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Résumé de l'article

Cette étude porte sur l'exposition des jeunes en emploi à trois formes de violence en milieu de travail : la menace ou la violence, le taxage et le harcèlement sexuel. Les données présentées ont trait à la prévalence de ces phénomènes, de même qu'à leur association possible à divers problèmes de santé. Ces données proviennent d'une étude de santé de la population en âge de travailler menée dans la région suédoise d'Östergötland en 1999 et basée sur un échantillon représentatif de la population (10 000, soit 4 % de la population et un taux de réponse de 63 %). Pour cette étude, seuls les femmes et les hommes âgés de 20 à 34 ans et en emploi ont été retenus, pour un total de 863 répondants, dont 54 % sont des hommes et 95 % sont nés en Suède ou dans une autre pays nordique.

Les données ont été colligées à l'aide d'une enquête postale par questionnaire auto-administré menée au printemps 1999. Le questionnaire contenait au total 171 questions, le plus souvent fermées, et portant à la fois sur des données démographiques, sociales, occupationnelles et de santé. La prévalence des diverses formes de violence au travail a été mesurée à la fois par tranche d'âge (trois catégories), par la durée du travail (complet ou partiel), les conditions d'embauche (à durée indéterminée ou autre), le type d'emploi (6 catégories) et la dominance d'un des deux sexes dans l'emploi (3 catégories). À l'intérieur de ces variables, une comparaison a été faite du niveau d'exposition des femmes et des hommes, catégorie par catégorie.

De plus, le lien entre l'exposition à chacun de ces phénomènes de violence et la santé a été mesuré à l'aide d'une batterie de questions standardisées (SF-36) servant à mesurer la perception que les individus ont de leur santé. L'instrument utilisé inclut 8 items (nommés santé générale, vitalité, santé mentale, douleur, fonction physique, rôle mental, rôle physique, fonction sociale). Pour chacun d'eux, un score de 0 à 100 a été créé, de la pire à la meilleure situation possible. La différence entre le score moyen des travailleurs exposés comparativement aux travailleurs non exposés a été mesurée, en distinguant selon la forme de violence et le sexe.

Les travailleurs interrogés étaient exposés à la menace et la violence plus fréquemment qu'au taxage ou au harcèlement sexuel, une différence encore plus prononcée chez les femmes. L'exposition à la menace et la violence était plus fréquente chez les plus jeunes et chez les hommes et les femmes du secteur de la santé et des services ou encore travaillant dans des emplois majoritairement occupés par les femmes. Chez ceux bénéficiant de conditions d'emploi relativement favorables, l'exposition entre hommes et femmes était plutôt comparable, mais lorsque les conditions de travail étaient précaires, les femmes étaient beaucoup plus exposées. Cela s'appliquait aussi, dans une certaine mesure, dans le cas de l'exposition au taxage. Enfin, le harcèlement sexuel apparaît être un problème beaucoup plus important chez les femmes.

De plus, les travailleurs et travailleuses exposés à la violence et à la menace et, plus encore, ceux exposés au taxage souffraient de divers problèmes de santé dans des proportions significativement plus grandes que ceux qui ne l'étaient pas.

Abusive Events at Work among Young Working Adults

Magnitude of the Problem and its Effect on Self-Rated Health

Marjan Vaez
Kerstin Ekberg
Lucie Laflamme

The study examines the incidence of abusive events at work and compares the self-rated health (SRH) assessments of young workers according to whether they have been victims or not. Subjects and materials were extracted from a data set covering the environmental and health conditions of the population of the Östergötland region in Sweden. The focus was on people in paid employment aged 20–34 years. It appears that threats or acts of violence are more common than are bullying or sexual harassment among young working people, in particular among women. Further, when working conditions are relatively precarious, both men and women are comparably exposed to threat and violence but when conditions are more stable, women are proportionally more exposed than men. Furthermore, the study shows that, although less common than threat and violence are, exposure to bullying is associated with several SRH disorders among both men and women in employment.

