

**TASKFORCE ON THE PREVENTION AND MANAGEMENT  
OF VIOLENCE IN THE HEALTH WORKPLACE**

**DISCUSSION PAPER NO. 3**

**‘Internal’ Violence (or Bullying)  
and the Health Workforce**

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# **‘Internal’ Violence (or Bullying) and the Health Workforce**

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**T**his discussion paper is the third in a series produced for the *Taskforce on the Prevention and Management of Violence in the Health Workplace*. The first discussion paper focused on the patterns of occupational violence that have been reported in the published literature. The second discussion paper highlighted strategies that may reduce the risk of occupational violence, with detailed discussions provided on the ways that ‘situational crime prevention’ principles could be applied to health care sites, together with administrative procedures that support these.

This third discussion paper concentrates on ‘internal’ occupational violence. ‘Internal’ violence is committed by individuals who have, or have previously had, an employment relationship with the organisation. The incident may involve (a) a ‘one-off’ physical act of violence that results in a physical or emotional injury; or (b) some form of harassment or bullying that may continue over time. Although we recognise that there is a close overlap between bullying and sexual harassment, the latter has not been included in this paper as this topic is already well covered elsewhere, for example, the *Sexual Harassment Code of Practice* (2001) produced by the Australian Human Rights and Equal Opportunity Commission.

While most forms of ‘internal’ violence occur face-to-face, a telephone, email, or other mediums or activities may be deliberately used to harm victims. Sometimes multiple perpetrators may be involved with the events repeated over time to a succession of recipients. Such on-going *group patterns* of victimisation are commonly known as ‘mobbing’. For example, initiation rites that victimise young apprentices have been widely documented, as have ‘bastardisation’ rituals inflicted on some new recruits in the armed forces (Neales, 1997).

The different forms of ‘internal’ violence are known by various names. In the European Union [EU] and Australia, the term ‘bullying’ is in common use for lower-level violence, whereas in the United States (US) ‘harassment’, ‘mistreatment’ or ‘emotional abuse’ are preferred. The defining difference between bullying and physical violence is that bullies tend to repeat their behaviour (usually escalating over time), whereas physical violence may be a one-off event (Barling et al, 2001: 256). Hence physical violence has been termed ‘bullying’s big brother’

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(Keith, 2000: 9). An important debate that has not yet been fully resolved is whether bullying should be analysed as one of many forms of 'internal' violence, or whether it is a distinctive form. Similar debates have arisen over sexual harassment. Some authors prefer to separate bullying and physical violence through variable use of the terms aggression, bullying and violence (Barron, 2002; Neuman, 1998: 392). While superficially this appears to be a sensible proposition, definitional difficulties arise with threatening behaviours.

One of the arguments in favour of incorporating bullying within an overall violence prevention strategy is that these behaviours are frequently perpetrated at the same time as other forms of aggression, including sexual harassment and initiation rites. Further, inappropriately coercive behaviours often stem from the same causes as do other forms of occupational violence. Thus at the International Labour Office (ILO) bullying, sexual harassment and physical violence are all considered to be occupational violence (Chappell and Di Martino, 2000). Similarly, in a community survey of 600 Victorian people, Wallis (2001: i,6) reported that violence occurred on a continuum which at the lowest end involved teasing or belittling people, and at the other extreme intimidation or physical abuse which could result in police action. That is, violence is manifest on an escalating continuum of abuse, threats and physical violence. Thus in this discussion paper, we have accepted the approach that 'internal' violence is manifest in a range of ways along a continuum. We have also argued that holistic prevention strategies are the most effective interventions to reduce the risks of physical violence, threats and bullying in occupational settings.

## 1. Definitional issues

At the outset it is useful to list some of the definitions of 'internal' violence proposed by authoritative Australian sources:

The National Occupational Health and Safety Commission of Australia (NOHSC) has accepted a broad definition which includes 'internal', 'external' and 'client-initiated' **occupational violence**:

*'Occupational violence is the attempted or actual exercise by a person of any force so as to cause injury to a worker, including any threatening statement or behaviour which gives a worker reasonable cause to believe he or she is at risk'* (NOHSC, 1999: 1).

The Australian Public Service Commission has defined **workplace harassment** as:

*'... [B]ehaviour [that] is unwelcome, unsolicited, usually unreciprocated and usually (but not always) repeated. It makes the workplace or association with work unpleasant, humiliating or intimidating for the people or group targeted by this behaviour. It can make it difficult for effective work to be done'* (APSC, 1994: 1).

The Victorian WorkCover Authority is developing a *Code of Practice for the Prevention of Bullying and Violence in the Workplace* and has proposed the following definitions:

*‘Workplace bullying is repeated, unreasonable behaviour directed toward an employee, or group of employees, that creates a risk to health and safety. Within this definition:*

*“unreasonable behaviour” means behaviour that a reasonable person, having regard to all the circumstances, would expect to victimise, humiliate, undermine or threaten*

*“behaviour” includes actions of individuals or a group, and may involve using a system of work as a means of victimising, humiliating, undermining or threatening*

*“risk to health and safety” includes risk to the mental or physical health of the employee’ (VWA, 2001: 7; emphasis in original); and*

*‘Occupational violence is defined as any incident where an employee is physically attacked or threatened in the workplace. Within this definition:*

*“threat” means a statement or behaviour that causes a person to believe they are in danger of being physically attacked*

*“physical attack” means the direct or indirect application of force by a person to the body of, or to clothing or equipment worn by, another person, where that application creates a risk to health and safety’ (VWA, 2001: 10; emphasis in original).*

Others encourage the view that bullying should be defined by the recipient of the unwelcome behaviour.

*‘Bullying is defined as a situation where one or more persons persistently over a period of time, perceive themselves to be on the receiving end of negative actions from one or several others in a situation where the one at the receiving end has difficulties defending himself against these actions’ (Einarsen, 2001: 1).*

## **2. The incidence and severity of ‘internal’ violence**

It is difficult to estimate precisely the incidence and severity of all forms of ‘internal’ violence in Australia as comprehensive and unequivocal evidence does not exist. Comparative data drawn from studies in other parts of the world suggest the following.

### *Studies of ‘internal’ violence across industry sectors*

The European Foundation estimated that 2% of employees were subjected to *physical violence* from fellow employees (2000; cited Hoel et al, 2001: 15). Similarly both the European Parliament (2001: 9) and Chappell and Di Martino (2000: 33) for the International Labour Office reported that 4% of European employees had been subjected to physical violence over a 12-month period. Thus physical ‘internal’ violence is quite rare, and is likely to be experienced at most, at about 10% of the rate of bullying in general (Keashly, 2001: 233; Neuman, 1998: 395, 398).

*Verbal abuse and bullying* appear to be relatively common experiences across the industrialised world. A British study of 5,388 employees across the private, public and voluntary sectors reported a 10% incidence of bullying over a 6-month period (Hoel and Cooper, 2000). An Irish study reported that 23% of respondents had been victimised through bullying over a 12-month period (O'Moore, 2000). In the US state of Michigan, a survey of 930 employees reported that 27.2% had been 'mistreated' in the previous 12-month period (Keashly and Jagatic, 1999). Out of 7,787 Norwegian workers surveyed, it was reported that 8.6% had been bullied in the previous 6 months (Einarsen and Skogstad, 1996). Another Norwegian study estimated that 30% of males and 55% of females surveyed in a university environment had been subjected to some form of harassment over a 12-month period (Bjorkqvist et al, 1994). Chappell and Di Martino (2000: 35) for the International Labour Office reported that 8% of EU workers had been subjected to intimidation or bullying over a 12-month period. A recent European review of bullying across member states concluded that its' authors were: '*... on relatively safe ground when we conclude that at least 10% can be considered as being currently subjected to bullying*' (Hoel et al, 2001: 21). These patterns are in addition to other incidents of verbal and physical violence perpetrated by clients or other people external to the organisation (see Keashly, 2001: 234; Michelson, 2001: 1). As a result of these various studies, the European Parliament (2001: 5) accepted a baseline bullying incidence estimate of around 8% per year.

There has been little substantive research about the extent and severity of 'internal' violence in Australian workplaces, apart from McCarthy and colleagues at Griffith University who have conducted a series of research studies (McCarthy, 2001; Sheehan et al, 2001; Sheehan and Barker, 1998; McCarthy et al, 1996; McCarthy et al, 1995). The Job Watch organisation in Victoria has also collated a significant number of complaints of bullying from workers. One national poll reported that 35% of Australians had been verbally abused by a co-worker, and 31% by a manager at some time (Roy Morgan Research Centre, 1998: 1). A more recent community survey of 600 people in Victoria (which was designed to identify the potential role of VicHealth in reducing bullying) implied that bullying was endemic in Australian culture when they reported: '*... bullying is part of Australian culture, but few agree it should be ...*' (Wallis, 2001: i, see also Chappell and Di Martino, 2000: 53).

A number of overseas studies have identified that bullying behaviour tends to escalate in intensity over time to the extent that it may be experienced on a daily basis (Mayhew, 2000a; Einarsen and Skogstad, 1996: 197; Einarsen, 2001). The research findings which are available across a range of industry sectors in this country indicate that the incidence of bullying in Australia is at least comparable to the European estimates. It is also true, however, that when procedures for reporting inappropriate behaviour are implemented, there may be an apparent, rather than a real, increase in incidence (Queensland Workplace Bullying Taskforce, 2001: 13). In sum, an extrapolated baseline estimate is that around 10% of Australian workers may be subject to bullying and 2% to physical violence from supervisors or colleagues at any one time, although there may be significant variations between industry sectors.

