

Violence, harassment and discrimination in the workplace

National working conditions surveys in recent years have highlighted a trend towards the increasing incidence of psychological health problems cited as the basis for work-related health problems.¹ Significant factors contributing to psychological ill-health and stress may include bullying or harassment, violence or the threat of violence, as well as various forms of discrimination. Research shows that, if left unchecked, these forms of behaviour can have damaging effects, not only on the individual well-being and performance of the person targeted but also on the collective psychosocial work environment and overall organisational and economic performance.

The small percentages reported for all of these issues reveal them to be the exception rather than the norm in the working lives of Europeans. One in 20 workers reports having been exposed to bullying and/or harassment in the previous 12-month period and a similar proportion reports having been exposed to violence;² only about one worker

in 100 reports experiencing discrimination in relation to religion, ethnic origin or sexual orientation. It should be pointed out, however, that selection bias may lead to underreporting for many of these categories. For instance, it could be the case that many workers subjected to serious instances of abuse (physical or psychological) or discrimination are no longer working and hence do not appear in the target population group 'persons in employment'.

It is also the case that certain forms of discrimination – for example, those related to religion, ethnic origin, sexual orientation and nationality – may only realistically apply to very limited subgroups from the survey sample belonging to specific minority groupings. The low overall incidence of these forms of discrimination tends to conceal a much higher incidence in the groups potentially affected. Therefore, figures relating to discrimination should be interpreted with caution.

Table 4.1: Incidence of violence, harassment and discrimination at work (%)

<i>Over the past 12 months, have you or have you not been personally subjected at work to:</i>	1995 EU15	2000 EU15	2005 EU25	2005 EU15	2001 NMS	2005 NMS	2001 AC2	2005 AC2
Threats of physical violence	-	-	6	6	-	5	-	4
Physical violence								
from people within workplace	4*	2	2	2	1	1	1	1
from people outside workplace		4	4	5	3	4	3	3
Physical violence either from people within or outside workplace **	4	5	5	6	3	4	4	4
Intimidation	8	9	-	-	7	-	7	-
Bullying and/or harassment	-	-	5	5	-	4	-	4
Sexual discrimination	2	2	1	1	1	1	<1	1
Unwanted sexual attention	2	2	2	2	2	2	2	1
Age discrimination	3	3	3	3	3	3	3	3
Nationality discrimination	1	1	1	1	<1	1	1	1
Ethnic discrimination	1	1	1	1	<1	1	1	1
Religious discrimination	-	-	1	1	-	<1	-	<1
Disability discrimination	1	1	<1	<1	1	<1	1	<1
Sexual orientation	-	<1	<1	<1	<1	<1	1	<1

* The two sub-questions were combined in 1995.

** A combined variable based on those answering 'Yes' to either Q29b or Q29c

¹ See, for example, the following reports from the Foundation: *Trends of quality of work in the Netherlands*, available at http://www.eurofound.europa.eu/ewco/surveys/NL0601SR01/NL0601SR01_7.htm and *Work-related disorders in Sweden* http://www.eurofound.europa.eu/ewco/surveys/SE0601SR01/SE0601SR01_3.htm

² Where the term 'physical violence' or 'violence' is used without any qualification, it refers to situations where a worker is exposed to violence from persons either inside or outside the workplace.