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The occurrence of abusive events at work, in forms such as assault, threat of assault, emotional abuse, bullying, and sexual assault or sexual harassment have received increasing attention in recent years, especially in North America (Schulte et al. 1998; Fisher and Gunnison 2001; Hesketh et al. 2003) and northern Europe (Salminen 1997; Kivimäki, Elovainio and Vahtera 2000; Arnetz and Arnetz 2001; Menckel and Viitasara 2002). Also, at least so far, the focus of attention has been on specific sectors and occupations, principally health-care employees, including municipal personnel in home and sheltered-residence services (Schulte et al. 1998; Kivimäki, Elovainio and Vahtera 2000; Arnetz and Arnetz 2001; Menckel and Viitasara 2002; Hesketh et al. 2003). To our knowledge, studies that consider employees from different sectors and various forms of violence simultaneously are few in number (Salminen 1997; Fisher and Gunnison 2001).

Sweden's labour-market survey for 2001 showed that 17.3% of employed women and 9.5% of employed men had been exposed to violence or threat of violence at some time during the immediately preceding twelve months (Swedish work environment authority 2003). During the same year, of approximately 26,500 occupational injuries and diseases reported, around 1,250 were causally linked in some way to bullying or harassment. Otherwise, we know that six out of ten reports of injury following violence or threat of violence come from the health-and-welfare sector (Swedish work environment authority 2003). Further, three-quarters of reports of bullying concern women (Swedish work environment authority 2003). Between 1998 and 2001, there was a major increase in the number of reported cases—of just over 60% among men, and close to 90% among women.

Abusive events at work have consequences for both the organization and the individual. The point has been made that work environments where abusive events take place are at disadvantage in a variety of respects, e.g. states of stress among employees, low productivity, lost work time (Tobin 2001), and reduced quality of work and/or care (Arnetz and Arnetz 2001). For individual victims, when not fatal, abusive events may lead to a reduction in health status and quality of life, e.g. through sickness absenteeism (Kivimäki, Elovainio and Vahtera 2000) or psychological disturbance, or with regard to other aspects of work. There may well be other kinds of symptoms, related to such exposures that are not captured in official health statistics.

Against this background, the primary aim of the current study was to assess the frequency of occurrence of abusive events at work among young working people in a Swedish region (Östergötland), according to both their work conditions and type of occupation. A subsidiary aim was to explore the extent to which exposures to different forms of abusive events is related to various physical and psychological self-assessed aspects of health. Three

types of abusive events at work are considered: threat or violence, bullying, and sexual harassment. Male and female workers are considered separately in all the analyses.

MATERIALS AND METHODS

Study Group

Subjects were extracted from a data set based on an early cross-sectional study containing information on a representative sample of individuals in the age range 20–74 years living in the Swedish region of Östergötland in 1999 (sample size: 10,000 = 4% of the region's population; response rate: 63%). For the current study, the focus was on males and females in paid employment, aged 20–34 years.

Data Source and Variables Considered

A self-administered questionnaire was distributed by post during the spring of 1999 to the above-mentioned sample. The instrument encompassed a total of 171 items, addressing individual demographic and social characteristics, place of residence, work conditions and job satisfaction, life-style, health status, and perceived quality of life.

The survey, conducted in 1999, was the second in a series of data collections carried out by the Centre for Public Health Science at Östergötland County Council. After two reminders, the response rate was 63%, all ages aggregated. The rate was slightly lower among young males than among young females. Among non-respondents, there were notable over-representations of the relatively poorly educated and people living alone. A total of 863 respondents met our selection criteria (i.e. being in the age range 20–34 and in employment), of which 54% were men, and 95% born in Sweden or another Nordic country.

Individual characteristics. The individual characteristics considered were as follows: sex (2 categories), age (3 categories), type of occupation (6 categories), and gender dominance in the occupation (3 categories: male-dominated, female-dominated, and comparable (roughly equal) proportions). Type of occupation is based on Sweden's National Labour Board's occupational classification (AMSYK), which offers a systematic listing and division of occupations for the registration of occupational affiliation. The basis for classification lies in job qualifications. Similarities between work content and qualifications determine the group to which any particular occupation will be allocated. Gender dominance with regard to occupation was categorized as "male-dominated," "female-dominated" and "equal

gender," and was assigned on the basis of the numbers of men and women in specific segments of the labour market. There are higher proportions of men than women in agriculture/forestry/fishing, the food industry, pulp/paper/printing, ceramics/rubber/plastic, engineering, other manufacturing industry, the construction industry, and transport/communication. Women are concentrated in the retail sector, education, health and welfare, and the social services. The sexes are more or less equally represented in the hotel and restaurant sector.

Other work-related variables considered were job contract (permanent, self-employed or temporary), and hours of work (full-time or part-time).