### *'Internal' violence in health workplaces*

All the international research studies report that a significant level of 'internal' violence is experienced by health workers. A Norwegian study of 745 assistant nurses reported that 4.8% were currently being bullied and 8.4% had been previously bullied, with serious slander and silent hostility the most common forms of victimisation (Einarsen et al, 1998: 563). Another Norwegian study of psychiatric nurses reported that around 10% were bullied, badgered, harassed, teased or excluded by colleagues over a 12-month period (Matthiesen et al, 1989 cited Einarsen and Skogstad, 1996: 191). A survey of 1,100 NHS workers in south east Britain reported that 38% of employees had experienced one or more types of bullying in the previous 12-month period and 42% had witnessed the bullying of others (Quine, 1999: 228). Two US studies reported a higher incidence: a study of 175 registered nurses indicated that 64% had been verbally abused by a physician at least once every two months and a similar proportion had been yelled at or insulted; and in a fuller survey of 1,100 American nurses 97% had experienced verbal abuse (Einarsen et al, 1998: 564; Cox, 1987). One non-random study of 270 Tasmanian nurses reported that 30% were subjected on a daily or near-daily basis to aggression from nurse managers and colleagues which resulted in significant levels of distress (Farrell, 1999: 538).

There is a potential for 'internal' violence to escalate in intensity over time. Research among Norwegian assistant nurses, for example, reported that 30% of victims were bullied for a period greater than 2 years (Einarsen et al, 1998: 565). Nevertheless, much of this covert violence remains unrecognised as little is formally reported because of: '*... fear of retaliation, no faith in the complaints procedure, not realizing that they were victims of covert violence, lack of evidence and no confidence that they will be believed*' (Birman, 1999: 18). A similar low level of reporting was identified in one British nursing study that reported that only 28 of 250 nurses who had been verbally abused by colleagues had made a formal complaint (Cox, cited Birman, 1999: 18).

### *Gender, age and 'internal' violence*

Male dominated organisations have been reported to have higher levels of 'internal' violence, with an over-representation of males among the perpetrators (Michelson, 2001: 4; Einarsen and Skogstad 1996: 185; Einarsen, 1997). The majority of 'internal' violence appears to be perpetrated by superiors on subordinates; thus the gender imbalance in victimisation may simply reflect status differentials with males being concentrated in superior hierarchical positions (Cowie et al, 1999: 4; O'Moore et al, 1998: 572). In their study of 7,787 respondents, Einarsen and Skogstad (1996: 193) reported that 49% of perpetrators were male and 30% were female. McCarthy (2001) has argued that bullying between males is a factor that contributes to maintenance of the 'glass ceiling'; thus women who wish to break through the barriers need to emulate these behaviours rather than identify with more consensual and non-confrontational styles. McCarthy builds on the notion that violence is manifested through an escalating continuum of behaviours which reflects power relationships in both work and personal arrangements: '*... a predominantly male-orchestrated lineage of violence,*

*through domestic violence, sexual harassment, discrimination, and stalking*' (McCarthy, 2001: 1).

There is an over-representation of women as the victims of 'internal' violence (Michelson, 2001: 4; Wallis, 2001; Einarsen and Skogstad 1996: 185). The European Parliament (2001: 11) reported that 9% of women were subjected to bullying at work compared with 7% of males. Nevertheless, 21% of victims in one study were bullied by both genders (Einarsen and Skogstad, 1996: 193). Further, in at least one study: '*... women are bullied by both men and women whereas men tend to be bullied by men only ...*' (O'Moore et al, 1998: 572).

Within the health care system, nurses may be more at risk of 'internal' violence for three reasons. First, nurses are predominantly female. Second, nurses may be oppressed by physicians, administrators and by more senior nursing staff and colleague (Birman, 1999: 18). Third, nurses may perceive themselves to be comparatively powerless (ibid). The perpetrators of violence in health care workplaces are frequently reported to be nursing managers, colleagues, and physicians – in addition to the violence from patients and patients' relatives (Birman, 1999: 17). That is, as with other oppressed groups, frustration and aggression may be directed horizontally towards other members of the same group (Leap, cited Birman, 1999: 18). Hockley (1998) has provided some compelling insights into bullying in health care, and strongly recommends that the silence about women acting as bullies to other females must be broken. That is, there must be open acknowledgment of the possible existence of occupational violence: '*There are, therefore, good reasons to assume that bullying at work may be a significant part of female interaction, just as it is a documented part of male-male interaction and male-female interaction*' (Einarsen et al, 1998: 565).

On some health care sites, there may be widespread but covert pressures to *not* ask questions about the quality of client services (Jones and Arana, 1996: 593). In such cases, staff who openly question decisions or who make public comments may be victimised in some way. Similar tensions between workers have been noted in industry sectors when one employee challenges an established informal productivity limit (Neuman, 1998: 400). Further, in a period of staff shortages or significantly increased productivity demands, the ability of staff members to tolerate those who are underperforming (for whatever reason), or making repeated mistakes, may decrease significantly. While the evidence is scant, it may also be that older workers may be more commonly victimised, and may suffer a greater negative impact (Wallis, 2001: 31; O'Moore et al, 1998: 572; Einarsen, 2001: 2).

### *Reporting and non-reporting of 'internal' violence*

The existence and extent of bullying may not always be immediately obvious. Multiple factors may confuse the cause/effect pathway, and employment records may not for a range of reasons identify productivity and other losses that follow 'internal' violence:

- First, people who are victims of 'internal' violence may not report these behaviours for a range of reasons and may endure in silence while considering alternative job options

(Birman, 1999). While severe bullying has been reported to increase levels of absenteeism in a number of studies, many recipients prefer different coping strategies (Hoel et al, 2001: 31-32). Indeed, most do nothing (Keashly, 2001: 237). Non-reporting of 'internal' violence may be highest among those whose jobs are under threat or who believe their short-term contracts may not be renewed if they are perceived to be 'troublemakers' (Wallis, 2001: iii; Mayhew and Quinlan, 1999). In the recent Victorian community survey, 1 in 5 victims of bullying did not know what to do, or, perceived that there was nothing that could be done to improve the situation (Wallis, 2001: iii). It has also been reported that victims working in the health sector are generally less likely to report episodes or to take time off for any reason (Hoel et al, 2001: 31).

- Second, many of the common consequences of 'internal' violence are not immediately visible or 'reportable' in the early stages like, for example, depression (Birman, 1999). Bullying-related depression is likely to be further exacerbated if colleagues who witness harassment avoid involvement with the victim in order to insulate themselves from the bully.
- Third, perpetrators may perceive that their behaviour is acceptable if low-level 'internal' violence has been tolerated or ignored by senior management for some time (Brennan, 2001). Indeed, many managers may come to believe that bullying is the only way to get 'the best' out of their subordinates.

Even though 'internal' violence is not reliably reported, there are some key warning signs. These can include a high turnover of staff in a particular area, particularly among those who are different in some ways, for example, young workers in a predominantly older workforce, or among those of an ethnic minority, or females in a male-dominated professional group. Another warning sign is that victims of 'internal' violence may have an increased incidence of stress-related illnesses compared with non-victims (Speer, 1997: 10). Finally, many recipients may have very low self esteem, and may come to believe that a range of work problems are their own fault, especially when their performance deteriorates over time as the bullying activities escalate.

### **3. Patterns of 'internal' violence and positions in hierarchies**

Inappropriate coercive behaviour and overt violence can occur between people at different levels in a hierarchy, and incidents are not always a simple abuse of power from supervisors to subordinates. Thus while supervisors are reported to bully subordinates frequently, it is also true that employees can harass their supervisors, older workers can intimidate apprentices, males can terrorise young females, or members of one ethnic group can victimise a racial minority (Hoel et al, 2001: 25; Rayner, 1998). Further, it has been reported that many perpetrators adopt subtle and covert tactics (Keashly, 2001; Chappell and Di Martino, 2000: 13, 104; Workers' Health Centre, 1999; Neales, 1997; McCarthy et al, 1996; UNISON, 1996). However, it still appears to be more common for managers or supervisors to behave inappropriately towards their subordinates (Michelson, 2001: 4; Rayner, 1998: 582). In a British survey of 1,100 National Health Service (NHS) workers, the most common perpetrator

was a senior manager or line manager (54%), in 34% of cases the bully was at the same level, and in only 12% of cases was the perpetrator at a lower level (Quine, 1999: 322).

A core problem remains that it is often difficult to distinguish clearly between 'poor management' that contributes to a violent culture and inappropriate coercive behaviour. Thus, it is important to distinguish between legitimate supervisory activities (for example, comments on the work performance of subordinates) and inappropriate behaviours that are motivated by non-professional factors. This may be difficult at times. For example, some workers may be very sensitive to any negative appraisal and resist recognising where competencies need to be improved. Moreover, at higher hierarchical levels, bullying may mirror 'expected' behaviour where senior staff overtly stand up for their opinions to obtain results (Stephens and Marsden, 1998: 6). Such assertive verbal behaviours - which can be encouraged by hierarchical structures - have been titled 'robust' by the Queensland Workplace Bullying Taskforce (2001: 10). When faced with very assertive behaviours of this type, other staff may just back down to avoid contention. Unfortunately, inappropriate coercive behaviours may sometimes evolve unwittingly over time and the perpetrators may not be aware of the impact on the recipients. For example, some managers may be under the illusion that intimidation is the 'best way' to enhance the productivity of subordinate victims (Brennan, 2001: 17). McCarthy et al (1995: 6) describe this tendency as a '*... potential for sadism in the exercise of managerial prerogative*'.

