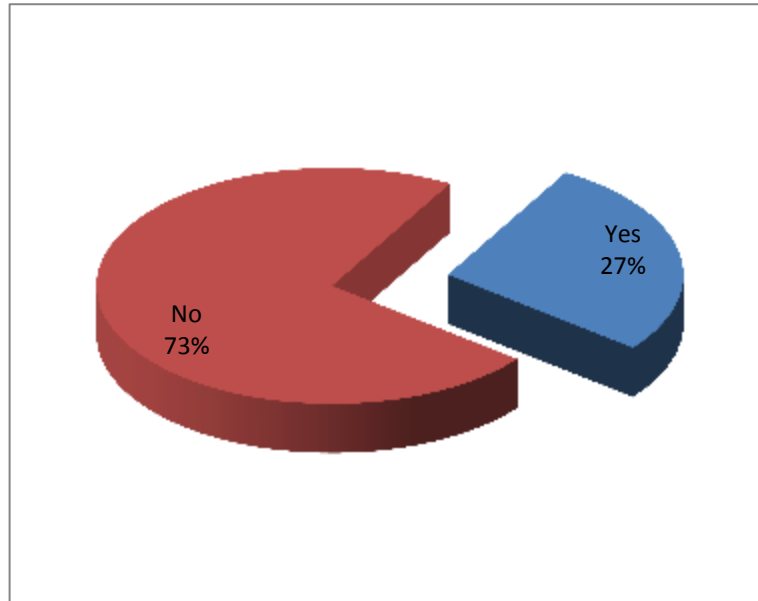
The participants were from different departments of the hospitals, (Figure 5.2) shows these departments.



**Figure 5. 2:** Departments of the respondents

### 5.12 Prevalence of sexual harassment

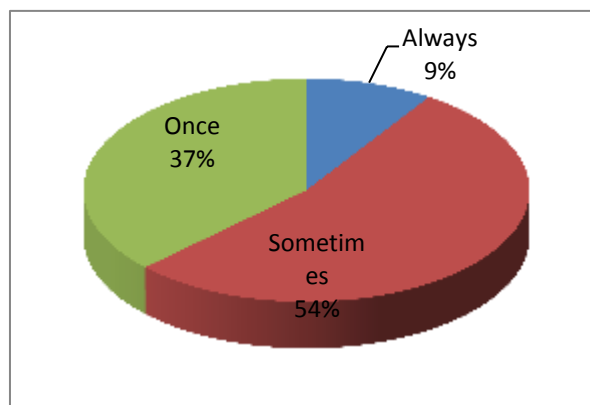
Figure (5.3) shows the exposure to sexual harassment percentage where 27.3% of the respondents reported exposure to sexual harassment in the past 12 months of the study.



**Figure 5. 3:** Exposure to sexual harassment

### 5.13 Frequency of exposure

Of those exposed to sexual harassment, 53.2% said that they were sometimes exposed to harassment, while 36.9% said that they were exposed once and just 9.2% said that they were always exposed to harassment.



**Figure 5. 4:** Frequencies of exposure to sexual harassment

#### 5.14 Characteristics of sexual harassment

The respondents were asked to answer part 2 of the questionnaire regarding the last incident of sexual harassment they were exposed to in the last 12 months (Table 5.2). The most common type of harassment was the oral harassment with 44.6%, followed by 25.4% inappropriate touching and finally 20% for each of visual harassment and sexual implication.

Pertinent to the place of harassment, the majority of incidents (75.4%) occurred inside the hospital while 24.6% happened on their way to the hospital.

Working day in the hospital is divided into 3 shifts; morning, evening and night shifts. About 40% of the respondents answered that they were exposed to harassment in the morning shift, followed by 35.4% in the evening shift, while only 24.6% in the night shift.

**Table 5. 2:** Characteristics of last incidence of sexual harassment in the last 12 months

Sexual harassment variable	N	N%
<b>Type of harassment</b>		
Oral	29	44.6
Visual	13	20.0
Inappropriate touching	10	25.4
Sexual connotations	13	20.0
<b>Where the harassment occurred</b>		
Inside the hospital	49	75.4
On the way to hospital	16	24.6
<b>When the harassment occurred</b>		
Morning shift	26	40.0
Evening shift	23	35.4
Night shift	16	24.6

#### 5.15 Perpetrators characteristics

Table (5.3) illustrates the perpetrators' characteristics. They are split as following; 29.4% patients' relatives, 24.6% colleague in the same position, strangers 24.6%, and 21.5%

colleague in a higher position. Most of the perpetrators (60%) were between 19 to 39 years old. The respondents reported that 50.8% of the perpetrators were in full conscious, while 41.5% said that they didn't know the perpetrators' level of consciousness, and 7.7% didn't remember the of the perpetrators' consciousness status.

**Table 5. 3: Perpetrators' characteristics**

<b>Variable</b>	<b>N</b>	<b>N%</b>
<b>Who is the perpetrator</b>		
Patient's relative	19	29.4
Stranger	16	24.6
Colleague in the same position	16	24.6
Colleague in higher position	14	21.5
<b>Age of perpetrator</b>		
19-39 years	39	60.0
40-59 years	21	32.3
>60 years	2	3.1
I don't know	3	4.6
<b>Consciousness of the perpetrator</b>		
Full conscious	33	50.8
I don't know	27	41.5
I don't remember	5	7.7

### **5.1.6 Reaction of the participants against the perpetrators on the incident**

Multi answers were allowed when asking about the reaction of victims against perpetrators. Results showed that 46.2% asked the perpetrator to stop, 41.5% took no action against the perpetrators, 15.4% told a colleague about the harassment, 9.2% told a friend about the harassment, 10.8% told the manager about the harassment, and 4.6% asked to be transferred to another department.



