Workplace violence and drug use in women workers in a Peruvian Barrio

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Aim: This exploratory and descriptive study explored the relationship between workplace violence and drug use in women. It also explored the perception of women workers on the relationship between workplace violence and drug use.

Background: The World Health Organization and the United Nations recognize violence against women and have adopted a definition of it. The Centers for Disease Control and Prevention reports that violence in the workplace has increased 300% over the last decade. Alcohol misuse, occupation and gender are associated with aggression in the workplace. Estimations of the incidence of non-fatal injuries sustained because of workplace violence and evaluations of the associated risk factors have rarely been documented.

Methods: 125 women workers between the ages of 18 and 60 years were surveyed in four suburbs of Zapallal, Lima. Of the 125 women, 28.8% experienced violence in the workplace. Of the 36 women who had experienced violence in the workplace, 16 agreed to participate in interviews to explore their perceptions. The data were saturated with the 16 interviews.

Findings: Of the 125 workers surveyed 17.6% experienced verbal violence, 9.6% experienced physical violence, and 1.6% were sexually harassed in their workplace. Women who were verbally abused demonstrated eight times greater risk of drug use than those who did not experience this type of violence in their workplace.

Conclusion: This paper contributes to an understanding of the relationships among drug abuse, gender and the incidence of violence in the workplace; it documents the perception women have of these relationships; and it supports the development of programmes and strategies related to the prevention of workplace violence and drug consumption by women workers.

Keywords: Drug Use, Mixed Methods, Peru, Poverty, Violence, Women Workers

Introduction
The World Health Organization (WHO) has reported violence as a public health issue (Berlinguer 1999). Some of the factors that play an important role in the incidence of violence are alcohol and stimulating substances such as amphetamines and cocaine (Costa 2002; Organización Internacional del Trabajo 2002; Stark 1999).

The definition of violence against women made by the WHO provides a conceptual framework for programmes and research. According to this definition, violence against women is an act of gender that results in physical, sexual or psychological damage, including fist blows, slaps, piercing and beatings (WHO 2002).

Violence is extending to the workplace. The Centers for Disease Control and Prevention declares violence in the workplace to be a
national epidemic in the USA that has increased 300% in the last decade (Bureau of Justice Statistics 2001). The estimation of the incidence of non-fatal injuries by occupational acts of aggression and the evaluation of their associated risk factors have rarely been documented. Nevertheless, a few studies have reported how alcohol misuse, occupation and gender are associated with aggression in the workplace (Allen et al. 1997; Fagan 1990).

Some studies have shown that verbal and physical violence in the workplace are associated with alcohol use (Fagan 1990). The present research contributes to an understanding of the relationship between drug misuse and violence in the workplace and to the perception that women workers have of this phenomenon. Our purpose is to contribute to understanding the workplace situations, which cause or contribute to drug and alcohol misuse by women workers. In addition to building knowledge about root causes, our further purpose is to contribute to the development of programmes and strategies related to the prevention of both violence against women in the workplace and the prevention of drug consumption by women workers.

The Ministry of Work in Peru has generated temporary jobs for 6500 poor women since the Toledo government came into power (Centro de Información y Educación para la prevención del abuso de drogas 1997). Nevertheless, these temporary jobs are only micro-determinants, because unemployment and underemployment continue to increase. The number of informal businesses is growing, and it is common to see women in the streets selling products or services, all of them with innumerable risks to their physical and mental health, including violence. In addition, globalization affects these jobs and the whole economy, for example, in the case of trans-national companies settling in Peruvian society and using manual labour primarily in the service industry.

In Peru, there are currently no statistics about violence suffered by women in the workplace, but the problem exists. Zapallal is a geographical zone located in the district of Puente Piedra, a suburb of Lima. It is one of the areas of greatest poverty.

In this zone, there were at least 177 974 inhabitants (in 2004). Of this population, almost 50% were female (Reiss and Roth 1993). The population of the slums in this zone come from rural areas of Peru. They bring with them many cultural practices, among them, machismo, which is strongly tied to violence against women.