Arguably the principal features of 'internal' violence which distinguish it from a 'poor' organisational culture are: (a) 'internal' violence usually arises from malicious intent rather than genuine attempts to enhance performance; (b) bullying behaviour is repeated and the incidents tend to escalate in intensity over time; but (c) one-off incidents of physical violence may still occur for a wide range of personal and organisational reasons, whether sanctioned or not, and are rarely directed to improvement in performance. In contrast, legitimate feedback is usually directed to assist improvement in work deficiencies or to improve inappropriate behaviour (Queensland Workplace Bullying Taskforce, 2001: 28; APSC, 1994: 3).

Much of the physical 'internal' violence has been reported to occur between co-workers and peers (Cowie et al, 1999: 4; Neuman, 1998: 398; Einarsen and Skogstad, 1996: 192). For example, across all victims of 'internal' violence in a Norwegian study, 54% were bullied by co-workers at the same organisational level as themselves, with the majority bullied by more than one person (Einarsen and Skogstad, 1996: 192). Similarly, the assistant nurses in another study were predominantly victimised by female co-workers (Einarsen et al, 1998: 566). Yet as Kenny (2002: 84) notes, sometimes the contribution of co-workers to a continuum of violence can be subtle and covert, for example, invading another's personal space. '*Victims reported superiors as bullies as often as they reported colleagues as their tormentor(s)*' (Einarsen and Skogstad, 1996: 185). Importantly, silence on the part of the victim does not amount to consent to the inappropriate conduct (MacDermott, 2001: 3). Co-workers may also be overtly or covertly pressured by the bully to avoid association with the victim, or, colleagues may simply wish to avoid drawing attention to themselves in case they become the next victim. As a

result, victims of 'internal' violence are often socially isolated, 'shunned' and excluded. Stephens and Marsden (1998: 9) likened this strategy to the traditional Indigenous Australian practice of being 'sung'.

A common theme in the literature is that the victim of 'internal' violence is unable to defend him or herself against the perpetrator (Einarsen, 2001, and N.D.; Michelson, 2001: 1). This is particularly true in situations where degrading activities are sustained over time and/or perpetrated by multiple aggressors as, for example, during violent or degrading initiation rites. These inappropriate behaviours by other employees towards apprentices was historically common, and continue even today. Many employee perpetrators who have intimidated apprentices were themselves subject to initiation rites early in their working lives (Job Watch, 1999).

The targets of bullies are usually more attractive, confident, successful, qualified or popular than are the perpetrators (Gaymer, 1999: 12; Wallis, 2001). The victims of 'internal' violence have also been frequently described as 'different' in some way to others who are not the recipients of inappropriate behaviour (Wallis, 2001: iv). For example, it was reported in one study that recipients tended to be more submissive, introverted and non-controversial than were non-victims, and were also typically more conscientious (Coyne et al, 2000). This finding is likely to be a consequence, rather than a cause, of bullying. The vast majority of studies have reported that submissive personality characteristics – together with inappropriate coping strategies such as excessive alcohol consumption - emerge following 'internal' violence rather than as the precursor to bullying (Hoel et al, 2001: 29; Coyne et al, 2000). That is, the experience of 'internal' violence enhances the likelihood that workers will emotionally withdraw from others in the workplace.

The British National Health Service (NHS) survey of 494 people indicated that those of a different racial origin were at increased risk of harassment with 46.2% experiencing it over a 12-month period, and those in front-line health care jobs being at greatest risk (Lemos and Crane, 2000: 6). An unmanaged increase in the diversity of workers from different ethnic backgrounds has been reported to heighten tensions within organisations, producing difficulties in interpersonal communication and leading to mutual stereotyping (Kenny, 2002: 83; Wallis, 2001: 17; Neuman, 1998: 400). Positive equal opportunity provisions may also be misinterpreted and contribute to resentments among those who believe that they have been unfairly passed over (Mullen, 1997: 25). The risks may be heightened by cultural and religious beliefs and result in mistreatment or sexual harassment as well as bullying behaviours (Hoel et al, 2001: 8; Chappell and Di Martino, 2000: 53-58).

#### **4. The contribution of organisational culture to the risk of 'internal' violence**

The existence of 'internal' violence, and of violence prevention strategies, does not occur independently of organisational policies, activities, pressures and reward systems. A recognition

of this inter-dependence of functions within an organisation is of crucial importance when ‘internal’ violence prevention strategies are being adopted. It needs to be acknowledged that:

*‘... every act has an effect on every other act, and that each organizational function is part of an interconnected system. In a learning organization, people strive to understand why something has gone wrong by looking at the entire interconnected system of events and decisions. In contrast, in a poorly functioning organization, every misfortune or setback is followed by a search for someone or something to blame ... In a systems theory analysis, one would examine the faulty systems for communication, prevention and decision-making that allowed these conditions to prevail’* (Braverman, 2002: 116).

Thus every incident along the continuum of violence is the outcome of a series of events or pressures (Braverman, 2002: 118). Organisational culture and particular management styles can influence the potential for ‘internal’ violence. In some cases, violence may be the final outcome following a series of events (Kenny, 2002: 81). Economic pressures, increased commercial competition, downsizing, restructuring and/or work intensification may all affect the scale of stress and violence (Kenny, 2002: 82; Hoel et al, 2001: 7). The European Parliament (2001: 6) has also reported that there is a close link between ‘internal’ violence and work stress associated with greater competition, reduced job security and precarious employment. Rigid hierarchical structures with marked supervisor/employee divisions can exacerbate divisions and foster a ‘them and us’ culture which further increases the risk of violence. It has also been reported that a payment structure with performance-based rewards, a labour market environment with restricted alternative employment options, and workers with a strong sense of entitlement who feel discriminated against may be associated with increased risks (Randall, 1997: 50-53; Mullen, 1997: 23-24; Witkowski, 1995: 216; Seger, 1993: 140). All of these pressures may result in a culture where increased levels of ‘internal’ violence are used as an outlet for frustration and anger following repeated stressful interactions and perceptions of powerlessness (Brennan, 2001; Hoel et al, 2001: 15).

*‘An organization under stress will exhibit breakdowns in communication, poor judgement by leadership and poorly co-ordinated or non-existent response to crisis situations. These organizational failures increase the risk that violence from individuals will occur’* (Braverman, 2002: 119).

In the United States, that nation’s Postal Service has historically been cited as having a ‘high risk’ organisational culture (Witkowski, 1995: 216). However, it has been reported that the tendencies to violence in this organisation have been diminished in recent times through increased democratisation and reduced supervision (Cabral, 1996: 308). Similarly Jones and Arana (1996: 592) have argued that in the health care sector: *‘... coaching employees to be able to admit mistakes as they change and grow can do much to resolve the collective depression in an organization’*.

Management toleration of any form of ‘internal’ violence may increase the risks. For example, a ‘culture of denial’ of internal violence may exist at the same time that ‘horseplay’ or practical jokes are tolerated; all of which may contribute to a culture where intimidatory behaviour is normalised (WCBBC, 1995: 8). A number of other explanations of organisational inaction have been suggested, including that the perpetrator may be the ‘golden boy or girl’, the owner/manager may be the bully, and the organisation may be unaware of patterns of abuse (Michelson, 2001: 7).

*‘When harassment, intimidation, and unjust discipline are embedded in a rigid management style, adversarial and stressful relationships between workers and managers result. Work environments in which these types of negative relationships endure have a higher risk of internecine workplace violence’* (Cabral, 1996: 304).

If an organisation does not treat victims’ experiences seriously and deal with offensive behaviour promptly and adequately, it is essentially colluding with the perpetrator (Keashly, 2001: 237). *‘Organizations that are likely to tolerate one form of employee mistreatment are [also] equally likely to tolerate the other’* (Barling et al, 2001: 264). Further, by tolerating low-level aggression, the organisation is preventing resolution of the situation (Keashly, 2001: 255). The common pattern in such situations is for the bullying to be a long-term process, with a stigma thus placed on the recipient, and eventually the victim being seen as the ‘problem’ or a troublemaker rather than the perpetrator (Einarsen, N.D.: 3). In such cases, a common outcome is for the victim to be abused significantly and to have elevated levels of stress (Keashly, 2001: 237). For example, it has been reported by the European Parliament that managers have supported perpetrators – rather than victims – in up to 42% of cases, with only 7% of bullies moved from their jobs (European Parliament, 2001: 21). As a result, the prejudices promoted by the offender are believed and accepted, and the victim is expelled by one means or another. The perpetrator may then select a fresh victim (Einarsen, 2001). One author has described this toleration of bullying within an organisation as a ‘systemic failure’ (Tidwell, 1998: 590).

## **5. Warning signs of an escalating pattern of ‘internal’ violence**

A number of authors have detailed a range of strategies adopted by the perpetrators of ‘internal’ violence. In the discussion below, some of these tactics and warning signs of ‘internal’ violence are listed in order of an escalating pattern of severity.

### *(a) Covert violence*

- In the very early stages, aggressive perpetrators may only engage in covert bullying through, for example, errors of omission. This makes it difficult for the target to identify unambiguously the behaviour as abuse (Keashly, 2001: 235; Einarsen, 2001). These covert forms of lower-level violence are very common - particularly passive aggression (Einarsen et al, 1998: 566). *‘The covert nature of these acts is what makes their use so appealing to potential aggressors. By using such covert tactics, they may maximize*

*the harm done to intended victims while minimizing the danger to themselves'* (Neuman, 1998: 396). Keashly (2001: 236) reported that in this early stage, victims identified the behaviour as bullying only when acts were repeated, involved deliberate intent, or resulted in a negative emotional impact. *'Thus, negative behaviours are experienced as abusive when they contravene, undermine, or appear to ignore the integrity and competency of the target'* (Keashly, 2001: 250).