### 5.1.7 Impact of exposure to sexual harassment

The effect of exposure to sexual harassment was measured by 4 questions using a Likert scale of 5 points. The analysis showed that 27.7% of the participants exposed to harassment had mild effect, 40% had moderate impact, and 32.3% had severe impact (Table 5.4).

**Table 5. 4:** Participants' answers to the effect of exposure

<b>Effect</b>	<b>N</b>	<b>%</b>
<b>Repeated, disturbing memories, thoughts, or images of the event</b>		
Never	22	33.8
A little bit	20	30.8
Moderately	8	12.3
Quite a bit	11	16.9
Extremely	4	6.2
<b>Avoiding thinking about or talking about the event or avoiding having feelings related to it</b>		
Never	28	43.1
A little bit	10	15.4
Moderately	15	23.1
Quite a bit	7	10.8
Extremely	5	7.7
<b>Being "super-alert" or watchful and on guard</b>		
Never	13	20.0
A little bit	3	4.6
Moderately	7	10.8
Quite a bit	18	27.7
Extremely	24	36.9
<b>Feeling like everything you did was an effort</b>		
Never	22	33.8
A little bit	14	21.5
Moderately	16	24.6
Quite a bit	7	10.8
Extremely	6	9.2

### 5.1.8 Policies and reporting

Only 8 cases (12.3%) of the 65 cases exposed to sexual harassment have reported the incident. Of the reported cases; 5 cases (62.5%) had been reported to the direct manager, 2 cases (25%) to the police, and only 1 case (12.5%) to the hospital administration. The actions that had been taken against the perpetrators were; 3 perpetrators (37.5%) had verbal warning issue, 2 perpetrators (25%) had prosecution, and the action toward 3 cases (37.5%) was not clear enough for the participants.

Regarding the satisfaction of the respondents toward handling the incident of harassment, 55.4% were unsatisfied, 30.8% were neutral and only 13.9% were satisfied.

The reasons' proportion for non-reporting of harassment were : 35.4% answered that it's useless, 29.2% were afraid of negative consequences, 26.2% felt ashamed, 20% thought that it's not important, 18.5% didn't know who to report to, and 6.2% felt guilty. About 54.6% of the participants said that they have noticed a sexual harassment against other female colleagues.

## 5.2 Inferential analysis of the sample

### 5.2.1 Exposure to sexual harassment according to region

According to region, 23.4% were from the south, 30.9% from the middle area, and 28.9% from the north (P= 0.532) (Table 5.5).

**Table 5. 5:** Exposure to sexual harassment by region

Hospital	Exposure to sexual harassment in the last 12 months				X <sup>2</sup>	P-value
	Yes		No			
	F	%	F	%		
South	22	23.4	72	76.6	<b>1.262</b>	<b>0.532</b>
Middle	21	30.9	47	69.1		
North	22	28.9	54	71.1		

X<sup>2</sup> Chi- square

% within the entry of the category

## 5.2.2 Respondents' characteristics and exposure to sexual harassment

Table (5.6) presents the correlation between respondents' characteristics and exposure to sexual harassment with P-value by cross tabulation (Chi square test). The results reported an insignificant association between the exposure to sexual harassment and age, education level, years of experience and working in different shifts. 43.1% of respondents who were exposed to sexual harassment were between the age 25-30 years, 36.9% were between 31-40 years (P= 0.487). Of the exposed respondents 67.7% had a bachelor's degree (P=0.295).

There was a significant correlation between exposure to sexual harassment and job category and years of experience with a P-value shown respectively (P=0.033) (P= 0.016). Of exposed respondents 50.8% were nurses, 24.6% were doctors, 13.8% were office workers, and 10.8% were allied health workers. 47.7% of those exposed to sexual harassment had an experience of 1-5 years in the current hospital.

**Table 5. 6:** Exposure to sexual harassment according to demographic characteristics

Variable		Exposure to sexual harassment in the last 12 months				X <sup>2</sup>	P-value
		Yes		No			
		F	%	F	%		
<b>Age</b>	<25	8	29.6	19	70.4	2.435	<b>0.487</b>
	25-30 years	28	31.8	60	68.2		
	31-40 years	24	28.9	71	71.1		
	>40 years	5	17.9	23	82.1		
<b>Education level</b>	Diploma	12	21.1	45	78.9	2.443	<b>0.295</b>
	Bachelor	44	31.0	98	69.0		
	High education	9	23.1	30	76.9		

**Table 5.6:** Exposure to sexual harassment according to demographic characteristics

(Continued)

Variable		Exposure to sexual harassment in the last 12 months				X <sup>2</sup>	P-value
		Yes		No			
		F	%	F	%		
<b>Job category</b>	Doctor	16	41.0	23	59.0	8.751	0.033*
	Nurse	33	23.6	107	76.4		
	Allied workers	7	18.4	31	81.6		
	Office workers	9	42.9	12	57.1		
<b>Years of experience in general</b>	1-5 years	21	25.0	63	75.0	5.099	0.078
	6-10 years	26	37.1	44	62.9		
	>10 years	18	21.4	66	78.6		
<b>Years of experience in current hospital</b>	1-5 years	31	24.6	95	75.4	8.244	0.016*
	6-10 years	26	40.0	39	60.0		
	>10 years	8	17.0	39	83.0		
<b>Working in different shifts</b>	Yes	45	30.6	102	69.4	2.111	0.095
	No	20	22.0	71	78.0		