Abusive events. The questions concerning types of abusive events in the work environment (threats, violence, bullying and sexual harassment) read as follows: "During the last year have you been exposed to threats, violence, bullying or sexual harassment at work?" There were three alternative responses: 1 = Yes, often; 2 = Yes, occasionally; 3 = No. For the current study, exposures to threat or violence were merged so that any "Yes" response (i.e. either threat or violence) became a "Yes" for the aggregated item.

In general, bullying deals with internal relations between employees and relies on evidence of a persistent and repeated pattern of aggressive behaviours (Einarsen 1998). In contrast, workplace violence—and threat of violence—can occur both inside and outside the workplace and can be formed from an internal or external source and can be a single opportunistic incident. The concepts of workplace violence also include internal forms of abuse, threat and aggression (Bowie 1996).

Health status. Health status was measured using the SF-36 instrument (Ware and Sherbourne 1992), that includes one multi-item scale that assesses eight health concepts:

1. General health perceptions (general health)
2. Vitality, energy and fatigue (vitality)
3. Psychological distress and well-being (mental health)
4. Bodily pain (pain)
5. Limitations in physical activities because of health problems (physical function)
6. Limitations in usual activities because of emotional problems (role mental)
7. Limitations in usual activities because of physical problems (role physical)
8. Limitations in social activities because of physical or emotional problems (social function)

For each variable, item scores were coded, summed and transformed onto a scale ranging from 0 (worst possible health state as measured by the questionnaire) to 100 (best possible health state).

Data Processing

The incidence of each type of abusive event was computed by sex and according to age, type of employment, working schedule, occupation, and industrial sector. Differences in incidence (measured in percent) between the genders in the case of threat/violence and also with regard to bullying were measured and estimated with 95% confidence intervals (CIs). This was not possible in the case of sexual harassment because of low incidence among male respondents.

Thereafter, differences in the average level of self-rated health (SRH), for each item of SF-36 taken separately were measured for each gender, comparing exposed and non-exposed respondents. A series of t-tests were used for this purpose. Levene's test was used to examine equality of variances (significance level: $p < 0.05$) between exposed and non-exposed groups. Differences in average levels between exposed and non-exposed workers were considered only for female respondents in the case of sexual harassment.

RESULTS

The incidences of respondents reporting threat/violence or bullying are presented by gender in Table 1. The table reveals in the first instance that both threat and violence and bullying are significantly more frequent among female than male workers. Also, for both sexes, threats and violence are relatively more common among younger workers, those with part-time employment, those in the "service, care, sales" sectors, and in female-dominated occupations. Temporary employed people among male and female workers and even permanent employed ones among females are more at risk.

Here are several significant differences between male and female workers in the incidence of threat/violence. First, whereas women and men from the youngest age group are more exposed than those in the two older groups, females are significantly more exposed than male workers in the former groups (25–29 and 30–34 years). Also, exposure to threat and violence is more frequent for part time workers of both sexes but, interestingly, women are also exposed significantly more often than men among workers with a permanent job contract (16.7% and 6.6% respectively).

TABLE 1

Percentages of Employees who Experienced Threat/Violence or Bullying, by Demographic and Occupational Characteristics