(b) *Low-level violence*: inappropriate managerial/supervisory behaviours along the continuum of violence may include:

- Verbal abuse, including swearing excessively or sexually explicit language (Brennan, 2001; Keashly, 2001: 242; Wallis, 2001: 17; Chappell and Di Martino, 2000: 13; Lemos and Crane, 2000: 6; Birman, 1999: 17; Farrell, 1999; Einarsen et al, 1998; Neuman, 1998: 394; Stephens and Marsden, 1998: 2; USOPM, 1998: 17; Davis, 1997: 11; McCarthy et al, 1995: vi)
- Repeatedly invading another's personal space (Kenny, 2002: 84)
- Attribution of any interpersonal difficulties to 'personality conflicts' between the perpetrator and victim. Such attributions are also frequently accepted by organisations as excuses to do nothing (Keashly, 2001: 255)
- Fabrication and spreading of malicious rumours about others (Kenny, 2002: 79; Brennan, 2001; Hoel et al, 2001: 19; Keashly, 2001: 243; Michelson, 2001: 2; Wallis, 2001: 20; Chappell and Di Martino, 2000: 13; Birman, 1999: 17; Neuman, 1998: 394; Stephens and Marsden, 1998: 2; McCarthy et al, 1995: vi)
- Displaying offensive or degrading material (Brennan, 2001)
- Unprovoked outbursts of anger and repeated arguments (Kenny, 2002: 79; Keashly, 2001: 242; Neuman, 1998: 394; USOPM, 1998: 17; Davis, 1997: 11)
- A cycle of praise and blame with the aim of unsettling workers (Stephens and Marsden, 1998: 7).
- Covert threats and harassment (Kenny, 2002: 79; Keashly, 2001: 242-245; Lemos and Crane, 2000; Stephens and Marsden, 1998: 2; Rayner and Hoel, 1997; McCarthy et al, 1995: vi)
- Denigration of victims, including inappropriate comments about lifestyle or appearance (Brennan, 2001; Keashly, 2001: 242; Michelson, 2001: 2; Chappell and Di Martino, 2000: 13; Hoel et al, 2001: 19; Wallis, 2001: i; Birman, 1999: 17; Cowie et al, 1999; Farrell, 1999; Einarsen et al, 1998; Stephens and Marsden, 1998: 9; Davis, 1997: 11; Rayner and Hoel, 1997; McCarthy et al, 1995: vi)
- Removal of responsibilities of victim and replacement with trivial tasks (Hoel et al, 2001; McCarthy et al, 1995: vi)
- Undermining of work performance through withholding of resources, information or appropriate supports (Hoel et al, 2001: 19; Keashly, 2001: 244; Michelson, 2001: 3; Neuman, 1998: 394; Stephens and Marsden, 1998: 2; Rayner and Hoel, 1997; McCarthy et al, 1995: vi)

- Deliberately setting out to make competent victims appear incompetent (Keashly, 2001: 242; Birman, 1999: 17; Einarsen et al, 1998; McCarthy et al, 1995: vi)
- Enforcing work on meaningless tasks, sometimes with repeated and unexplained changes (Michelson, 2001: 2; Cowie et al, 1999; Stephens and Marsden, 1998; Rayner and Hoel, 1997)
- Monopolising 'in-group' workers to encourage dependence (Coyne et al, 2000)
- Isolation and exclusion of victims from normal interactions and opportunities (Brennan, 2001; Hoel et al, 2001: 19; Keashly, 2001: 245; Michelson, 2001: 3; Wallis, 2001: 17; Lemos and Crane, 2000: 7; Keashly and Jagatic, 1999; Einarsen et al, 1998; Neuman, 1998: 396; Stephens and Marsden, 1998: 2, 9; Rayner and Hoel, 1997; McCarthy et al, 1995: vi)
- Making victims the brunt of practical jokes (Brennan, 2001; Wallis, 2001: i; Lemos and Crane, 2000; Einarsen, N.D.)
- Taking credit for good work done by victims without acknowledgment. This strategy is also known as 'parasitic' management (Keashly, 2001: 243-244; Stephens and Marsden, 1998: 2; McCarthy et al, 1995: vii)
- Decreased or inconsistent productivity by the perpetrator (Davis, 1997: 30)
- Blocking victim's promotion prospects without justification (Chappell and Di Martino, 2000: 13; Lemos and Crane, 2000: 7; Stephens and Marsden, 1998: 2)
- Retaliation following complaints about inappropriate behaviour (Keashly, 2001: 243; Neuman, 1998: 395)
- Poor shift rostering, particularly in health care (Birman, 1999: 17)
- Questioning of poor service provision discouraged, for example in health care (Jones and Arana, 1996: 593)
- Unreasonable administrative or procedural delays, for example in processing leave applications (DWH&S, 1998: 7-8; Stephens and Marsden, 1998: 2)
- 'Game' playing; setting the victim up for failure (Keashly, 2001: 244; Wallis, 2001: 17; Stephens and Marsden, 1998: 2; Davis, 1997: 14)
- Threats to employment security (Keashly, 2001: 248; Wallis, 2001: 15); and/or
- Inducing exhaustion among victims through work overload (Hoel et al, 2001: 20; Keashly, 2001: 245; Michelson, 2001: 3; Wallis, 2001: 17; Chappell and Di Martino, 2000: 13; Birman, 1999: 17; Stephens and Marsden, 1998: 2; Rayner and Hoel, 1997; McCarthy et al, 1996).

(c) *An escalated risk along the continuum of 'internal' violence may include the following overtly threatening behaviours:*

- Shouting, intimidation, and sarcasm (Kenny, 2002: 79; Keashly, 2001; Wallis, 2001: 17; Chappell and Di Martino, 2000: 13; Lemos and Crane, 2000: 6; Farrell, 1999; Neuman,

- 1998: 394; Stephens and Marsden, 1998: 2; USOPM, 1998: 17; Rayner and Hoel, 1997; McCarthy et al, 1995: vi)
- Constant criticism or denigration of victims in front of others (Brennan, 2001; Hoel et al, 2001: 19; Keashly, 2001: 243; Michelson, 2001: 2; Chappell and Di Martino, 2000: 13; Cowie et al, 1999; Farrell, 1999; Stephens and Marsden, 1998: 2; McCarthy et al, 1995: vi)
  - Breach of confidential information about a victim (Keashly, 2001: 243)
  - Setting out to make the lives of competent employees miserable, in the hope of getting them dismissed or forcing resignation (Hoel et al, 2001: 30; Anon, 2001; Chappell and Di Martino, 2000: 13; Farrell, 1999; Stephens and Marsden, 1998: 2; McCarthy et al, 1995: vi)
  - Sending violent, racial or sexual comments via e-mail, voicemail or letter (Brennan, 2001; Lemos and Crane, 2000; Neuman, 1998: 394)
  - Constant watching, loitering, repeated following, or stalking of a victim (Kenny, 2002: 79; Keashly, 2001: 246; Brennan, 2001; Schell and Lanteigne, 2000: 5, 13; Stephens and Marsden, 1998: 2)
  - Damaging the property of the victim and/or the employer (Kenny, 2002: 79; Cowie et al, 1999; Neuman, 1998: 394)
  - Blatant disregard of organisational policies and procedures by the perpetrator (Kenny, 2002: 79; Stephens and Marsden, 1998: 2; Davis, 1997: 13-14)
  - Throwing, sabotage or stealing of equipment or property by the perpetrator (Kenny, 2002: 79; Keashly, 2001: 242; Cowie et al, 1999; Davis, 1997: 14)
  - Social isolation, poor peer relationships, or marked change in psychological functioning of perpetrator (Kenny, 2002: 79, 81; Chappell and Di Martino, 2000: 13; Davis, 1997: 30)
  - Sending abusive emails (known as ‘flaming’), or repeated messages that cause a computer to shut down (Santana and Fisher, 2002: 96; Davis, 1997: 14)
  - Depicting the victim as a prostitute or as a person who enjoys sado-masochistic sex (Santana and Fisher, 2002: 97)
  - Blaming of others for all difficulties faced by the perpetrator (Stephens and Marsden, 1998: 2; Davis, 1997: 14); and/or
  - Encouragement of initiation or ‘bastardisation’ rituals by the perpetrator (Mayhew, 2000a).

The threatening situations listed above are ‘high risk’ and may escalate into physical violence. Numerous studies have suggested that episodes of *physical* violence rarely ‘come out of the blue’ as most aggressive incidents are preceded by such hostile behaviours (Speer, 1997: 8). Thus supervisors or employees with a history of belligerent, intimidating or threatening behaviours are higher risk (Chappell and Di Martino, 2000: 59; Cherry and Upston, 1997: 12; Davis, 1997: 30). However, the warning signs of overt physical violence are not always apparent or recognised prior to a major event. For example, in 1999 a worker at a café at La Trobe University in Melbourne shot his supervisor. While such overt and deadly acts of

‘internal’ violence are rare in Australia, they are more common in the United States with its far less stringent gun laws.