\*Statistically significant

X<sup>2</sup> Chi- square

% within the entry of the category

### 5.2.3 Regression of respondents' characteristics with exposure to sexual harassment

By using binary regression, a multi regression analysis was conducted for all the previous characteristics in section 5.2.2, in order to show the real correlation between them and to show the predictive of the risk factors. Table 5.7 shows the odd ratio (OR), P-value and 95% confidence interval for each characteristic of the respondents.

The job category and experience years in hospital remained significant predictor to exposure to sexual harassment in the adjusted multi-logistic regression analysis. Nurses are more likely to be harassed around 3 times more than doctors (95%CI 1.173 – 6.738, p<0.05). Also those who had 1-5 years of experience are more likely to be harassed by 1.5 times more than those who had years of experience more than 10 years in the same hospital (95%CI 0.393 – 6.374, p<0.05).

**Table 5. 7:** Respondents characteristics and exposure to sexual harassment

Variable		OR	P-value	95% CI Lower – Upper
<b>Region</b>	South	0.317	0.493	0.693 – 3.101
	Middle	0.296		0.680 – 3.542
	North	Ref.		
<b>Age</b>	≤ 30 years	Ref	0.161	
	> 30 years	1.970		0.763 – 5.087
<b>Education level</b>	Diploma	0.785	0.347	0.248 – 2.490
	Bachelor degree	0.545		0.216 – 1.378
	High education	Ref		
<b>Job category</b>	Doctor	Ref	0.005	
	Nurse	2.811		1.173 – 6.738
	Allied workers	3.146		0.980 – 10.097
	Office workers	0.575		0.163 – 2.028
<b>Years of experience in field</b>	1-5 years	1.219	0.384	0.313 – 4.746
	6-10 years	0.671		0.244 – 1.847
	> 10 years	Ref		
<b>Years of experience in current hospital.</b>	1-5 years	1.583	0.045	0.393 – 6.374
	6-10 years	0.507		0.158 – 1.625
	> 10 years	Ref		
<b>Working in different shifts</b>	Yes	Ref	0.133	
	No	1.861		0.828 – 4.183

## Chapter 6 Discussion

### 6.1 Prevalence of exposure to sexual harassment

The results of this study show high rates of exposure to sexual harassment among female health workers in public hospitals in the WB (27.3%). Results of previous study (Kitanneh & Hamdan, 2012) reported 1.7% prevalence of sexual harassment as a part of workplace violence in public hospitals. Another study targeting emergency departments of public hospitals in Gaza and WB showed higher rates (8.1%) of exposure to sexual harassment (Hamdan & Abu Hamra, 2015). Higher rate of sexual harassment reported in our study may be due to the fact it targeted females only, while the others included both males and females.

A study was conducted in 2017 in one of the prominent Israeli hospitals in Jerusalem on 678 physicians and nurses showed that 11.5% of the participants were exposed to sexual harassment in the last 6 months prior to the study (Shafran-Tikva et al, 2017). There are several reasons that may justify this variance. The participants of that study were only nurses and physicians, while in our study all the health workers were included. Moreover, in our study exposure to sexual harassment was asked back to the last 12 months while in the Shafran-Tikva study it was the past 6 months. Another important factor is the Israeli law “*Prevention of Sexual Harassment*” enacted in 1998 (The Knesset) that protects victims and punishes perpetrators and this might contribute to reducing the exposure to sexual harassment since potential perpetrators in Israeli hospitals are probably aware of this law and its consequences.

It is a challenging to make a comparison with studies from the Arab World due to the scarce relevant studies in this domain. In Arab Muslim societies, sexual harassment is a highly delicate issue in conservative societies and cultural sensitivities (taboo) preventing reporting sexual violence because of fear of stigma. In 2015, a study was conducted in Tanta University hospitals in Egypt on nursing staff, where the results indicated that 70.2% of the interviewed nurses were exposed to sexual harassment at the workplace (Abo Ali et al., 2015). This high rate is linked to the characteristics of the participants where nurses were targeted and this group is the most exposed health workers to sexual harassment in the health care sector.

In the Middle East, a study was done in Ankara-Turkey in the emergency departments of 6 hospitals included 270 physicians, nurses, health workers/ technicians, security and clerk (Talas, Kocaöz, & Akgüç, 2011). The study reported 15.9% prevalence of sexual harassment among participants. Fallahi Khoshknab and others (2015) conducted a study in Iran in 135 teaching hospitals with 5,847 health professionals showed a low rate of sexual harassment against health professionals that did not exceed 4.7%. The researchers attributed this low prevalence to the sensitivity and the cultural view in Iran inspite of the fact that the response rate of this study was 90.63%. Both studies varied in their prevalence rates of sexual harassment compared to the results attained in our study because their studies targeted both sexes working in the health care field, while our study targeted only female health workers. It is highly expected that prevalence rates drop when male workers are included.