	Threat/Violence			*Bullying*		
Characteristic	*Male %*	*Female %*	*Δ (95% CI)*	*Male %*	*Female %*	*Δ (95% CI)*
Total	7.6	17.3	−9.6 (−14.2; −4.2)	2.9	6.6	−3.7(−6.7; −0.3)
Age						
20–24	9.5	22.4	−12.9 (−26.0; 0.4)	3.2	—	—
25–29	6.3	15.4	−9.1 (−16.0; −1.4)	2.9	6.3	−3.4 (−8.2; 2.5)
30–34	8.1	17.6	−9.5 (−16.3; −1.9)	2.7	9.4	−6.7 (−1.2; −0.7)
Job contract						
Permanent	6.6	16.7	−10.1 (−15.6; −4.0)	2.8	8.3	−5.5 (−9.3; −0.8)
Self employed	10.3	8.3	2.0 (−25.9; 19.5)	—	—	—
Temporary	14.6	16.5	−1.9 (−15.9; 9.4)	6.5	4.2	2.3 (−5.1; 13.6)
Hours of work						
Full time	7.1	15.6	−8.5 (−13.5; −3.0)	3.0	7.2	−4.2 (−7.6; −0.02)
Part time	21.1	22.2	−1.1 (−24.5; 14.3)	—	5.1	—
Occupational group						
Management	7.1	11.1	−4.0 (−18.3; 18.3)	2.4	—	—
Work requiring theoretical skills	6.0	15.6	−9.6 (−16.9; −1.6)	1.3	8.3	−7.0 (−12.0; −0.6)
Office and customer service work	5.0	4.7	0.3 (−11.2; 19.3)	—	4.5	—
Service, care, and sales work	30.2	26.5	3.7 (−10−9; 20.2)	2.5	4.5	−2.0 (−13.0; 4.0)
Skills work within construction and manufacturing	2.2	—	—	4.3	7.1	−2.8 (−11.4; 21.6)
Process/machine operators and transport work	6.4	23.1	−16.7 (−30.2; 2.6)	4.5	14.8	−10.3 (−20.8; 7.6)
Sector						
Male-dominated	3.4	3.6	−0.2 (−4.4; 8.6)	5.0	3.6	1.4 (−7.6; 5.8)
Female-dominated	22.1	27.9	−5.8 (−18.8; 5.4)	1.5	8.4	−6.9 (− 14.3; 1.0)
Equal	8.9	14.8	−5.9 (.19.7; 7.03)	—	1.8	—

Women exposure is also spread over several occupational groups whereas that of men is more concentrated. Most exposed among both sexes are those found in "service, care and sales" work with no significant difference between genders. Significant differences between sexes, to the detriment of women are found among "work requiring theoretical skills" (15.6% and 6.0% respectively).

There are also important differences in the case of bullying. In particular, bullied women are more frequently found in the older age group (30–34 years), and in a significantly higher proportion than men of the same age (9.4% and 2.7% respectively). The proportion of bullied women is also significantly higher than that of men in what can be regarded as better employment conditions: permanent job contract (8.3% and 2.8% respectively), full time employment (7.2% and 3.0% respectively), and work requiring theoretical skills (8.3% and 1.3% respectively).

Table 2 shows proportions by characteristic for employed females exposed to sexual harassment. It reveals that harassment is not much associated to age group but is more frequent among the self-employed and female-dominated occupations. It is registered in all occupational groups but work requiring intellectual skills. We found few reported cases of sexual harassment among male respondents (n = 3).

Table 3 shows the means of respondents exposed to threat or violence and the differences between means (compared with the non-exposed) with regard to our measures of self-reported health (SRH), i.e. each of the eight scales in SF-36. Male and female respondents are considered separately. It can be stressed that the higher the mean, the higher SRH is. Significant differences in means are few and are found in energy/vitality ($\Delta = -11.8$) among men, and in pain ($\Delta = -9.8$) and role physical ($\Delta = -12.9$) among women, to the detriment of the victims in three all instances.

Table 4 shows the means of respondents exposed and non-exposed to bullying and the differences between means with regard to our measures of SRH (the eight items in SF–36). The average scores of male and female employees exposed to bullying are significantly lower for general health ($\Delta = -13.9$ and -20.7 respectively), energy/vitality ($\Delta = 18.9$ and 15.8), mental health ($\Delta = -18.9$ and -15.4), and social function ($\Delta = -13.0$ and -19.1). Among female victims, two additional aspects are affected: pain ($\Delta = -15.0$)—as was the case for female victims of threat and violence—and role mental ($\Delta = -22.1$).

A comparison between the health status of female employees exposed to sexual harassment and that of their non-exposed counterparts is presented in Table 5. The table shows that there are no significant differences on any of the eight items in SF-36.

TABLE 2

Percentages of Female Employees who Experienced Sexual Harassment by Demographic and Occupational Characteristics

Characteristic	*Sexual Harassment* %
Total	3.6
Age	
20–24	3.4
25–29	4.0
30–34	3.4
Job contract	
Permanent	2.5
Self employed	9.1
Temporary	4.2
Hours of work	
Full time	4.3
Part time	2.1
Occupational group	
Management	5.6
Work requiring theoretical skills	0.8
Office and customer service work	4.5
Service, care, and sales work	4.6
Skills work within construction and manufacturing	7.1
Process/machine operators and transport work	7.7
Total	3.6
Sector	
Male-dominated	1.8
Female-dominated	4.2
Equal	1.9