(d) ‘High risk’ signs that physical violence may be imminent can include:

- Overt verbal threats to hurt co-workers or supervisors (Kenny, 2002: 79; Wallis, 2001: i; Neuman, 1998: 394; Stephens and Marsden, 1998: 2; USOPM, 1998: 17; Davis, 1997: 14; McCarthy et al, 1995: vi)
- Destruction of property (Kenny, 2002: 79; Cowie et al, 1999; Neuman, 1998)
- Poor personal hygiene (Davis, 1997: 30, 54)
- Substance abuse (Kenny, 2002: 81; USOPM, 1998: 18; Davis, 1997: 30, 54; Heskett, 1996: 47)
- Exotic claims – which indicates that the perpetrator may be losing touch with reality (Kenny, 2002: 81; Heskett, 1996: 47, 49)
- Drastic changes in personality or claims of persecution (Kenny, 2002: 82; Neuman, 1998: 394; USOPM, 1998: 18; Davis, 1997: 30, 54)
- Physical confrontations (Neuman, 1998: 394; USOPM, 1998: 17; Davis, 1997: 21)
- Fascination with weapons (Kenny, 2002: 80; Neuman, 1998: 394; USOPM, 1998: 17; Davis, 1997: 21; Heskett, 1996: 47)
- Talk of suicide, or suicide attempts (Kenny, 2002: 81; Davis, 1997: 21)
- Sexual harassment or assaults (Kenny, 2002: 79; Davis, 1997: 11; Heskett, 1996: 52)
- Physical assaults (Kenny, 2002: 80; Brennan, 2001; Neuman, 1998: 394; Davis, 1997: 21; McCarthy et al, 1995: vi); and/or
- Arson, or use of weapons (Kenny, 2002: 80; Neuman, 1998: 394; Davis, 1997: 21).

## 6. Perpetrator risk factors

Reliance on psychological profiles may be foolhardy as violence has been committed by a spectrum of people under a variety of circumstances. A profile of the ‘typical offender’ remains elusive (Kenny, 2002: 82; Standing and Nicolini, 1997: 44). It has been reported that people with the well-known ‘Type A’ personality have a greater tendency to aggression (Neuman, 1998: 401). It has also been reported that white males aged between 30 to 50 years who have been employed with an organisation for some time may be more common perpetrators of physical violence, particularly if they face imminent job loss (Dale et al, 1997: 10; Capozzoli and McVey, 1996: 50; Heskett, 1996: 43; Myers, 1996: 3). While young males who are intoxicated have been linked with most forms of violence in a range of studies, perpetrators have also been reported to include older men, women and the elderly (Standing and Nicolini, 1997: 43; Simonowitz, 1996: 277).

Nevertheless, a wide range of social, personal and situational factors can exacerbate tendencies to ‘internal’ violence. Those who are subjected to high demands at work and yet

who have a low degree of control over their work process have been reported to be higher-risk perpetrators of ‘internal’ violence (European Parliament, 2001: 12). A perception of unfair treatment may contribute to aggressive tendencies, particularly among those who are unable to manage their aggression (Neuman, 1998: 399). The perpetrators of ‘internal’ violence may also be motivated by jealousy, a wish to mask their own inadequacy or low self esteem, because childhood bullying resulted in positive reinforcement, or may stem from their authoritarian personality type (Brennan, 2001: 17; Wallis, 2001: i; Gates, 1997: 32). Others have identified a close link between unresolved childhood conflicts and subsequent difficulties in dealing with frustration and stress at work (Crawford, cited Cowie et al, 1999: 6). Kenny (2002), Chappell and Di Martino (2000: 51) and Mantell and Albrecht (1994) have referred to such ‘high risk’ workers as ‘ticking time bombs’ for ‘workplace explosions’. A few may be termed industrial or ‘office psychopaths’ (Babiak, 1995).

## **7. The economic costs and personal consequences of ‘internal’ violence**

The costs of ‘internal’ violence are primarily spread across three groups: the individual victim, employers, and society as a whole. Arguably, the consequences from covert forms of ‘internal’ violence are at least as extensive as those from physical aggression (Keashly, 2001: 234).

### *Economic losses: direct and indirect*

While the amount and relative distribution of the direct and indirect costs are open to debate, recent common law judgements provide an indication of how the courts have assessed the consequences of ‘internal’ violence. For example, it has been reported that a Welsh teacher was paid over 250,000 pounds in compensation following the development of a stress-related illness (The Guardian, cited Hoel et al, 2001: 39). The full direct and indirect costs may be extensive at a community or national level. Hoel et al (2001: 51) have suggested that stress/violence costs may account for between 0.5 to 3.5% of GDP each year. However, the methodologies for costing of ‘internal’ violence are at a rudimentary stage.

Potential *indirect* consequences that have been reported for the employers of victims of ‘internal’ violence include high levels of absenteeism and turnover, diminished productivity, poor industrial relations, difficulties in recruiting and retaining valued staff, poor organisational reputation, and an increased level of grievance proceedings and litigation (Hoel et al, 2001: 4, 30; Chappell and Di Martino, 2000: 35; Birman, 1999: 18; Randall, 1997: 57; Cabral, 1996: 304; UNISON, 1996; Wynne et al, 1996: 16; McCarthy et al, 1995: x). For example, a Finnish study of over 5,000 health care workers reported that those who had been bullied had 26% more sickness-related absenteeism (Kivimaki et al, 2000). Employees may also have decreased feelings of commitment and loyalty to the organisation, and reduce their productivity to minimal levels (Keashly, 2001: 257). It has also been reported that bullied employees, on average, had 7 days more off work in a year than did their non-victimised peers (Hoel et al, 2001: 47). In the first major Australian study of ‘internal’ violence, 34% of those subjected to bullying took an average of over 50 days leave, more than half of which was classified as sick

leave (McCarthy et al, 1995: 39). Further, Hoel and Cooper (2000) estimated that ‘currently being bullied’ workers had a 7% drop in productivity compared to non-victimised workers.

Through detailed financial calculations, Sheehan et al (2001) have estimated that, overall, bullying costs Australian employers between six and thirteen billion dollars each year when both hidden and lost ‘opportunity costs’ are included. These Australian costings were based on a conservative estimate of impact prevalence (usually the mid-point of the range of impact results). At an individual case level, they estimated that the total cost of **each case of bullying for each employer was at least \$16,977** (Sheehan et al, 2001). Sheehan et al (2001) also reviewed a range of impacts identified in the international research literature. Their review reported that the costs could include: up to 83% staff turnover; 87% absenteeism; a drop of between 21% to 58% in efficiency; and a decline of between 19% to 28% in work quality. Further, up to 18% of victims sought counselling, 10% initiated mediation or grievance proceedings, 10% had increased error margins, 3% lodged workers' compensation claims, 2% took anti-discrimination action, and 1% made an application to the Industrial Relations Commission (Sheehan et al, 2001). Similarly, the Australian Institute of Management estimated the direct costs of ‘internal’ violence for an organisation with 100 employees at \$175,000 (cited Queensland Workplace Bullying Taskforce, 2001: 14). Notably, Birman (1999: 17) has reported that ‘covert’ internal violence is also a significant contributor to the current shortage of nurses. That is, there may be a high price to be paid by health care organisations which ignore complaints of bullying in the early stages. In comparison, the costs of prevention strategies appear marginal.

### *Individual costs*

It has been theorised that people who are unhappy at work adopt one of four strategies:

- Exit (leave the job)
- Voice concerns (actively problem solve through verbal expression of concerns)
- Demonstrate loyalty (remain with the organisation in the hope that things will improve), or
- Display neglect (concentrate on other aspects of life and reduce commitment to organisation) (Withey and Cooper, 1989, cited Cowie et al, 1999: 5).

Research on a small sample of victims of ‘internal’ violence victims has reported that the recipients initially reacted through the ‘voice’ and ‘loyalty’ strategies (Cowie et al, 1999: 5). As a result, around 40% of victims did not turn to anyone at all for support (Wallis, 2001: ii). However, as the bullying progressed over time, victims frequently reduced their commitment (‘neglect’) and then exited the organisation (Cowie et al, 1999: 5). Across studies, it has been reported that between 25% to 50% of victims of ‘internal’ violence adopt this ‘exit’ strategy and leave the organisation (Michelson, 2001: 5; Cowie et al, 1999: 11; Rayner, 1998: 583).

The individual victims bear the brunt of the costs of ‘internal’ violence. It has been reported that recipients of bullying may have twice the rate of stress-related illnesses, increased levels of

depression, lower self-esteem, increased depression, diminished self-confidence, become increasingly withdrawn over time, and suffer from concentration problems (European Parliament, 2001: 13; Hoel et al, 2001: 27, 29; Michelson, 2001: 5; Wallis, 2001: ii, 28; Chappell and Di Martino, 2000: 35; Einarsen et al, 1998; Speer, 1997: 10; Cabral, 1996: 304). In the British survey of 1,100 NHS workers, it was reported that staff who had been bullied had significantly lower job satisfaction (mean 10.5 vs 12.2), and higher levels of job-induced stress (mean 22.5 vs 16.9), depression (8% vs 1%), anxiety (30% vs 9%), and intentions to leave the job (8.5 vs 7.0) (Quine, 1999: 228). Exposure to 'internal' violence among Norwegian psychiatric nurses was also correlated significantly with burnout, psychological complaints and somatic health problems (Matthiesen et al, 1989 cited Einarsen and Skogstad, 1996: 186).

There are early indicators from the United States that personal economic losses may be proportionately greater for female victims because (a) their average wages are lower than those of males, (b) females lose slightly more time from work to recuperate from assault-related injuries, and (c) women are, on average, required to spend more time attending to incident-related activities that are not covered by employment benefits e.g. court appearances (see Hoel et al, 2001: 39-51; Fisher and Gunnison, 2001: 146-153).

While some authors have reported long-lasting impacts from a single threatening act (Cowie et al, 1999: 2): '*... recent research in Europe, the US and Australia indicates that it is the emotional and psychological abuse referred to as 'bullying' and 'mobbing', rather than the physical violence which represents the greatest threat to most workers*' (Hoel et al, 2001: 6). It has also been reported that: '*... there is a significant relationship between bullying and burnout among health care professionals*' (Einarsen et al, 1998: 566). This relationship is of concern because Spring and Stern (2000) have argued that bullying is rampant and in epidemic proportions in nursing. Further: '*... fear of the reoccurrence of the event is a primary outcome of workplace abuse*' (Barling et al, 2001: 256). As a student nurse stated: '*It got to the stage where I felt too destroyed to go on fighting back. Going to work meant I'd be sick, I'd have diarrhoea, I'd start to shake and stammer*' (Adams, cited McCarthy et al, 1995: 3). The families of victims have also been reported to suffer significant repercussions (Wallis, 2001: 30).