The hypotheses raised at the beginning of the present study are as follows: (1) women face working conditions that can be classified as violent, (2) drug consumption by women workers is related to situations of violence in the workplace, and (3) understanding women’s perception of their workplace in relation to drug consumption and to violence can help us understand the risk and protective factors.

### Design and method

Data for this study were gathered using a survey combined with in-depth interviews.

### Sample

We surveyed 125 women workers between 18 and 60 years old from four slums in Lima in January and February of 2004, who fulfilled the following criteria: (1) are of legal age and less than 60 years, (2) are willing to participate in the study, and (3) have no physical or mental disability. We surveyed all of the women in their houses, and we believe that we covered 90% of the total population of women workers that met the proposed criteria. Once the survey was completed, only those women who were victims of violence and who gave their informed consent were guided through in-depth interviews. Sixteen women workers who were victims of violence were interviewed, and data saturation was reached.

### Ethical considerations

Authorization was obtained for the execution of the investigation from the community leaders of each of the four slums. Informed consent was then obtained from the women workers who fulfilled the criteria, and, finally, a second informed consent was obtained from the women who were victims of violence for the in-depth interview.

### Instruments

The instruments used in the present research were the following:

1. Survey about workplace violence: The International Labour Office, among others, collaborated on this survey (International Labour Office et al. 2003), and it was adapted for the present research with the authorization of the authors.

2. Guide for in-depth interview: The researchers elaborated this instrument for the interviewer, so that they could manage the interview and obtain only the information required for the research. The instrument was comprised of 11 open-ended questions and permitted the interviewer to include other relevant questions.

### Data analysis

A database with the quantitative information was created using the statistical software SPSS 9.0 for Windows. As approximately 90% of the population was surveyed, estimations of the population parameters were made by identifying the upper and lower limits of the violence, according to type. Taking as a reference the 36 violence victims found, descriptive statistics were used to identify characteristics of the violence. The qualitative data were transcribed and analysed by manually coding and categorizing...
concepts, then similarities and differences in the concepts were identified.

Findings
Of the 125 women, 9.6% were victims of physical violence in the workplace, 17.6% of verbal abuse, and 1.6% of sexual harassment. The confidence interval oscillates from 9.1% to 10.1%, the verbal abuse interval from 17% to 18.2%, and the sexual harassment interval from 1.4% to 1.8% (Fig. 1).

When asked about the characteristics of the men and women who exerted aggression on women workers, 25% of the surveyed female violence victims declared that the aggressor was a client, patient, or relative of a client or patient. In smaller proportion were women housekeepers, women workers who stop to sell their products, and people running neighbouring stands, among others.

Over 90% of the cases of violence happened within the workplace. Only 10% of the women issued a complaint against or denounced the aggressor, whereas approximately 50% of the women did not take any action. Finally, over 50% of the women thought that the incident could have been prevented.

Several psycho-emotional problems were present in the workers after the violence. Victims of physical violence and sexual harassment relived their experiences in their memory or were disturbed by them. More than 60% of the women who suffered violence avoided speaking or thinking about the subject, and in equal proportion, they stated that they remain ‘super alert’ or careful in order to avoid the event happening again. When asked if they had support for recovery, the offer of counselling, an opportunity to speak of the event, or other support, in most cases, they answered ‘No’. Only 19% of the violated women investigated the cause of the violence. Action was taken by a relative, the husband, the patrons, and in some cases, the police. Twenty-five per cent of the aggressors received sanctions for their conduct. Nevertheless, more than 60% of the women either were not satisfied by the actions taken or preferred not to speak on the subject.

This table only displays a relationship between verbal abuse and illicit drug consumption ($P > 0.05$) and shows that the women who were victims of verbal violence were eight times more likely to consume illicit drugs than the women who were not victims of verbal violence (Table 1).