Sexual harassment is a recurring problem in the health system, therefore, many studies were conducted worldwide tackling this issue. In Malaysia, 22.8% of 380 nurses were exposed to sexual harassment in the last 12 months prior to the study (Suhaila & Rampal , 2012). In Brazil, the prevalence of sexual harassment was 5.7% among 1,500 respondents working in private and public health institutions in Rio de Janeiro (Palacios, et al., Workplace Violence in the Health Sector - Country Case Study – Brazil, 2003). Another study in Bulgaria stated that 2.2% of the respondent among health workers were exposed to sexual harassment (Tomev, et al., 2003). Palacios and Tomev (2003) studies were done according to the “Joint Programme on Workplace Violence in the Health Sector” guidelines. These studies measured violence in general in the health sector workplace, sexual harassment was included as a type of violence, and targeted both male and female workers. This was the main difference where our study targeted female workers only. Another study was conducted in Ghana public hospitals, reported that 12.2% of 592 nurses and midwives were exposed to sexual harassment in the last 12 months prior to the study (Boafo, Hancock, & Gringart, 2016). The researcher assumed that the variance of prevalence of this type of violence depended on the cultural backgrounds of each country. Its sensitivity in that context and the absence of a proper approach of reporting non-physical violence incidents in general and sexual harassment in special. According to a new research from the WORLD Policy Analysis Center at UCLA, 68 countries have not enacted or set regulations and laws that could control and prevent harassment in workplace (Heymann & Vogeckstein, 2017).

## **6.2 Characteristics of Sexual Harassment**

According to this study, the most common type of sexual harassment was the verbal (44.6%), followed by (25.4%) inappropriate touching and 20% visual and sexual connotations. In the study of Talas and colleagues (2011) in Ankara, 51.2% of the respondents were exposed to verbal harassment, also Suhaila & Rampal (2012) in Melaka State in Malaysia, (46.6%) suffered from verbal harassment. In another study in Korea (2011), verbal harassment was the most common type among the nursing students during the clinical practice (Lee, Song, & Kim, 2011). But Abo Ali and colleagues (2015) in Tanta stated that the verbal was 57.3%, while sexual connotation was considered as the most common type among their participants with 70.9%. In Talas and colleagues (2011) study in Ankara, the result of inappropriate touching (27.9%) was very close to the findings of this study.

In terms of place, most of harassment incidents in this study, (75%), took place within the boundaries of the hospital. This is similar to the results reported by Boafo and colleagues (2016) in Ghana, where 83% of the harassment incidents occurred inside the hospital. This would negatively affect the environment of the work and the productivity of the workers.

Regarding the timing, 40% of harassment incidents happened in the morning shift, 35.6% in the evening shift while the night shifts was 24.6%. In the description of the high percentage in the morning, the data highlighted that 30.9% of those who had been harassed were working only in the morning shifts. This is justified because in our settings, females mostly work in the morning and evening shifts more than night shifts. The study of Fallahi and colleagues in Iran (2015) also showed that 40.7% of the sexual harassment incidents took place in the morning shifts, while the Korean study of Lee, Song, & Kim in 2011 declared that afternoon shifts had the highest rate.

## **6.3 Characteristics of Perpetrators/Harassers**

This study reported that 29.4% of the harassers were patients' relatives /friends, 24.6% were colleagues of same position, 24.6% were strangers, and senior colleagues were 21.5%. In the case of sexual harassment by a stranger, the incident occurred in the way to or back from the workplace while inside the hospital, the perpetrator may only be a coworker or patient's relative. Harassment at workplace in healthcare sector, as highlighted in the relevant studies, was most likely to be perpetrated by the patients' relatives. Abo Ali and colleagues study (2015) in Tanta University hospitals and Suhaila



& Rampal (2012) in a Malaysian study, found that the harassers were patients' relatives (61.9% and 40.7% respectively). The percentage of colleagues in the same position was actually high (24.6%), which also made work conditions fraught of tension among colleagues and this would harm the quality of work (Luman, 2018). In Shafran-Tikva and colleagues study in Jerusalem, the perpetrators were the patients and their companions (58.6% and 41.7% respectively) of those who exposed to sexual harassment.

The results also indicated that the act of harassment depended on the moral and values of the perpetrator. The majority of the perpetrators were of the age group (19-39) years old. Almost half of the perpetrators were fully conscious, while 41.5% of the participants said that they were not sure of the perpetrator's status. This may lead us to the conclusion that when the perpetrator harasses a health worker, his action does not necessarily need to be affected by drugs or pain, or lack of awareness. Hendriksen (2017) examined the psychology of sexual harassment and summed the psychology of the harasser by 4 characteristics; the dark triad (narcissism, psychopathy, and Machiavellianism) and moral disengagement. Hendriksen concluded to that "The mind is a tricky thing: often we choose our behavior to match our values, but sometimes, through moral disengagement, we change our values to justify our behavior" (Hendriksen, 2017). Working in a male-dominated field, as clarified when comparing the ratio of female and male workers in the Palestinian work force, hostile attitudes against women can be detected.

#### **6.4 Victims' Reaction to Sexual Harassment & Impacts**

Workers who were subjected to sexual harassment often had low self-esteem, felt insulted and their physical health problems might arise. Sexual harassment can also weaken the victim's performance and career trajectory. Victims of sexual harassment are more likely to leave their jobs or disengage with their co-workers (Luman, 2018).