Many victims simply leave the organisation. '*I had nowhere to go, nowhere to go ... Who could I have gone to? Where could I have gone?*' (Keashly, 2001: 252). Leaving is particularly common when an organisation has not acted on reports of victimisation (Keashly, 2001: 262; Cowie et al, 1999). That is, inaction is likely to be quite counter-productive to organisational effectiveness, reputation, and productivity.

It has also been reported that some victims are so severely affected that they become unemployable as a result of their experiences, suffer relationship breakdowns, and many contemplate suicide (Einarsen, cited Hoel et al, 2001: 28,30; Hoel et al, 2001: 35; Chappell and Di Martino, 2000: 13; Einarsen et al, 1998: 564). Another author has suggested that those

health care workers who suicide may be ‘canaries’ (like the birds that detected toxic gases in mines) indicating the presence of a noxious atmosphere (Hastie, 1997).

Some costs are externalised to society as a whole, including supports for the victim from the health and social security systems following illness and premature retirement (Randall, 1997: 57; Wynne et al, 1996: 16; UNISON, 1996; Reynolds, 1994: 35–36). There may also be externalised legal costs if formal complaints are made and compensation or restitution is sought (Queensland Workplace Bullying Taskforce, 2001: 14).

The emotional impact on the victim may be aggravated by the attitude of colleagues (Hoel et al, 2001: 27,29; Speer, 1997: 10; Cabral, 1996: 304). For example, if co-workers fail to support their peers during repeated incidents of ‘internal’ violence, the impact on victims will be exacerbated: *‘Verbal-passive indirect aggression is others failing to speak up for the victim in their defence ...’* (Birman, 1999: 17).

### *Co-worker costs*

Up to 66% of all British workers are reported to either witness or experience ‘internal’ violence (Cowie et al, 1999: 1,3). These witnesses to violence are themselves also reported to suffer significant negative impacts even when they are not directly involved (Hoel et al, 2001: 28; Leather et al, 1998). Hoel and Cooper (2000) conducted a study into bullying in Britain and divided respondents into four groups: ‘currently bullied’, ‘previously bullied’, ‘witness to bullying’, and ‘neither experienced nor witnessed bullying’. They reported that the first group (currently bullied) had the poorest mental and physical health and the lowest levels of commitment to, and satisfaction with, the organisation. Conversely, the fourth group had the best mental and physical health and the highest levels of commitment to, and satisfaction with, the organisation (Hoel and Cooper, 2000). Nevertheless, witnesses who had not themselves been bullied suffered significant negative impacts. By implication, there are widespread indirect costs on organisations if ‘internal’ violence is tolerated and/or a zero tolerance or related policy is not implemented.

Finally, it may well be that verbal abuse/bullying from people external to the organisation has a similar severe impact on staff members. However in spite of an extensive search, it was not possible to identify any research studies that had estimated the impact from repeated low-level violence/abuse from clients and their relatives on health care staff members. Logic suggests that a combination of both ‘internal’ and external low-level violence must have a cumulative effect.

## **8. Strategies that may minimise ‘internal’ violence**

It is generally easier to prevent ‘internal’ violence arising in the first place than it is to intervene post incident or mediate during the course of an established pattern (Kenny, 2002: 85). A small but growing number of research studies have suggested that there may be significant cost

savings for organisations which develop and implement a violence free workplace (Hoel et al, 2001: 5). Reactive strategies are undoubtedly less cost-effective.

The ideal proactive strategy is for the CEO/manager to lead by example and support the introduction of system-wide comprehensive policies, procedures and practices that ‘design out’ ‘internal’ violence in all its forms (Kenny, 2002: 85; Michelson, 2001: 7). One of the most comprehensive reports on the prevention of bullying was commissioned by the Health and Safety Authority (2001) in Dublin. This report recommended that precise anti-violence policies be developed within each organisation, and that state agencies develop a coordinated approach (Health and Safety Authority, 2001: 57, 61; see also European Parliament, 2001: 9). Australian workplace bullying research studies have also recommended that organisations establish an anti-violence policy and programs, monitor the incidence, develop codes of rights for victims, suspend perpetrators prior to their negotiation of return to work, quarantine victims from bullies, re-train perpetrators, and extend occupational health and safety (OHS) ‘duty of care’ legislative provisions to recognise explicitly that ‘internal’ violence is physically and psychologically damaging (McCarthy et al, 1995: viii-ix, 49-50).

*‘Intervention strategies aimed at reducing the potential for internecine workplace violence must be approached systematically and comprehensively to be effective. Because the work environment is a contributing factor to this type of violence, efforts should be made to improve relations between workers and managers and to provide a recourse for all employees when those relations become strained’* (Cabral, 1996: 307).

Demonstrated top management commitment to a policy of zero tolerance of ‘internal’ violence, or a related policy, is of core importance (Neuman, 1998: 402). This commitment can be clearly stated in an organisational mission statement, a violence prevention policy, and in strategic goal plans. The organisational policy will need to be widely publicised and disseminated, including among minority groups and casuals: *‘A campaign should be initiated to make every employee aware that covert violence is unacceptable and to feel responsibility for identifying and preventing it’* (Birman, 1999: 20). The penalties for violation need to be seen to be applied consistently across all levels in the hierarchy and in all units of the organisation. If a statement is made that non-compliance leads to disciplinary action, it will be more effective if it is seen to be enforced. For example, male perpetrators of sexual harassment in the workplace have been reported to reduce their activities when severe sanctions are likely (Barling et al, 2001: 256). Physical violence, if proven, can be a dismissible offence. Thus it is worthwhile for employers to ensure that ‘internal’ violence sanctions are mentioned in their disciplinary and other employment policies, and include a definition of what constitutes serious misconduct. If the organisation has a documented and well publicised zero tolerance policy, it may be far easier for it to implement disciplinary proceedings if these become necessary. In contrast: *‘... where employers tolerate, or do not take active steps to prevent workplace bullying, then they may not be in a position to lawfully terminate the employment of employees who engage in bullying behaviour’* (Queensland Workplace Bullying Taskforce, 2001: 27). Publicity about the potential consequences following ‘internal’

violence may also reduce the incidence. For example, the Victorian WorkCover Authority has prosecuted a number of employers and employees for the bastardisation of apprentices, and some of these cases were used as the basis for an anti-bullying television campaign (see Neales, 1997).

The encouragement of a participatory management style, the fostering of teamwork, ensuring that procedural guidelines are always followed, and an improvement in communication channels will all reduce anxieties in times of change and help reduce the potential for 'internal' violence (Editor, 1995: 29). Thus legitimate management criticisms need to be constructive, clear, supportive, and balanced (Keashly, 2001: 257). The organisational climate within which the employees work may be more effective if it recognises workers as full and competent adults who have skills and abilities – and not as children (Keashly, 2001: 257,260). The British survey of 1,100 NHS workers also confirmed that a supportive work environment can protect people against some of the harmful effects from 'internal' violence (Quine, 1999: 231). Because excessive levels of stress and environments with a rigid managerial structure contribute to 'internal' violence, a policy to reduce the number of supervisors may concomitantly reduce the risk of violence (Cabral, 1996: 308). If employment changes are anticipated, they can therefore be carried out in a manner that minimises the potential for 'internal' violence.

*'Because the work environment is a contributing factor to this type of violence, efforts should be made to improve relations between workers and managers and to provide a recourse for all employees when those relations become strained'* (Cabral, 1996: 307).

A violence contact officer may be nominated after recommendations are provided by employees (so that this officer is acceptable to all sections of the workforce). Alternatively, other mechanisms may be put in place. If health care workers are themselves involved in developing the 'internal' violence prevention plan, this may help give 'ownership'. Employees are also more likely to be committed to zero tolerance of violence policy, or similar strategy, if their representatives have input into the whole violence auditing and risk management process; for example, the task group can comprise physicians, nurses and OHS staff (Birman, 1999).

Regular objective violence vulnerability audits/risk assessments of the whole workplace and workforce to assess the probability of 'internal' violence are needed, together with evaluation of the effectiveness of existing violence control measures (Kenny, 2002; MacDermott, 2001: 7; WorkSafe Western Australia, 1999; WorkCover New South Wales, 1999). This risk control approach is now standard practice to control a range of OHS problems, and is legally required in many Australian States and Territories (see European Parliament, 1989). Arguably, the risk of 'internal' occupational violence is most easily controlled through the same three-step Risk Identification, Risk Assessment and Risk Control process, although the hidden nature of much violence will need to be considered (Wynne et al, 1996: 43). Any reports of 'internal' violence need to be addressed in a timely and equitable fashion (Keashly, 2001: 257). The timespan within which violent incidents are reported can be specified in organisational policies, for example, within 3 working days (Mayhew, 2000a). However, immediate reporting is essential

for serious events such as an assault. Following formal evaluations of allegations, feedback can be communicated to the relevant employees and managers (Cabral, 1996: 30).