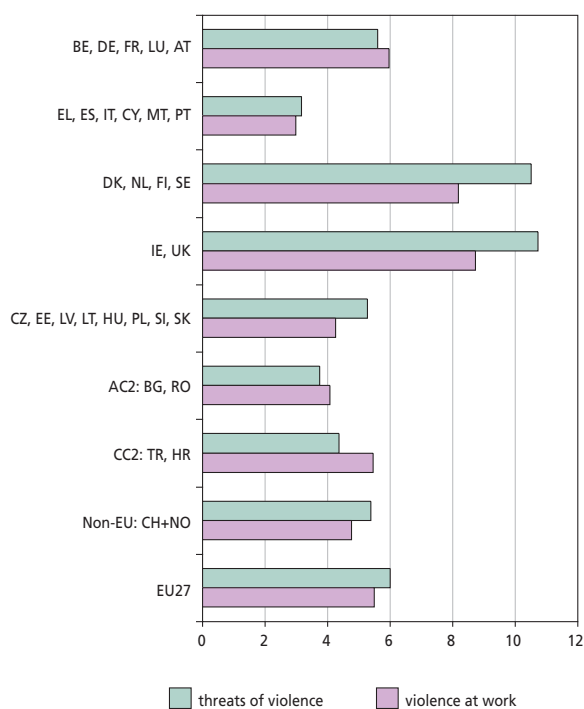
In terms of trends, the incidence of various forms of violence, harassment and discrimination at work has remained broadly stable over the last 10 years, although levels of exposure to violence appear to be increasing (from 4% to 6% over the period 1995–2005, in the EU15 only).

There have been changes in the phrasing of some questions. An existing question on exposure to ‘intimidation’ has been amended to refer instead to ‘bullying/harassment’ to reflect a growing consensus of usage based on these terms. A new sub-question on ‘threats of physical violence’ introduced in the 2005 survey indicated, not surprisingly, that a higher proportion of workers were exposed to such threats than to actual acts of violence.

Physical violence

Physical violence at work affects just a small proportion of the overall workforce: one in 20 workers (5%) overall reports having been personally subjected to violence either from fellow workers or from others. Higher-than-average levels are reported in the Netherlands (10%), France and the UK (both 9%) and Ireland (8%).

Figure 4.1: Workers subjected to violence or threats of violence, by country group (%)



In general, there is a higher reported incidence of exposure to violence, as well as to threats of violence, in the northern European Member States and a lower reported incidence in the southern Member States. There has been an increase in the level of physical violence in the period 1995–2005 (from 4% to 6%) in the EU15, which is consistent with findings at national level.³

More workers are affected by violence from people outside the workplace (4%) than from fellow workers (2%) – levels similar to those reported in 2000 (for the EU15). A slightly higher percentage of workers (6%) reports being subjected to threats of physical violence than to actual violent acts.

Neither sex nor employment nor contractual status appears to have a significant impact on exposure to violence, although there are substantial occupational and sectoral variations. In contrast to standard workplace physical risk exposures, white-collar workers are somewhat more exposed than blue-collar workers to risks related to violence, harassment and discrimination (6% compared to 4%).

Harassment

Two forms of harassment are examined in the survey: bullying and/or harassment⁴ and sexual harassment (‘unwanted sexual attention’).

Bullying and harassment

Around one in 20 (5%) workers reports having been subjected to bullying and harassment in the workplace in 2005. However, this low average figure conceals wide variations between countries, ranging from 17% in Finland and 12% in the Netherlands to 2% in Italy and Bulgaria. Such differences may reflect different levels of cultural awareness of, and sensitivity to, the issue as much as differences in actual incidence. Despite the change in wording of this question, it is worth noting that Finland and the Netherlands were also the two countries with the highest reported incidence of ‘intimidation’ in the 2000 survey, at 15% and 14% respectively.

Women are more subject to bullying and harassment (6%) than men (4%) and younger women are at greatest risk (8% of those under 30 years old). Employees (6%) are more susceptible than self-employed people (3%), while there are no notable differences according to employment status.

There are substantial differences in the incidence of

³ See, for example, the Foundation report *Violence, bullying and harassment in the workplace*, available online at <http://www.eurofound.europa.eu/ewco/reports/TN0406TR01/TN0406TR01.pdf>

⁴ This sub-question was reworded in this fourth survey to reflect the prevailing usage of the terms ‘bullying’ and/or ‘harassment’ to describe certain types of behaviour, in place of the term ‘intimidation’ which had been used in previous surveys. On the basis of the change in wording, it is inadvisable to draw any conclusions on trends.