The reactions of the respondents during and after the incident were generally passive. Some of the victims preferred to maintain silence rather than act on the incident, others were self-blaming while some downgraded the incident. In this study, 41.5% of victims decided not to act on it, either because the perpetrator had an authority, or the victim preferred to stay silent in order not to lose her job, or the victim avoided any interaction with the harasser especially if she felt unsafe. The results showed that 46.2% victims demanded the perpetrator to stop the aggression. Some of the victims preferred to tell someone about what happened, 24.6% told a friend or a colleague while only 10.8% informed their supervisors informally (not for the purpose of reporting). The results of

Talas and colleagues (2011) conformed with this study, 37.2% of those exposed to sexual harassment preferred to keep silent and do nothing while 34.9% told their managers about the incident. Hence, some of the respondents who were exposed to harassment preferred not to face or report the incident fearing the authority of the perpetrators or misjudgment by colleagues or others.

Impacts of harassment differ from one to another, results indicated that 27.7% of the participants exposed to harassment had mild effect, 40% had moderate impact, and 32.3% had severe impact. Looking at the details of the effects, 36.9% of them had been “extremely” super alert while dealing with others. Abo Ali and colleagues (2015) reported that 95% of the respondents have psychological problems following harassment. In Bofo and colleagues (2016) study, 33.8% of those who were subjected to sexual harassment had flashbacks for the incident, while 66.2% were super alert when dealing with others. In the study of Talas and colleagues (2011), 82% of victims felt sad and depressed following the harassment. Other impacts were sense of insecurity and anxiety at the workplace; victims lost self-confidence and felt shaky when dealing with others. The effects of sexual harassment are not confined only to psychological side, there are also physical side effects, such as headache and insomnia. On the other hand, it affects the productivity, workers’ performance and harm the spirits of team work, as found in (upcounsel) website under the title of “Types of Sexual Harassment: Everything You Need to Know” (2016).

## **6.5 Reporting Sexual Harassment**

Only 12.3% of the cases were reported, and because the absolute count is 8 cases, reporting cannot be analyzed with other variables. When respondents subjected to sexual harassment were asked why they didn’t report, 35.4% answered the futility of reporting, 29.2% said they were afraid of negative consequences then 18.5% didn’t know whom to report to. This exposes the weakness of the reporting system in the involved health institutions. In Fallahi (2015) study in Iran, 52.8% of the participants didn’t report the incidents of harassment, as half of the participants believed that it’s pointless to report, 60% reported that no protocols or regulations for reporting were available and they had not received a training program for violence management and prevention. Also, in Talas and colleagues study, 78.5% of the participants reported the same. In Suhaila & Rampal (2012) study in Malaysia, 45% of the participants didn’t report due to lack of knowledge about the proper way to report, 33% complained about the lack of mechanism and appropriate methods for reporting.

On the other hand, this study concluded that some of the victims started blaming themselves; with 6.2% saying that they felt guilty, 26.2% felt ashamed, and 20% said that it was not important. Going back to what was mentioned before, the implications of such data will eventually constitute causes of more occurrences of sexual harassment. In Bofo and colleagues (2016) in Ghana, when the participants were asked about their causes for not reporting the incidents of harassment; 80% thought that it was not important to report, 22% felt ashamed, 19% argued the uselessness of reporting and 53% didn't know whom to report to.

The majority of respondents in this study confirmed the absence of anti-sexual harassment policies or regulations in their institutions while the remaining participants were not aware or familiar of such regulations (41.6% & 44.5% respectively). This reveals the weakness of respective institutions and their failure to endorse policies that can protect their workers and improve the overall working conditions.

With regard to violence prevention policies, our results were in line with local and other studies. In Kitaneh & Hamdan study (2012) in WB, 85-95% of the participants reported that public hospitals had no specific anti-violence policies /procedures at the workplace, 60% of them confirmed the absence of procedures for reporting violence. In Brazil, 48% of the participants (Palacios et al, 2003) confirmed the absence of any policy, 34.9% were not sure if such policies did exist and 17.1% of the participants said that there are anti-sexual harassment policies in their institution.

## **6.6 Factors Associated with Exposure to Sexual Harassment**

Significant relation was reported between exposure to sexual harassment and professional category and years of experience ( $p < 0.05$ ). Studies that targeted health workers, revealed that nurses were the most common victims. Kitaneh & Hamdan study (2012) indicated a significant correlation between exposure to violence and years of experience ( $p < 0.001$ ). Shafran-Tikva and colleagues (2017) reported that nurses are more likely to be exposed to violence more than doctors, and that years of experience had a significant impact on rates of exposure to sexual harassment. According to their study every year of experience decreases the probability of being sexually harassed by 4%.

Moreover, according to the study, there is no significant association between the exposure to sexual harassment and other factors such as age, education qualifications, and working shifts ( $p > 0.05$ ). This is also consistent with results of Kitaneh & Hamdan (2012) study in

public hospitals in the WB, which found that education level had no significant association with the exposure of non-physical violence. Talas and colleagues study (2011) found that working shifts had no significant association with the exposure to sexual harassment.

Equal Employment Opportunity Commission (EEOC) considers years of experience as a risk factor of workplace sexual harassment since newly-recruited employees are probably less aware for the workplace laws and lack self-confidence to resist in case of harassment or the maturity to understand and assess the consequences of harassment (EEOC, 2016). Moreover, the credibility of the new worker is less than their colleagues with more experience, which may constitute an additional cause of sexual harassment at the workplace, as mentioned in Western Cape Government (2005). We believe that nurses are more likely to be harassed for their dynamic and constant interaction with all relevant stakeholders: patients and their relatives, and the other medical staff in the hospital.