One primary way to assist with identification of the risks is to establish a database. If 'internal' violence of any form has occurred in the past, this needs to be identified and the measures that were taken to stop the inappropriate behaviours documented, assessed, and evaluated. The violence database could ideally include all forms of violence separated by type (ie. 'internal', 'client-initiated', or 'external' – see the *Taskforce* Discussion paper no. 1). Past incident records need to be grouped, analysed, and the characteristics of perpetrators, situations, possible causes or contributing factors, departments or units, and other risk factors such as time of day or night highlighted (Kenny, 2002; Warshaw and Messite, 1996: 993). Records of all violence vulnerability audits, interventions, and training conducted can also be maintained (Mayhew, 2000a, 2000b; WorkSafe Western Australia, 1999). Any variations in victimisation between males and females, people from different ethnic backgrounds, or of variable age groups can be noted. For example, the placing of a young female worker in a predominantly male environment may require monitoring (Job Watch, 1999: 8). If violence vulnerability audits and incident records are kept up-to-date, any emerging risks are likely to be more readily identifiable, and improvements following interventions better able to be evaluated.

An anonymous *verbal* survey, in addition to a formal violence vulnerability audit/risk assessment, may be conducted intermittently. The aim of a verbal audit is to identify any incidents that are not reported formally, for example, because of fears of further victimisation. Previous studies have reported that the level of 'internal' violence frequently escalates after victims confront or report perpetrators (Rayner, 1998: 583–584; Sheehan and Barker, 1998; Gates, 1997: 32). Similarly, it has been reported that around half of a sample of Californian women who filed sexual harassment complaints were fired from their jobs (Coles, cited Barling et al, 2001: 256). Nevertheless, recipients who are unwilling to lodge formal complaints may discuss them verbally with a trusted source. Another important reason for conducting a verbal audit is that OHS recording systems tend to be poor at including sensitive emotional and psychological sequelae of occupational violence (Wynne et al, 1996: 45). It is important that independent and *trusted* people do this verbal violence audit, for example OHS staff. Feedback on the findings from the violence audit/risk assessment can be widely publicised (WCBBC, 1995: 4; Lamplugh, 1994: 4–5). Publications and reviews should highlight positive practices and practical solutions as much as problems.

Individual victims of 'internal' violence can be encouraged to keep a diary with a written record of times, dates and features of each incident, including witnesses, specific interactions, who was involved, and the outcomes (Cowie et al, 1999: 10). If diary keeping is systematic, any pattern in violent incidents may become clear. It has also been recommended that individual victims write to the perpetrator(s) and request cessation of offensive behaviour, speak about the inappropriate behaviour to colleagues (to identify if more than one person is being victimised), liaise with their Human Resources (HR) department, seek advice from their union or professional association, and obtain legal advice where appropriate (Brennan, 2001: 17). A

careful watch must be kept on the mental health needs of recipients, with support provided for them, so that the bullying behaviour does not become the only focus of their lives.

*Training* can be directed to reduce the level of ‘internal’ violence, and may include appropriate ways to manage staff, techniques to identify a bully, coping with inappropriately coercive behaviour, empowering staff to manage the negative behaviour of others, and identification of mechanisms that encourage perpetrators to change their behaviour (Brennan, 2001: 17; Anon, 2001; Neuman, 1998). The training program may also include the policy and strategies in place, steps in the risk control process, warning signs of covert ‘internal’ violence, and incident reporting procedures (Kenny, 2002: 86).

While careful *pre-employment screening* of potential employees may reduce the risk of hiring those who have previously engaged in physical violence, such assessments are unreliable in forecasting bullying behaviours, principally because organisational culture, productivity pressures, and the level of managerial commitment to zero tolerance of violence (or related strategy) may contribute to inappropriately coercive behaviours (Kenny, 2002). Thus pre-employment testing is unlikely to reduce the risk of hiring a serial bully, although those who have been convicted of *criminal* physical assaults may be identified – who are a minute minority of the people with tendencies to violence (Neuman, 1998: 402). Some preventive strategies that can be utilised by HR staff to reduce the risk of hiring serial bullies include careful reading of applications, scrutiny of job turnover frequency, verbal checks with referees, and clarification of reasons behind any periods spent away from work (Randall, 1997: 53; Wilkinson, 1998: 67, 187).

The HR staff are often the primary link between victims of ‘internal’ violence and post-incident supports. Victims’ anxieties may be relieved if they are assisted through formal reporting procedures and are regularly up-dated about actions taken, timelines and expected outcomes, as, for example when court or mediation processes are in progress (WCBBC, 1995: 6). If the victim is severely affected and is unable to perform his/her former duties as a result of the ‘internal’ violence, a change of duties or location may be the preferred option, without prejudice to future prospects. As a matter of principle, wherever possible, the perpetrator of the ‘internal’ violence should be relocated (rather than the victim) (Mayhew, 2000a). It is not, however, the purpose of this discussion paper to review dispute resolution procedures, and costs or benefits under workers’ compensation schemes, as these have been comprehensively dealt with elsewhere (see Transformation Management Services, 1995).

Allegations of ‘internal’ violence require open acknowledgment that a problem exists and investigations can begin as a matter of urgency in case the level or intensity escalates rapidly (as frequently happens when allegations are publicly aired) (Anon, 2001). The person appointed to conduct the investigation should be independent, have a thorough understanding of the organisational violence prevention policy and strategies, have detailed knowledge of legislative rights and obligations, adheres to required procedures during grievance proceedings, and be fully aware of typical overt and covert behaviours adopted by perpetrators of ‘internal’

violence – and how these may alter for different audiences. Careful documentation is absolutely essential.

A basic 4-step process is outlined below:

- First, after a formal complaint has been made, the recipient of the ‘internal’ violence is interviewed. He or she may wish to have a union or other support person present at this interview and during any subsequent negotiations. While initially the complaint may be verbal, a formal written submission will usually be required if the inappropriate behaviour continues or if disciplinary action is to be taken (Mayhew, 2000a). This complaint may be provided to a specified violence or harassment contact staff member, a union delegate, or an immediate supervisor. However if the immediate manager is the perpetrator, this is not appropriate and another *independent* staff member needs to be appointed.
- Second, following the ‘victim’ interview, the alleged perpetrator needs to be informed of the accusations, formally interviewed, and be provided with copies of any documentation. Again, he or she is probably entitled to have an independent support person present (Mayhew, 2000a). During this meeting, the convenor will need to maintain firm control of the proceedings and ensure that due process is scrupulously followed. The message needs to be clear that this behaviour is not tolerated by the organisation. If this is the first allegation of inappropriate behaviour, the interventions may involve, for example, some behavioural change training, or the perpetrator may be referral to an Employee Assistance Program (EAP) (Neuman, 1998). However, long-term commitment to behavioural change by the perpetrator may need to be independently assessed and monitored for a period of time.
- Third, a decision about future working relationships, interventions and disciplinary steps will need to be taken. If the incident is severe or a repeat of prior unacceptable conduct, immediate disciplinary action may need to be taken, such as suspension on full pay.
- Fourth, some review and appeal mechanisms may be implemented. The model protocol developed by WorkCover New South Wales (1999) may be a ‘best practice’ option.

While early intervention may result in significant behavioural change, this is not always the case. Sometimes violent behaviours appear to be intractable, incidents continue in spite of interventions and counselling, and more severe penalties will need to be applied, possibly involving discharge. For example, it has been reported that after a widespread culture of intimidation was identified at an English hospital in Portsmouth, two midwives were dismissed and seven other staff members were disciplined (O’Neill: 2001).

Implementation of disciplinary procedures against ‘high risk’ employees can aggravate the risks of physical violence for both the victim and the staff members enforcing the decisions. All staff members involved will need to be protected. Detailed procedures to reduce the risks of violence when a dismissal is in progress have been dealt with extensively elsewhere (Capozzoli and McVey, 1996: 103-106; Mayhew, 2000b:38). The central tenet of prevention is that even gross offenders can be treated with dignity. Braverman (2002: 129) has argued that: *‘No one ever took revenge simply for being fired. Employees who become threatening always*

*talk about the way they were made to feel in the process of losing their jobs'* (See also Heskett, 1996: 85). Some risk reduction strategies that have been reported elsewhere include:

- Treat all employees with respect and preserve their dignity (Kenny, 2002: 87; Mayhew, 2000b:38; Capozzoli and McVey, 1996: 104)
- Ensure everyone involved follows clear procedures which are available in writing to all (Mayhew, 2000b:38)
- Stay calm and control any anger (Kenny, 2002: 87)
- Conduct interviews in a private and structured manner, preferably towards the end of a day (Mayhew, 2000a; Heskett, 1996: 85)
- Offer outplacement services, re-training, access to EAP, or other alternatives (Kenny, 2002: 87; Capozzoli and McVey, 1996: 103, 105; Heskett, 1996: 86)
- Clearly explain the complaint and appeal processes, and provide specific details about the complaint and the disciplinary actions to be taken (Mayhew, 2000b:38; Capozzoli and McVey, 1996: 104-5)
- Ensure that the time between allegations, adjudication, and disciplinary action is as brief as is procedurally possible (Braverman, 2002: 129)
- Alert security and reception staff if disciplinary action or discharge is likely (Mayhew, 2000b:38; Capozzoli and McVey, 1996: 105; Heskett, 1996: 86)
- Prepare all written documentation prior to the disciplinary meeting. For example, if a discharge is likely, the last paycheck can be handed over at the exit interview, all on-site personal possessions collected, and company access keys and passes etc returned (Capozzoli and McVey, 1996: 105; Heskett, 1996: 86)
- Any separation benefit ought to be adequate to support the discharged worker during his or her immediate job search period, for example, for 4 weeks (Capozzoli and McVey, 1996: 105)
- Security staff may need to be present if there is any chance that the disciplinary meeting presents a risk of violence. If threats or assaults have occurred in the past, police may have to be called or forewarned (Mayhew, 2000b:38; Capozzoli and McVey, 1996: 112; Heskett, 1996: 87).