Figure 4.2: Bullying and harassment, by sex and country (%)

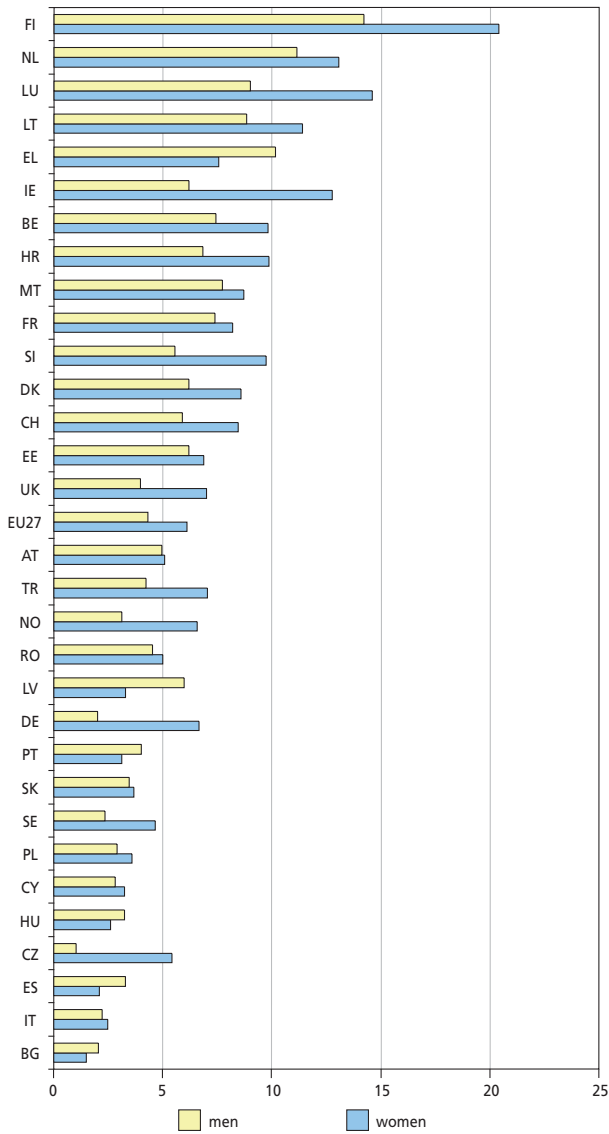
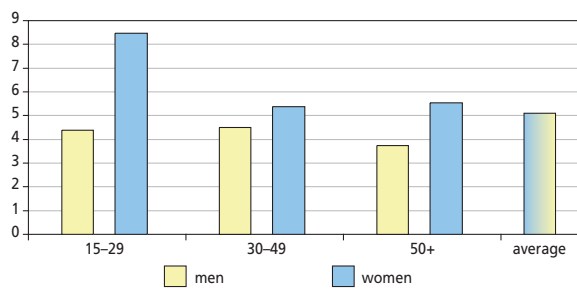
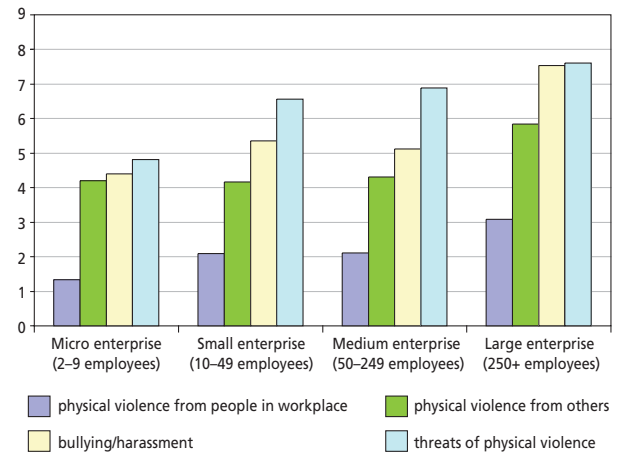


Figure 4.3: Bullying and harassment, by sex and age, EU27 (%)



bullying and harassment by company size: those working in larger establishments (over 250 workers) report the highest levels (8%). Sector is also an important variable, with workers in the education, health and social work, and hotels and restaurants sectors reporting higher-than-average incidences.