## **Chapter 7: Conclusion and Recommendations**

### **7.1 Conclusion**

This study highlighted that public hospitals in WB had a high prevalence of sexual harassment against females regarding its results. Also there were limitations in the reporting process for the sexual harassment incidents. The objectives of this study were achieved by the description of the related variables in details. Regarding the perpetrators in this study, it was dangerous about the staff perpetrators, because this type of perpetrators could be managed by the hospital administration with the internal regulations. Because this type of perpetrators who can be really be managed to reduce the exposure to sexual harassment.

### **7.2 Recommendations**

#### **❖ To the hospital managers and policy makers:**

- Provide training for the hospital workers in violence in general and sexual harassment in special prevention and management.
- Conduct continuous workshops that promote the awareness of sexual harassment and prevention methods.
- Provide a social consultant for the workers, in order to provide the psychological support to the victim.

#### **❖ To the Ministry of Health:**

- Developing the regulations and policies of the hospital to decrease the sexual harassment incidents especially where the staff was the perpetrator.
- Develop of the reporting system in the hospitals, and to have an easy access to it by the workers.

#### **Further research**

Further researches to well define sexual harassment in workplace and its consequences on the worker are highly recommended.

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## Annex 1. 1: Questionnaire of sexual harassment

تقييم واقع التحرش الجنسي بالنساء العاملات في المستشفيات الفلسطينية وتأثيرها عليهن

حضرة الزميلات العزيزات،

إن هذه الدراسة تهدف إلى تقييم واقع وتأثير التحرش الجنسي بالنساء العاملات في المستشفيات الفلسطينية، وذلك من أجل دعم أخذ القرار وعمليّة صياغة السياسات والإجراءات اللازمة للحد من التحرش. إن المشاركة في هذه الدراسة طوعي ويتم بدون تدبير لأسم المشاركة، ويمكن الانسحاب من المشاركة متى رغبت بذلك إن تبتدأ الاستبانة تستغرق 10-15 دقيقة. ونؤكد إن المعلومات التي ستقدم من قبل المشاركات ستبقى سرية وستستخدم لأغراض الدراسة فقط.

و لكن جزيل الشكر والتقدير لكم

الرجاء قراءة التعليمات التالية:

إن هذه الاستبانة مكونة من ثلاثة أجزاء.

الجزء الأول يتعلق بالمعلومات الشخصية الخاصة وفيما يتعلق بالعمل في المؤسسة بشكل عام

أما الجزء الثاني يتحدث عن واقع التحرش الجنسي و لاذي يعرف على أنه أي سلوك ذو الطابع الجنسي غير مرغوب فيه وغير مرحب به وغير متبادل سواء بالكلام أو الإهانة أو تهديد الهدايا أو نظرات غير مريحة أو الإيحاءات أو المزاح المشعل بالأدب من قبل المرضى أو أقاربهم أو مرافقهم أو أحد الزملاء في العمل أو أي شخص آخر وتشكل هذه المضايقة الإنسانية للموظفة وسبب ذلك بشحورها بلتهدي أو الإذلال أو المضايقة.

الجزء الثالث يتعلق بواقع الإبلاغ والإجراءات المتخذة عند وقوع التحرش و التبليغ عنه.

- الرجاء تبتدأ الإجابة ووضعها في المنصف وإغلاقها وتسليمها لأبحاثنا.

الرقم التسلسلي

اسم المستشفى

لاستخدام الأبحاث

الرجاء الاجابة على الاسئلة بوضع (√) في المكان المناسب

الجزء الأول :-

1 ما هو عمرك:

أقل من 25 سنة     25-30 سنة     31-40 سنة     41 سنة فأكثر

2 الحالة الاجتماعية:

عزباء     متزوجة     مطلقة     أرملة

3 مكان السكن:

مدينة     قرية     مخيم

4 ما هو المؤهل الطبي:

دبلوم متوسط "سنتين أو أقل"     بكالوريوس     دراسات عليا

5 مهنتك:

طبية     ممرضة     فنية (المهن الطبية المساعدة)  
 إدارية حدي \_\_\_\_\_     خدماته حدي \_\_\_\_\_

6 عدد سنوات الخبرة في المستشفى الحالي:

\_\_\_\_\_

7 عدد سنوات الخبرة بشكل عام:

\_\_\_\_\_

8 في أي قسم تعملين:

\_\_\_\_\_

9 هل تعملين في ورديت:

نعم     لا

\_\_\_\_\_

الجزء الثاني:-

تعريف التحرش الجنسي: أي سلوك أو الطبع الجنسي غير مرغوب فيه وغير مرحب به وغير متبادل سواء بالكلام أو الإيماءة أو تقديم الهدايا أو نظرات غير مريحة أو الإيحاءات أو المزاح المكثف بالألب من قبل المريض أو الطبيب أو مرافقيهم أو أحد الزملاء في العمل أو أي أشخاص آخرين. وتشكل هذه المضايقة الاساءة للموظفة ويسبب ذلك بشعورها بالتهمة أو الإذلال أو المضايقة.