DISCUSSION

Principal Findings

The study shows that the forms of abusive events investigated here are unequally frequent in the population under study, namely young working people. Indeed, threat and violence occur more often than do bullying and sexual harassment. Further, when working conditions are relatively precarious (temporary job contract and part time hours), both men and women are comparably exposed to threat and violence but when conditions are more stable (full time and permanent employment), women

TABLE 3

Health Status of Respondents Exposed to Threat/Violence Compared with those Non-Exposed by Gender

	Males				*Females*			
SF 36	*Exposed (n = 35)*	*Non-exposed (n = 423)*	*Δ (95% CI)*	*P value*	*Exposed (n = 59)*	*Non-exposed (n = 277)*	*Δ (95% CI)*	*P value*
General health	79.2	82.1	−2.9 (−8.3; 2.5)	ns	77.7	80.3	−2.5 (−7.6; 2.6)	ns
Vitality	57.7	69.5	−11.8 (−20.1; −3.6)	***	62.5	65.4	−2.9 (−8.6; 2.8)	ns
Mental health	77.0	83.4	−6.4 (−13.3; 0.7)	ns	78.3	81.0	−2.7 (−7.1; 1.7)	ns
Pain	80.4	84.3	−3.9 (−10.9; 3.2)	ns	69.8	79.5	−9.8 (−16.2; −3.3)	**
Physical function	96.0	97.7	−1.7 (−4.7; 1.2)	ns	93.7	95.9	−2.2 (−5.2; 0.8)	ns
Role mental	87.6	91.5	−3.9 (−11.7; 3.9)	ns	88.9	87.1	1.8 (−5.8; 9.4)	ns
Role physical	87.9	92.3	−4.4 (−12.4; 3.5)	ns	77.2	90.1	−12.9 (−22.7; −3.1)	**
Social function	88.2	92.7	−4.5 (−9.7; 0.8)	ns	87.5	88.6	−1.1 (−6.5; 4.3)	ns

* $p < 0.05$; ** $p < 0.01$;*** $p < 0.001$

TABLE 4

Health Status of Respondents Exposed to Bullying Compared with those Non-Exposed by Gender

	Males				*Females*			
SF 36	*Exposed (n = 13)*	*Non-exposed (n = 442)*	*Δ (95% CI)*	*P value*	*Exposed (n = 22)*	*Non-exposed (n = 334)*	*Δ (95% CI)*	*P value*
General health	68.4	82.3	−13.9 (−22.5; −5.5)	**	60.2	80.9	−20.7 (−28.3; −13.1)	***
Vitality	50.4	69.3	−18.9 (−29; −8.6)	***	50.0	65.8	−15.8 (−24. −7.1)	***
Mental health	64.6	83.5	−18.9 (−26.8; −10.8)	***	66.0	81.4	−15.4 (−21.9; −8.9)	***
Pain	79.7	84.1	−4.4 (−15.6; 6.9)	ns	63.5	78.5	−15.0 (−24.9; −5.0)	***
Physical function	95.4	97.7	−2.3 (−5.9; 1.3)	ns	94.3	95.6	−1.3 (−5.2; 2.6)	ns
Role mental	75.0	91.9	−16.9 (−39.3; 5.6)	ns	66.7	88.8	−22.1 (−39.4; −4.9)	*
Role physical	83.3	92.4	−9.1 (−22.0; 4.00)	ns	77.3	88.7	−11.4 (−26.1; 3.3)	ns
Social function	79.8	92.8	−13. 0 (−21.2; −4.9)	**	70.5	89.6	−19.1 (−33.2; −5.1)	***

* $p < 0.05$; ** $p < 0.01$;*** $p < 0.001$

TABLE 5

Health Status of Respondents Exposed to Sexual Harassment Compared with those Non-Exposed

Females				
SF 36	*Exposed (n = 12)*	*Non-exposed (n = 318)*	*Δ (95% CI)*	*p value*
General health	76.5	79.8	−3.3 (−13.9; 7.1)	ns
Vitality	66.2	64.7	1.5 (−10.3; 13.3)	ns
Mental health	80.7	80.4	0.3 (−8.7; 9.2)	ns
Pain	79.8	77.5	2.3 (−11.2; 15.5)	ns
Physical function	95.8	95.5	0.3 (−5.0; 5.4)	ns
Role mental	91.7	87.0	4.6 (−10.8; 20.0)	ns
Role physical	93.8	87.7	6.1 (−9.2; 21.3)	ns
Social function	93.7	88.2	5.6 (−5.5; 16.6)	ns