Toxic condition of the aggressor, social profile and forms of violence
The workers in this study report that aggressors can be ‘healthy’ or ‘drunkard’; they have been victims of aggressors in any condition. The aggressor might be a seller from a neighbouring stand, a boss, or one of the municipal agents who force the women from where they are selling: ‘sometimes those municipality guys don’t let us sell; they get mad and kick us off’ (E2: 39-year-old woman, seller

Table 1 Relationship between violence and drug consumption by women workers in four slums. Zapallal and Lima, Peru, February 2004. Yate’s correction has been used

<table>
<thead>
<tr>
<th>Violence</th>
<th>Yes</th>
<th>No</th>
<th>$\chi^2$</th>
<th>$P$</th>
<th>OR</th>
<th>IC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Physical</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Yes</td>
<td>5</td>
<td>7</td>
<td>0.26</td>
<td>0.61</td>
<td>0.61</td>
<td>0.16 &lt; OR &lt; 2.31</td>
</tr>
<tr>
<td>No</td>
<td>61</td>
<td>52</td>
<td></td>
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<tr>
<td>Verbal</td>
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<tr>
<td>Yes</td>
<td>1</td>
<td>21</td>
<td>8.80</td>
<td>0.003*</td>
<td>7.80</td>
<td>2.01 &lt; OR &lt; 30.26</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
<td>100</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Sexual</td>
<td></td>
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<tr>
<td>Harassment</td>
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<td></td>
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<tr>
<td>Yes</td>
<td>0</td>
<td>2</td>
<td>1.17</td>
<td>0.27</td>
<td>0.00</td>
<td>0.00 &lt; OR &lt; 70.53</td>
</tr>
<tr>
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<td>115</td>
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When using a sample, results are put into a ‘confidence interval’. A confidence interval indicates the probable proportion of the population in which the particular population parameter (workplace violence) occurs.
of salchipapa). However, those who exert violence on women while ‘drunk’, ‘dizzy’, or ‘on drugs’ could also be passers-by: ‘the buyers, who are drunk, they treat you bad’ (E15: 38-year-old woman, seller of groceries).

The women in this study recognize that different forms of violence exist: ‘a form of violence is when they shout or they beat, young lady, or sometimes when the bosses abuse their employees who . . . rest or when they don’t get paid’ (E15: 38-year-old woman, seller).

Vulnerable group
These women claim that women and children are groups vulnerable to violence: ‘the women and the children are more vulnerable’ (E2: 39-year-old woman, seller of salchipapa). Some of them refer to women as the ‘weak sex’ declaring: ‘we the women are at risk, the women are weak, they always fall’ (E4: 34-year-old woman, housekeeper); ‘anything that happens, we get scared’ (E15: 38-year-old woman, seller). Furthermore, they claim that young women, in particular, are exposed to sexual violence: ‘Women are more exposed to the violence, especially when the boss is a man; at least when she is young, she is harassed’ (E3: 35-year-old woman, fruit seller) or that women are abused because of their cultural formation: ‘women have not learned to defend themselves, have been bred the old way, with respect’ (E6: 49-year-old woman, fruit seller). Some women consider aggression against women to be something normal or typical of the work: ‘it’s typical that the maids get beaten’ (E14: 30-year-old woman, worker).

Reasons for violence
The women interviewed claimed several reasons for the violence against them: a woman is problematic because she does not arrive home early after work, because the aggressor envies her, because her progress at work is slow, because she does not make things the aggressor wants, or because she takes too long for her breaks. However, some of the subjects recognize that these are not reasons to attack women: ‘Really there are no reasons to shout or attack the woman; speaking is enough’ (E14: 30-year-old woman, worker).

Reactions and feelings regarding violence
Once women have become victims of violence, they can show diverse reactions. Some women do not give the incident much importance, because they consider it common: ‘I was displeased, but I didn’t pay attention to it, I didn’t give importance to it, God forgives worse things’ (E9: 41-year-old woman, seller of groceries). For others, the incident can shame them or cause others to look down on them. Alternatively, they may face the situation, in spite of the fear they feel: ‘I was working in a house as a maid and a relative of the mistress tried to touch me, which I didn’t accept and although I was scared, I faced him’ (E4: 34-year-old woman, housemaid).

Still others respond by seeking refuge in alcohol or sedatives, because they feel depressed or inferior: ‘in order to calm myself down – because my mother-in-law used to beat me, she spoke bad because my style of work – I bought small things for myself, it was more [for spite] . . . then I locked myself up in my room and drank a beer, then took diazepam 4 or 5 tablets, or 1 in the morning and 1 at night’ (E6: 49-year-old woman, fruit seller). Finally, others feel bitterness and inform on the aggressor or search for protection in other people: ‘I felt bitterness and I denounced him to a boss superior to him’ (E8: 32-year-old woman, public employee) (Fig. 2).