الأجابة عن هذا الجزء تكون ذلك الاتى عشر شهر الماضية

1 هل سبق و تعرضتي للتحرش الجنسي خلال فترة الاتى عشر شهر الماضية: في حادثة واحدة فقط

نعم  لا

2 كم مرة تكررت التحرش خلال الاتى عشر شهر الماضية:

دائما  أحيانا  مرة واحدة

( الإجابة عن الأسئلة من 3 حتى 9 تكون عن الحدث الأخير للتحرش )

3 ما نوع التحرش

لفظي

بالظنرات

لمس الأجسد

إيحاءات

رسائل مهدتوى جنسي

غير ذلك حددي \_\_\_\_\_

4 أين حدث التحرش؟

داخل المستشفى

بالطريق من أو إلى المستشفى

خلال زيارة المريض في منزله

غير ذلك حددي \_\_\_\_\_

5 متى حدث التحرش؟

فترة الصباح

فترة مسائية

فترة ليلية

6. من قام بالتحرش؟

- المريض  
 مرافق مريض  
 زميل بنفس مستوى العمل  
 زميل بمستوى أعلى بالعمل  
 المسؤول  
 زميل من خارج المستشفى  
 غير ذلك حددي \_\_\_\_\_

7. حددي عمر المعتدي

- أقل من 18 سنة  
 19-39 سنة  
 40 - 59 سنة  
 أكثر من 60 سنة  
 لا أعلم

8. كان المعتدي تحت تأثير:

- مرض لأم  
 مواد مخدرة  
 الكحول  
 لا أعلم  
 لا أنكر  
 جهل وعيه  
 غير ذلك \_\_\_\_\_

9 ماذا كنت ردة فعلك؟ اختاري كل ما ينطبق

- لا شيء
- الطلب من المدعي التوقف
- إبلاغ صديقة أو أحد أفراد العائلة
- إبلاغ زميلة
- إبلاغ مسؤول
- طلب الاستشارة من المستشارة الإجتماعي
- طلب المساعدة من الأقران
- الانتقال من القسم
- ترقية نموذج التعرض لحادث
- الملاحظة الشخصية
- المطالبة بالتعويض
- غير ذلك حددي \_\_\_\_\_

فيما يلي قائمة بالمشاكل و التأثيرات التي قد تكون حدثت بعد ما واجهته من التحرش، لكل مما يلي يرجى الإجابة بوضع علامة لكل واحدة بشكل منفصل:

كثير جدا	كثيرا	متوسط	قليل	ابدا	التغير بعد التعرض للتحرش
					تكرراته أفكار أو صور متكررة للحادث
					تجنب التفكير بالحادث أو التحدث عنه وتجنب ما هو مرتبط به
					أن تكوني في حلة تأهب و حذر من الآخرين
					الشعور بأن ما كنت تقومين به كان يتطلب مجهود

### الجزء الثالث

- 1 هل لازال هناك مشاكل بسبب الصلات  نعم  أحيانا  لا
- 2 هل يمكن تفلاي أو منع التحرش في العمل؟  نعم  لا
- 3 هل تم اتخا إجراءات للتحقيق بأسباب التحرش؟  نعم  لا  لا أعلم

إذا كانت الإجابة نعم، أجبى عن السؤالين التاليين، إذا كان لا تفضلى إلى السؤال رقم 4  
3.1 من قام باتخاذ الإجراء؟

- مسؤولية مدير
- المستشفى
- النقابة
- الشرطة
- مؤسسة بحثية
- غير ذلك \_\_\_\_\_

3.2 ماهى العواقب التي لحقت بالمعدي؟

- لا شيء
- إقرار شفوي / مكتوب
- إقلاؤه من العمل
- إبلاغ الشرطة
- محفمة المدعى
- لا أعلم
- غير ذلك \_\_\_\_\_

4 هل قام زميل/ة أو مشرفة/ة أو مرشدة/ة اجتماعي بتوفير:

- الاستشارة  فرصة للتحدث عن الحدث  دعم آخر

5 ما مدى رضاك عن كيفية التعامل مع الحدث:

- راضية تماما  راضية  شعور محلول
- غير راضية  مستقلة

6. في حال عدم الإبلاغ أو التحدث عن التحرش للأدريين ، ماهي الأسباب؟ (مضاري كل ما ينطبق من أسباب)

لا يوجد أهمية للموضوع

الشعور بالخجل

الشعور بالذنب

الخوف من المواقف

لم أعرف لمن يجب الإبلاغ

لا فائدة من التبليغ

غير ذلك \_\_\_\_\_

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7. هل يوجد لوائح و قوانين او سياسة متبعة في المستشفى فيما يتعلق بالتحرش الجنسي:

نعم

لا

لا أعلم

8. هل يوجد مرشدة اجتماعية/ة للعاملين:

نعم

لا

9. هل سبق و تعرضت زميلة لك في العمل للتحرش الجنسي:

نعم

لا

دكتور بدير

مدير مستشفى ابن سينا

## Annex 1. 2: Approval of Ministry of Health

State of Palestine  
Ministry of Health - Nablus  
General Directorate of Education in Health



دولة فلسطين  
وزارة الصحة - نابلس  
الإدارة العامة للتعليم الصحي

Ref.: .....  
Date: .....

الرقم: ١٧٨٤/٢٠١٧  
التاريخ: ١٤/١٠/٢٠١٧

الأخ مدير عام الإدارة العامة للمستشفيات المحترم...  
الأخ مدير مجمع فلسطين الطبي المحترم...  
تحية واحترام...