* $p < 0.05$; ** $p < 0.01$;*** $p < 0.001$

are proportionally more exposed than men. Similarly, whereas exposure to threat and violence is, as expected, highest for both men and women among "service, care and sales workers"—with no significant difference between genders—women are significantly more exposed than men in "work requiring theoretical skills." In those occupations, women are also significantly more exposed than men to bullying. But bullying is, for them, more frequent when working as process/machine operators and transport workers, where they are not significantly more exposed than men. Sexual harassment at work affects almost exclusively females, and is mostly evident among the self-employed and in occupations within the categories "Process/machine operators and transport workers" and "skilled workers within construction and manufacturing."

Furthermore, the study shows that, although less common than threat and violence , exposure to bullying is associated with several SRH disorders among both young men and women in employment. Sex-based differences in self-assessments of health between victims and non-victims are indeed many and pronounced among male and female respondents. Male and female employees who have been exposed bullying have lower assessments than their unexposed counterparts with regard to general health, energy/vitality, mental health and social function. Women, in addition, have lower scores on pain and role mental.

In comparison with other studies, some of our findings are in accordance with the current state of knowledge about the distribution of abusive events

at work. In particular, threat/violence is more common in some sectors and among some groups of occupations, such as service and customer-service workers (Salminen 1997; Fisher and Gunnison 2001), and also more generally in female-dominated groups (Schulte et al. 1998; Kivimäki, Elovainio and Vahtera 2000; Menckel and Viitasara 2002; Hesketh et al. 2003). Other of our current findings, however, are relatively new and deserve consideration in future research. Specifically, for women, there seems to be an excess risk of threat/violence when employment conditions are precarious. In any attempt to reduce the occurrence of abusive events at work, for which strategies have been proposed elsewhere (Fisher and Gunnison 2001), or to counteract their negative effects, there is a need to pay attention to these possible risk factors (Schulte et al. 1998).

With regard to cases of sexual harassment, the highly specific distribution of the problem suggests that it involves more than a particular set of abusive events but represents a distinct phenomenon, with its own antecedents, sources, behaviours, responses and aftermaths (Hesketh et al. 2003).

An earlier survey of 1100 Finnish workers in a national health services community trust found that 42% of employees had witnessed bullying of co-workers. Those who had been bullied reported lower level of job satisfaction and higher levels of stress, depression and anxiety and they were also more likely to leave. Similar results have been found in children populations (Oldweus 1994). Kivimäki, Elovainio and Vahtera (2000) found that 5% reported bullying and that there was an association between bullying and an increase in the risk of medically certified sickness absence.

Limitations of the Study

The results of the current study are based on self-reports made voluntarily by young working people in a variety of occupations, and are not restricted to any particular group. In this sense, they can be regarded as informative with regard to the risk of threat or violence, bullying and sexual harassment encountered by young workers in general. But, since the study was based on people in employment at the time of data collection, its results cannot be generalized to the young work-force as a whole. Among other selection mechanisms, it is possible that non-respondents still in employment at time of data collection were more exposed than those who did respond, and also that they were in less good physical or mental shape than those who responded.

Another set of limitations of the study has to do with the content of the data-collection instrument. Conceived as a screening device, the questionnaire covered a wide variety of health disorders and abusive events at work, but it did not investigate any single one of them in depth. Nor did

it pay attention to the likelihood of repeated exposure to abusive events over time (although the reference period was rather long), or differentiate between acts that originate internally within a working organization and those with an external origin (Tobin 2001).

In the case of health status in general, it is possible that the study gives a somewhat brighter picture of the general health situation of young working people than actually is the case. In this context, the selection mechanisms mentioned above apply, and it should also be noted that the data at hand are based on what respondents have knowledge of and remember about various health disorders, not on their medical records. Recall bias can be particularly important when the reference period used is as long as one year.

Finally, as the study was designed, it is not possible to draw any firm conclusions concerning causal mechanisms underlying exposure to abusive events and mental or physical health deterioration.

Implication for Policy and Prevention

In spite of expectable under-reporting, there is accumulating evidence that a significant proportion of employees is likely to experience violence, bullying and sexual harassment at work. Whether these various phenomena are on the increase is uncertain but they are nonetheless persisting. Accepting the fact that such behaviours occur is a point of departure for dealing with them as workplace problems. Whereas employees from some sectors are more exposed than others, the problems have become a concern for governments and employer organizations in recent years.