Discussion
Violence against women is a phenomenon of great preoccupation for society. One study in Oregon, USA showed the annual rate of violence in the workplace to be two out of every 100 employees. This study of 2028 workers, conducted between 1990 and 1997 also found that people younger than 35 years and female are the most often violated (Fagan 1990). In the present study, the women declare themselves a group vulnerable to violence: ‘women are the victims, they’re the weakest’ (E1: 28-year-old woman, seller of tamales); ‘we the women are in risk, the women are weak’ (E15: 38-year-old woman, seller).

An epidemiologic study about the magnitude of violence in the workplace among nurses in Minnesota, USA found that 39% experienced non-physical violence, and 13% experienced physical violence, with the main aggressors being patients (97%) and clients (67%) (Wright 2002). Most of the women in the present study must deal directly with their clients. It is probable that because clients pay for the service or product, they feel they have the authority to act violently towards the workers. Violent acts happen in some workplaces so frequently that they are considered ‘habitual incidents’, and women do not take any action: ‘it was not a problem, was a common incident. I just didn’t pay attention’ (E15: 38-year-old woman, seller); ‘it’s typical that the maids get beaten’ (E14: 30-year-old woman, worker).

It is important to remember that, historically, the entrance of women into the workplace has been characterized by marginalization, inequity and discrimination. However, it would be erroneous for women to accept these facts as necessary. Furthermore, because machismo is practised and often reinforced by women, it can be understood why women are the first to consider themselves weak, allowing others to attack them. Some women claim that they cannot defend themselves and that, in many cases, men can and must defend them: ‘I felt bitterness because the father of my

1 Citations from women interviewed are translated literally from the original Spanish.
son didn’t know [how] to protect me with authority that would help me’ (E6: 49-year-old woman, fruit seller).

In Peru, informal commerce and ambulatory retailing have increased remarkably and with them, the risks and insecurity of such activities. One of the risks of these activities is violence from an aggressor who is not known or recognized by the offended woman. Thus, denouncing such an aggressor would mean spending additional time and money, neither of which the woman can afford.

Only three women out of the total number who received aggression faced their aggressors. Others reported or accused the aggressor. Thus, it seems that gradually, women are defending themselves, although this often causes fear or shame: ‘I felt bitterness and I denounced him with a boss who was superior to him’ (E8: 32-year-old woman, public employee); ‘I was ashamed, I was in the middle of the street, but I told him to stop insulting me’ (E16: 39-year-old woman, seller of salchipapa).

Often, these traumatic events leave psycho-emotional consequences that are hard to surpass. In the present study, the women who suffered violence stated that they had problems such as memory disturbances. Others preferred not to speak or think about the subject, because unsettling feelings arose about violence. Some women expressed being ‘super alert’ in order to avoid the same event.

These women, who have experienced violence as described by the WHO, can show problems such as sleep disturbances, stress and depression. Many of the women have developed a depressive pattern and feel that they will not be like before: ‘The person cut my face with a knife and because of that I felt bad, inferior because my face was marked, I wasn’t happy anymore, nor would I return to be like before’ (E6: 49-year-old woman, fruit seller). Few of the women were satisfied with how their cases were solved, because although they consider some violent events to be common, they would nevertheless like to see sanctions imposed.

Drugs and violence in the workplace and the perception of women
The WHO has identified that alcohol and drug use are among the factors related to sexual violence and self-aggression (Wright 2002). The present research found a statistically significant association between illicit drug consumption and verbal violence \((P = 0.021)\). It also showed that women who have suffered verbal violence have eight times the probability of consuming illicit drugs than those who have not been victims of verbal violence. This exploratory finding, in one community, merits further
research into the relationship between workplace violence and women's drug use.