الموضوع: تسهيل مهمة طلاب

يرجى تسهيل مهمة الطالبة: ميس فيصل ابو عصب - ماجستير السياسات والإدارة الصحية -  
جامعة القدس، في عمل بحث الماجستير بعنوان: 'Sexual Harassment against Female  
'Medical Workers in General Hospitals, West Bank and East Jerusalem'  
نذا يرجى تسهيل: ميسها في توزيع استبانة الدراسة على العاملات الصحيات (بعد أخذ موافقتين على  
المشاركة في البحث) وذلك في:

.....  
.....  
.....

علما بأنه سيتم الالتزام بمعايير البحث العلمي والحفاظ على سرية المعلومات.

مع الاحترام...



مدير عام التعليم الصحي

لسخة: عميد كلية الصحة العامة محترم/ جامعة القدس

P.O. Box: 14  
Tel/Fax: 09 2333901

ص.ب. ١٤  
09-2333901 :هاتف

## التحرش الجنسي بالعاملات في المستشفيات العامة في الضفة الغربية

إعداد: ميس فيصل عزالدين أبوعصب

إشراف: د. معتصم حمدان

### الملخص

يعتبر التحرش الجنسي أحد أكثر أنواع العنف شيوعاً ضد المرأة، موجود في جميع أنحاء العالم في مختلف الأوساط المهنية والثقافية. يعرّف البنك الدولي التحرش الجنسي بأنه أي فعل جنسي غير مرغوب به، أو طلب الحصول على منفعة جنسية، أو أي سلوك لفظي أو غير لفظي أو مادي ذي طبيعة جنسية يتداخل بشكل غير منطقي مع العمل، أو يصبح شرطاً للعمل، أو يخلق خوفاً أو عدائية أو بيئة مسيئة. هذا وتعتبر مشكلة التحرش الجنسي في مكان العمل انتهاكاً لحقوق الإنسان. وفقاً لجهاز الإحصاء الفلسطيني؛ ارتفع عدد النساء اللواتي انضمن للقوى العاملة من 10.3% في عام 2001 إلى 19% في عام 2017. و بالتالي ازداد تعرضهن للتحرش الجنسي في مكان العمل. عندما يتم التحرش بالمرأة في مكان العمل، هو لا يزعجها فقط، بل يخلق جواً من التوتر، مما يجعل العمل أكثر صعوبة وأقل إنتاجية. وبالعادة كثيراً ما تلوم المرأة نفسها وتشكك في تقديرها لذاتها في حال تعرضها لتحرش جنسي.

تهدف الدراسة إلى؛ توضيح مدى انتشار التحرش الجنسي في مكان العمل ضد العاملات في المستشفيات العامة في الضفة الغربية، ما هي العواقب المرتبطة به وأسبابه.

منهجية البحث؛ اتبعت الدراسة منهجية الوصف التحليلي المقطعي الذي شمل جميع العاملات في المستشفيات العامة في الضفة الغربية. احتوت الدراسة على 238 عاملة في المستشفيات شمال ووسط وجنوب الضفة الغربية موزعة بين (الممرضات، الطبيبات، العاملات في المهن الطبية المساندة وموظفات الاستقبال والإداريات) كل حسب نسبة تمثيله في المستشفى. لقد تم تطوير الاستبيان المستخدم بالبحث من استبيان منظمة الصحة العالمية ليُطابق منهجية البحث. و قد كانت نسبة الاستجابة 87%. جرى تحليل البيانات باستخدام برنامج SPSS.

خلصت الدراسة إلى أن معدل انتشار التحرش الجنسي بين المشاركات بالبحث (27.3%). أكثر أنواع التحرش الجنسي شيوعاً كانت التحرش اللفظي (44.6%). أما بالنسبة لمن قام بالتحرش فكانت (24.6%) من مرافقين المرضى و (21.5%) من زملاء بنفس المستوى الوظيفي.

ارتبط "نوع الوظيفة" و"سنوات الخبرة في نفس المستشفى" بشكل واضح مع التعرض للتحرش الجنسي. فكانت الممرضات معرضات للتحرش الجنسي أكثر بثلاث مرات من الطبيبات، أما فيما يتعلق بسنوات الخبرة فكانت الفئة التي عملت ما بين سنة وخمس سنوات أكثر عرضة للتحرش الجنسي بمرة ونصف عن اللواتي تجاوزت سنوات الخبرة لديهم العشر سنوات. وقد أشارت (44.5%) من المشاركات في البحث أن لا معرفة لديهن بسياسات المستشفى المتعلقة بالتحرش الجنسي، بينما أكد (41.6%) عدم وجود سياسات تتعلق بالتحرش الجنسي داخل المستشفى. كانت نسبة التبليغ عن التعرض للتحرش الجنسي (12.8%) أي ما يعادل 8 حالات فقط.

الاستنتاجات والتوصيات: كشفت الدراسة عن ارتفاع معدل التحرش الجنسي وسط العاملات بالمستشفيات العامة مقارنة مع الدراسات السابقة التي أجريت في الضفة الغربية. ومع ذلك كانت نسبة الإبلاغ عن حوادث التحرش الجنسي ضئيلة. مما يشير إلى الحاجة لسياسات واستراتيجيات فعالة للحد من التحرش الجنسي في أماكن العمل وعمل ورشات تهتم بالتوعية ضد التحرش الجنسي.