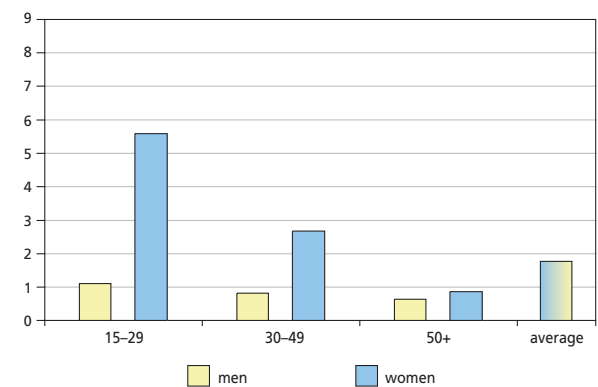
Figure 4.4: Violence and harassment, by company size, EU27 (%)



Sexual harassment

The incidence of sexual harassment, or unwanted sexual attention, is reported by fewer than 2% of respondents overall but affects three times as many female workers as male. Women in the Czech Republic (10%), Norway (7%), Turkey, Croatia, (6%), Denmark, Sweden, Lithuania and the UK (5%) are the most affected, while in some southern European countries the phenomenon is barely reported at all. Italy, Spain, Malta, Cyprus all have incidences of less than 1% overall.

Figure 4.5: Sexual harassment, by sex and age, EU27 (%)

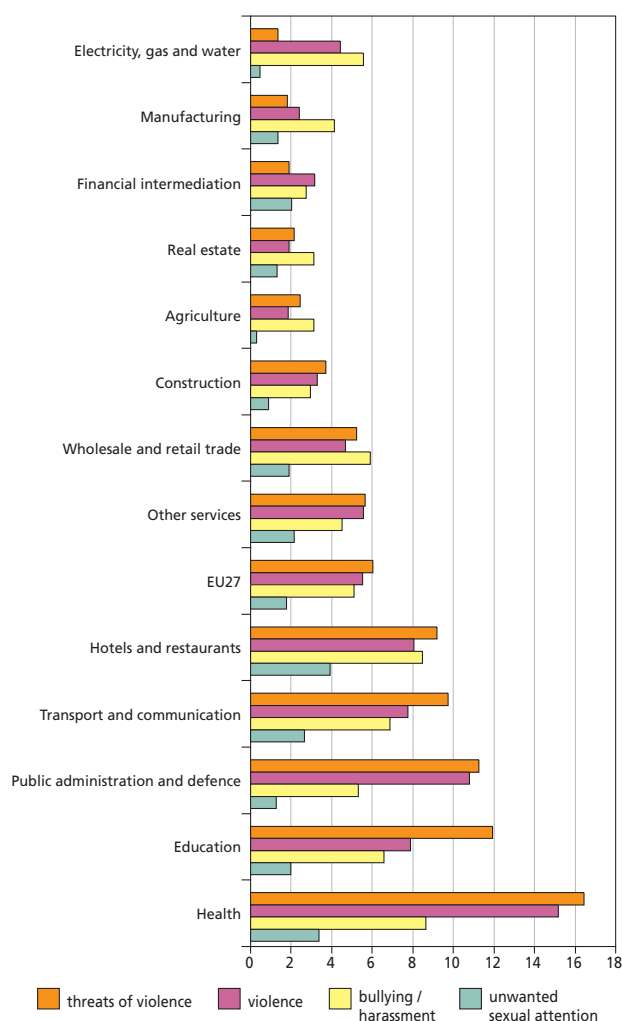


Again, the group most at risk is young women (under 30 years old), where the incidence rises to 6%. The rate is higher for employed workers than for self-employed, and in terms of contract status, women on fixed-term contracts or temporary agency workers report higher levels (5%) than those on indefinite contracts (2%).