Some women report that it is not only experiencing violence that causes women to be at greater risk of consuming drugs, but also the fact that people under the effects of alcohol exert violence on them: 'the buyers who are drunk, they treat you bad' (E9: 41-year-old woman, seller of groceries); 'I don’t know what his problem was, what he could have seen, he stopped in front of me and he started insulting me, reasons I haven’t given him, he was drunk, I was ashamed' (E2: 39-year-old woman, seller of salchipapa).

Some acts of aggression are not carried out at the workplace but derive from it and from the consumption of substances: ‘I wasn’t supposed to arrive late at home after working, I couldn’t even stay to talk something with some friend because if I arrived late a few minutes, ay, ay, ay . . . my husband was bothered and he shouted me . . . – and where have you been – he said to me’ (E7: 44-year-old woman, worker).

It is remarkable that although the problems of drug consumption and workplace violence are not visible quantitatively, the testimonies reveal that an association exists between them and that this problem affects women in many ways. Likely, this problem is not visible because women who consume drugs, including alcohol, usually do so alone or in their houses (Secretaria de Salud de Mexico 2003). Another factor that affects the association among the workplace, violence and drug consumption is that work is not limited to a factory or an establishment but is present in all spaces, including the home. In the observed cases, violence occurs in the home but is incited by the workplace, perhaps because women often arrive home late and feel that they must respond to their roles of mother, wife and worker.

Abuse affects women’s health in different ways, because when a woman is exposed to a violent environment, it is less likely that she will make money from her work. At the same time, her mental health may be affected, and this may affect all the members of her family, because she is the one who directs the mood of the home. Finally, her self-esteem and self-concept are damaged, with the imminent deterioration of her physical health.

According to a critical-holistic model, it is necessary to include macro-determinants in the analysis: in this case, globalization, state policies, new enterprise markets and an information-based society (Observatorio Brazileiro de Informações Sobre Drogas 2002). However, as private investment is necessary to generate jobs, these macro-determinants must be considered with established rules of protection for the worker’s physical and psychological health. It is important to verify that preventive programmes exist for workplaces with more than 10 employees, because having fellow workers can have a negative influence on the consumption of alcohol and drugs.

In the same way, given that the informal sector is growing in Peru, local governments should propose strategies and programmes for citizen security, not only for the retailers and the sellers, but also for the buyers. If there are no restrictions on the amount robbed from or the level of aggression displayed to workers, there exists an infringement of the basic norms of respect and coexistence. At the level of micro-determinants, insecurity in Peru is an important subject, because unemployment and underemployment are linked to homicides, blackmails and kidnappings (not only of VIP’s, but also of traders or members of their families).

The preventive programmes on the topics of drug consumption and violence for women workers must include not only the abused women, but also the labour force, from the youngest to the veterans, as everyone in the workplace is affected. Finally, programmes must include counselling and education for those who, because of their work, have family or conjugal conflicts and, if possible, for the family, so that they understand the workplace. Counselling and education could take place at the home, or the workplace. It could include stress management techniques, information on how to search for help when violence is occurring and information on labour and human rights.

Conclusions

1 17.6 per cent of the 125 women workers sampled had been victims of verbal violence, 9.6% had experienced physical violence, and 1.6% had been sexually harassed in the workplace. Women who have suffered verbal violence have eight times the risk of consuming illicit drugs than women who have not been victims of verbal violence.

2 Women perceive themselves to be vulnerable to violence in the workplace. They also claim that women are weak and unable to defend themselves; nevertheless, some women report their case, although they feel frightened or ashamed.

Recommendations

1 It is recommended that the leaders of the health sector establish directed policies to offer women labour protection not only against violence, but also towards the reduction of licit and illicit drug consumption. These policies could be established with the active participation of the employers and of society in general, for those women whose workplace is the street or the houses of their employers.

2 It is recommended that employers institute preventive programmes in the workplace, mainly regarding verbal violence and drug consumption, in order to create a healthy environment for women workers that results not only in labour satisfaction, but also in the production and growth of economic and human capital.
It is recommended that women increase their awareness of protecting their own physical and mental health, including reducing drug consumption and knowing the risks of drug consumption. Women should be encouraged to follow healthy lifestyles and to find strategies to reduce workplace stress and manage violent situations in the best way, to limit the negative effects on their health.

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