Preventive strategies ought to be conceived. General ones could take the form of "non-acceptance" signals as those found in the Zero vision. This would imply the development and implementation of anti-threat-and-violence, anti-bullying and anti-sexual harassment policies and campaigns that inform employees—as well as clients or patients—that certain behaviours are not tolerated. Other—and complementary—approaches include the identification of subgroups who are at particular risk and of the risk factors that may contribute to workplace abusive events. In any instance, providing support for the victims will remain essential.

CONCLUSION

Abusive events at work are unequally common among young people at work and threat or violence is a greater problem than are bullying or sexual harassment. Whereas threat and violence affect both men and women in relatively good employment conditions—and to a comparable extent—when

employment conditions are precarious, women are significantly more exposed than men. Sex-based differences in self-assessments of health between victims and non-victims are few. By contrast, male and female workers bullied by their peers, though less frequent in proportion, appear to have a wider range of self-assessed health disorders. Selection mechanisms may come into play, and explain the relatively small differences otherwise observed.

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RÉSUMÉ

La violence au travail chez les jeunes adultes : l'importance du problème et ses effets sur la santé

Cette étude porte sur l'exposition des jeunes en emploi à trois formes de violence en milieu de travail : la menace ou la violence, le taxage et le harcèlement sexuel. Les données présentées ont trait à la prévalence de ces phénomènes, de même qu'à leur association possible à divers problèmes de santé. Ces données proviennent d'une étude de santé de la population en âge de travailler menée dans la région suédoise d'Östergötland en 1999 et basée sur un échantillon représentatif de la population (10 000, soit 4 % de la population et un taux de réponse de 63 %). Pour cette étude, seuls les femmes et les hommes âgés de 20 à 34 ans et en emploi ont été retenus, pour un total de 863 répondants, dont 54 % sont des hommes et 95 % sont nés en Suède ou dans une autre pays nordique.

Les données ont été colligées à l'aide d'une enquête postale par questionnaire auto-administré menée au printemps 1999. Le questionnaire contenait au total 171 questions, le plus souvent fermées, et portant à la fois sur des données démographiques, sociales, occupationnelles et de santé. La prévalence des diverses formes de violence au travail a été mesurée à la fois par tranche d'âge (trois catégories), par la durée du travail (complet ou partiel), les conditions d'embauche (à durée indéterminée ou autre), le type d'emploi (6 catégories) et la dominance d'un des deux sexes dans l'emploi (3 catégories). À l'intérieur de ces variables, une comparaison a été faite du niveau d'exposition des femmes et des hommes, catégorie par catégorie.

De plus, le lien entre l'exposition à chacun de ces phénomènes de violence et la santé a été mesuré à l'aide d'une batterie de questions standardisées (SF-36) servant à mesurer la perception que les individus ont de leur santé. L'instrument utilisé inclut 8 items (nommés santé générale, vitalité, santé mentale, douleur, fonction physique, rôle mental, rôle physique, fonction sociale). Pour chacun d'eux, un score de 0 à 100 a été créé, de la

pire à la meilleure situation possible. La différence entre le score moyen des travailleurs exposés comparativement aux travailleurs non exposés a été mesurée, en distinguant selon la forme de violence et le sexe.

Les travailleurs interrogés étaient exposés à la menace et la violence plus fréquemment qu'au taxage ou au harcèlement sexuel, une différence encore plus prononcée chez les femmes. L'exposition à la menace et la violence était plus fréquente chez les plus jeunes et chez les hommes et les femmes du secteur de la santé et des services ou encore travaillant dans des emplois majoritairement occupés par les femmes. Chez ceux bénéficiant de conditions d'emploi relativement favorables, l'exposition entre hommes et femmes était plutôt comparable, mais lorsque les conditions de travail étaient précaires, les femmes étaient beaucoup plus exposées. Cela s'appliquait aussi, dans une certaine mesure, dans le cas de l'exposition au taxage. Enfin, le harcèlement sexuel apparaît être un problème beaucoup plus important chez les femmes.

De plus, les travailleurs et travailleuses exposés à la violence et à la menace et, plus encore, ceux exposés au taxage souffraient de divers problèmes de santé dans des proportions significativement plus grandes que ceux qui ne l'étaient pas.