Incidence of violence and harassment by sector and occupation

The survey reveals major sectoral differences in the incidence of violence and harassment. In many sectors where physical risks are high – agriculture, construction and

Figure 4.6: Level of violence and harassment, by sector, EU27 (%)



manufacturing – relatively low levels of violence and harassment are reported. The reverse is also true: in sectors where physical risks are low, high levels of exposure to psychosocial risk factors are reported. Workers in the health sector are eight times more likely to have experienced the threat of physical violence than workers in the manufacturing sector.

Significantly, these differences can be shown to exist across all the sub-questions related to psychosocial risks: exposure to physical violence, threat of violence, bullying and/or harassment and unwanted sexual attention.

The risk of experiencing both violence and harassment is greatest in the education and health sectors as well as the

public administration and defence sectors, with lower but still significantly above average levels in the transport and communication and hotel and restaurant sectors.

Given that the health and social work sector reports the highest incidence of any sector, it is unsurprising therefore that in occupational terms life science and health professionals and associate professionals (occupational categories including, for example, doctors, dentists, nurses, dental technicians, etc.) also report high levels of exposure to violence. A high level of occupational skill or specialisation does not appear to offer protection in this respect, as professionals are somewhat more affected than associate professionals.

Table 4.2: Violence at work: the most exposed sectors and occupations, EU27 (%)*

Sector	Occupation
Health and social work 15.2	Life science and health professionals 15.3
Land transport; transport via pipelines 11.5	Personal and protective services workers 14.6
Public administration and defence 10.8	Life science and health associate professionals 13.4
Hotels and restaurants 8.1	Drivers and mobile plant operators 9.5
Education 7.9	Customer services clerks 8.2
Other service activities 5.2	Teaching professionals 7.6

* Classification based on ISCO/NACE 2-digit codes; only sectors / occupations with N>500 included.

If the figures above are further analysed in terms of the two components of workplace violence – violence from fellow workers and violence from people outside the workforce – interesting differences show up both in the health and teaching professions between occupational levels. Professionals – those generally holding more senior positions – have a high level of exposure to violence from non-colleagues but comparatively low levels of exposure to violence from colleagues.⁵ For associate professionals in both professions, on the other hand, violence is as likely to be at the hands of people from their workplace as from people outside the workforce.

Overall, 6% of public sector workers report having experienced bullying or harassment compared to 4% of those working in the private sector. For each of the questions relating to violence in the workplace, public

⁵ Professionals (ISCO-88 major group 2) include occupations whose main tasks require a high level of professional knowledge and experience and generally education and training to university-degree level (e.g. medical doctors, secondary school teachers, etc). Technicians and associate professionals (ISCO-88 major group 3) include occupations whose main tasks require technical knowledge and experience with some post-secondary training but generally not to university-degree level (e.g. dental assistant). See the ILO's ISCO web site for more information (<http://www.ilo.org/public/english/bureau/stat/isco/isco88/index.htm>).

Figure 4.7: Exposure to violence in the health and education sectors, by occupational category, EU27 (%)



sector workers are more than twice as likely to have been subjected to threats of violence or actual violence as those in the private sector.

One reason why public sector workers are more affected by violence or the threat of violence at the workplace may be the higher level of interaction with people other than colleagues. Around half of the public-sector workers surveyed (50%) reported that their job involves dealing directly at least three quarters of the time with non-colleagues (i.e. customers, students, patients, etc.) compared to just 38% of private sector workers.

Discrimination

The survey assesses discrimination of different types: based on sex, ethnic background, age, nationality, religion, disability and sexual orientation. In general, levels of discrimination in the workplace are low – from less than 1% in relation to religion, ethnic background, sexual orientation and disability to 1% in relation to nationality or sex

Figure 4.8: Age discrimination by sex and age, EU27 (%)

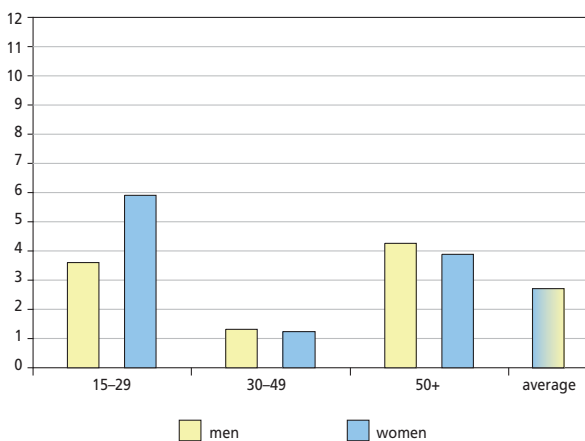
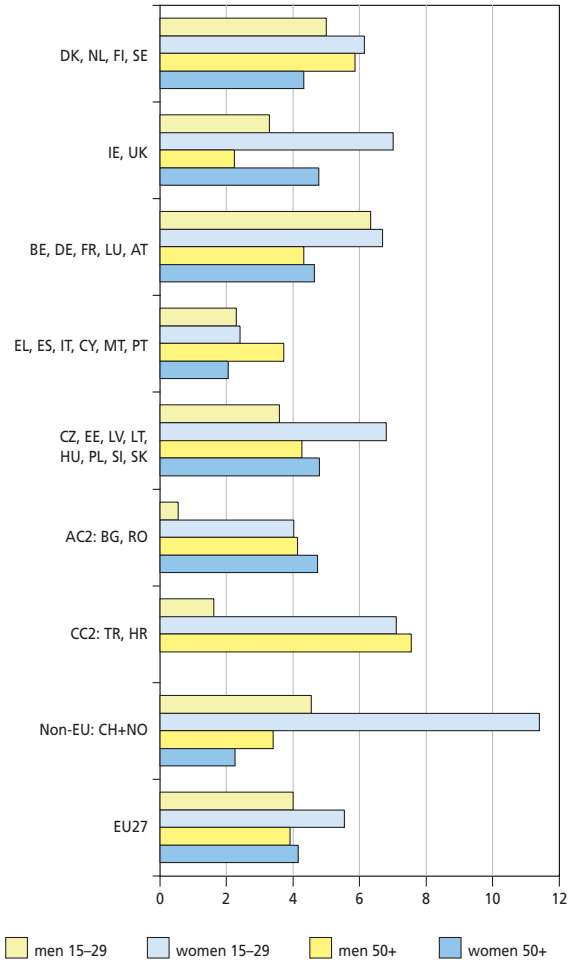


Figure 4.9: Age discrimination by age, sex and country group (%)



(although 2% of women and 4% of those under 30 years of age are affected). Levels have remained stable for all questions between 2000 and 2005.

Only discrimination related to age is reported by more than a marginal percentage of respondents (3%), varying from less than 1% in Spain to 6% in the Czech Republic. Interestingly, more respondents under 30 years of age (5%) report being subject to age discrimination than respondents over 50 (4%), with women under 30 years of age reporting the highest levels.

Looking at the incidence of age discrimination by country group reveals interesting variations by sex and in age groups most affected. In the Scandinavian countries and the Netherlands, there is little differentiation by sex or age in reported levels of age discrimination. In the UK and Ireland and in the eastern European countries, higher proportions of younger female workers are affected and this pattern is even more marked in the case of non-EU Member States Norway and Switzerland.

Impact of violence and harassment in the workplace

Those affected by violence or harassment in the workplace tend to report higher levels of work-related ill-health. What is especially noticeable from the survey is that the proportion of workers reporting symptoms of psychosocial factors, such as sleeping problems, anxiety and irritability, is nearly four times greater among those who have experienced violence or bullying and harassment as among those who have not. The negative impacts are not exclusively psychological or mental, however. It is also the case that a higher incidence of physiological symptoms, notably stomach ache, is reported by those subjected to bullying and harassment. And a much higher proportion of bullied workers suffer from multiple work-related health problems: 40% report being affected by six or more of the 17 symptoms indicated in the questionnaire, compared to a level of 15% in the working population as a whole.

Higher levels of stress are also reported, although the proportionate increase is not as great as for the four symptoms indicated in the figure below.

There is a similar correlation evident for the health impacts of being affected by violence and threats of violence at work. In each case, anxiety, irritability, sleeping problems and stomach ache are among the symptoms with the highest proportionate increase in incidence if compared to those not exposed.

Overall, 23% of workers report having been absent from work in the 12 months prior to the survey as a result of health problems. Taking into account only those who attribute at least a proportion of such absences to work-related causes (as distinct from general health problems unrelated to work), this percentage falls to 7%. It is clear from Figure 4.11 that those who are exposed to psychosocial risks are significantly more likely than the average to report absence due to work-related ill health. This is notably the case for those workers subjected to bullying and harassment; these workers also tend to have longer durations of work absence and are over-represented in that category of workers who took 60 days off in the previous 12 months due to work-related ill health. Again, it is important to point out that there is not necessarily a causal connection between incidences of bullying or

Figure 4.10: Health problems associated with bullying and harassment, EU27 (%)

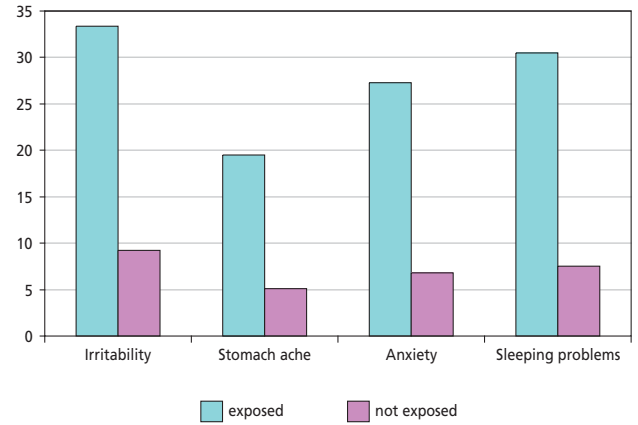
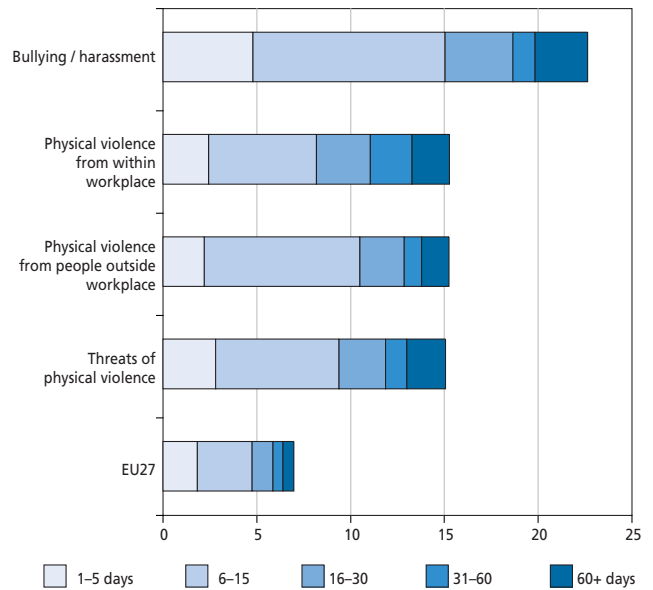


Figure 4.11 Proportion of workers absent and number of days absence due to work-related health problems (%)



violence and increased work-related sickness absence. It may be that these were just some among a number of contributing factors to the levels of absence attributable to (unspecified) work-related health problems of individual respondents.