## **9. Legislative frameworks**

Employers need to ensure that all forms of 'internal' violence are prohibited as there are several avenues of liability that can be laid open. In the European Community these responsibilities are relatively clear, for example through requirements for the prevention of work-related injury and illness that can be interpreted to include all forms of occupational violence (European Parliament, 2001: 17, and Framework Directive 89/391).

Jurisdictions in Australia have only recently commenced publication of guidance that is specifically aimed at the reduction of 'internal' violence. For example, the Office of the

Employee Ombudsman (2000) in South Australia produced comprehensive guidance on ways bullying may be eliminated from worksites. The Division of Workplace Health and Safety in Queensland has produced a series of publications on the prevention of bullying, and in 2001 a *Taskforce* was established to further reduce the incidence. The Australian Institute of Criminology has published detailed guidance on the prevention of 'internal' violence (Mayhew, 2000a). NSW Health has also produced a joint management and employee association policy statement on *Bullying, Harassment and Discrimination*.

Under the OHS legislative frameworks in the Australian States and Territories, primary legal responsibility for the prevention of 'internal' violence remains with the employer. Violent acts, initiation rites, and 'bastardisation' rituals have all resulted in serious injuries, court appearances for employer and employee perpetrators - and large fines for both. For example, court appearances may be initiated by the OHS Inspectorates for breach of the OHS 'duty of care' obligations.

In Australia, every employee has a legal right to a safe work environment under statutory OHS legislation. (There are also 'duty of care' obligations imposed under common law.) The OHS statutory legislation in each Australian State and Territory identifies that employers have the primary duty to ensure, so far as is practicable, the health and safety of all people on a worksite. While the 'duty of care' provisions do not usually specifically mention occupational violence, the preventive focus requires that all 'foreseeable risks' be addressed. For example, in the revised OHS regulatory regime in New South Wales, a formal risk identification, risk assessment, and risk control process has been made explicit (WorkCover NSW, 2001). Thus the extent and nature of risks, the factors that contribute to risks, any changes needed to eliminate or minimise the risks, and monitoring all need to be routinely evaluated. Arguably, the risks of 'internal' occupational violence can be assessed in a similar way, although the Inspectorates may have some difficulty during investigation processes as objective evidence (as opposed to testimonies) may be difficult to obtain. Thus if a complaint of bullying investigated by the OHS Inspectorate is evaluated and verified as an 'imminent risk', the Inspector may serve an improvement notice on the employer (Queensland Workplace Bullying Taskforce, 2001: 59). Nevertheless, while there have been numerous prosecutions following physical 'internal' violence, statutory provisions have not yet been fully tested following bullying. However, if an employer was aware of a risk of 'internal' occupational violence, a court could interpret this risk as 'foreseeable'. Employees, as well as the employer, have a duty to not put other workers at risk, to comply with the organisational policy and strategies, to report incidents, and to comply with the legislation. Under common law, the more foreseeable the risk, the greater the duty to prevent.

### *Vicarious liability*

An employer is also required to ensure that one employee does not behave in an inappropriate manner to another; this is known as vicarious liability. There have been a number of instances where one employee commits some form of 'internal' violence against another employee and in

court vicarious liability provisions resulted in the employer being found liable (See Spry, 1998: 232 re *Australian Postal Corporation v. Bywater*). The vicarious liability of the employer is relatively clear in cases where the CEO or manager knew that inappropriate behaviour was occurring but did not respond (MacDermott, 2001: 5). Repeated court decisions have affirmed that employers are vicariously liable, for example, when an employee has acted illegally, or has been negligent with the result that a risk to another employee was created or enhanced (see Mayhew, 2000a). A number of both statutory and common law cases have been upheld, for example, among apprentices in Victoria who were victimised by older employees. The imposed fines can be substantial. For example, a former British army private was awarded 745,000 pounds by the High Court for extensive consequences following the acts of a bullying corporal (Anon, 2001). Where an employer takes all reasonable steps to eliminate any reported 'internal' violence, the extent of vicarious liability is likely to be significantly reduced. To reduce the risk of being found vicariously liable for the violent act of one employee to another, employers can establish acceptable and non-acceptable standards of behaviour, disseminate information on their zero tolerance of violence policy, or related strategy, implement violence awareness and reduction training programs, and instigate a system of monitoring.

### *Constructive dismissal and anti-discrimination legislation*

If people have been dismissed or forced into submitting their resignation because they are either the victim or the perpetrator of 'internal' violence, and if due process has not been followed, federal or state unfair dismissal legislation may be called upon for re-instatement or compensation (Spry, 1998: 241). *'Where an employee is dismissed following a campaign of harassment and workplace bullying, the employee may be able to claim that his or her dismissal was harsh, unjust or unreasonable'* (Queensland Workplace Bullying Taskforce, 2001: 27). Common or civil law options may be pursued, for example, constructive dismissal options, or compensation claims for personal injury or illness. Nevertheless, many workers may be excluded from unfair dismissal coverage, including those employed for less than three months, casuals, contractors, and employees earning over \$71,200 a year (Queensland Workplace Bullying Taskforce, 2001: 28). Further, anti-discrimination legislation prohibits inequity on the basis of race, gender, sexual preference, age or union membership. Hence sex discrimination legislation may be applied if a male is bullying a female, particularly if it can be shown that a male recipient in the same situation would have received different and/or more preferential treatment (Mayhew, 2000a; MacDermott, 2001: 3). Similarly, racial discrimination Acts may be called up if individuals from racial minority groups are subject to 'internal' violence. Vicarious liability provisions also apply under anti-discrimination law. Nevertheless, the prevention and management of the risk of 'internal' violence is not just about reducing legal liability for employers.

### *OHS Codes of Practice – the WA Code of Practice; the draft Victorian Code of Practice*

A Code of Practice is designed to provide practical guidance in resolving an OHS risk, and is not mandatory. Nevertheless, a Code of Practice has evidentiary status under statutory law. In Australia, at the time of writing, only one Code of Practice relating to occupational violence has been passed by the State and Territory OHS jurisdictions. In Western Australia, the *Code of Practice: Workplace Violence* was produced which provides detailed guidance on a range of situations where various forms of violence may arise (WorkSafe Western Australia, 1999). At the time of writing, the Victorian WorkCover Authority had produced a Working Draft of the: *Code of Practice for the Prevention of Bullying and Violence in the Workplace* (2001) for discussion with peak stakeholders. However, it is likely to be over six months before this draft is refined and proclaimed.

### *Criminal codes*

If an assault has occurred, the police should be contacted as criminal codes apply. Police can also assist with Apprehended Violence Orders (AVO's) if these are needed. Statements to police can also be used as supporting evidence if a dismissed worker seeks redress through unfair dismissal. If there is sufficient evidence to warrant a charge, the matter may be heard by a magistrate or a jury.

## **10. Conclusion**

There are no substantive Australian data on the extent and severity of 'internal' occupational violence in the health care industry. Our own research, as well as the work of others, has suggested that forms of 'internal' violence may be manifested in similar ways to that seen in the health care industry in other countries. That is, forms of 'internal' violence are perpetrated along a continuum of severity, ranging from ridicule, to verbal abuse, to threats, to physical assaults. Hence 'internal' violence can range from unkind words to criminal activities. The key difference between 'internal' and other forms of occupational violence is that the perpetrators and the victims know each other, and may even have daily contact.

In this Discussion Paper, we reviewed the international research evidence which has reported that around 2% of employees are subjected to *physical violence* from fellow employees every year. In addition, 10% are estimated to be subjected to bullying or harassment each year. In the absence of comprehensive Australian evidence covering employees in the health care industry sector, these estimates can be used as a minimum working baseline.

The research evidence from a range of industry sectors indicates that 'internal' violence has an extensive impact on the health, well-being and productivity of immediate victims, as well as on their co-workers. While their employers are also subject to significant legal and economic consequences, these negative impacts are rarely recognised. Nevertheless, McCarthy and colleagues have calculated that each case of bullying is likely to result in a loss of \$16,977 to

the employer of each victim (Sheehan et al, 2001). Employers and employees in the health care industry are likely to suffer similar negative outcomes to those experienced by employees and employers in other industry sectors.

The international research evidence also suggests that the *impact* of violence may occur independently of the severity. That is, an on-going pattern of bullying can have a disproportionately severe impact vis-à-vis a 'one off' physical violence incident. It is important to remember that the impact from 'internal' violence occurs in addition to 'external' sources of violence for health care workers i.e from patients and their family members and visitors. Thus the cumulative burden may be significant and the consequences for individual victims may be quite severe. Further, if the international research evidence presented in this paper applies to Australia, many victims of 'internal' occupational violence will resign their jobs rather than continue to confront the perpetrators. Employers inevitably suffer significant direct and indirect economic losses and productivity declines from 'internal' violence. Given the current shortage of some groups of health care workers, any action to decrease the level and extent of 'internal' violence may have significant positive outcomes for employers.

To date, there have been few examples of 'best practice' 'internal' violence prevention initiatives in the Australian health care industry. The first and most important step in prevention appears to be unequivocal top management commitment to a zero tolerance policy, or related strategy, which is clearly stated and enforced. The second step in the prevention of 'internal' violence is a recognition that the potential for 'internal' violence exists within most health care organisations, that the risks are increased in more hierarchical structures and in enterprises undergoing significant organisational changes. Since the OHS risk management framework is now legally required in most Australian States and Territories, this framework is a useful basis on which control of 'internal' violence can be initiated. The steps required include risk identification, risk assessment, and risk control with monitoring and regular evaluation of performance. Nevertheless, 'internal' violence prevention does not exist separately to other employment requirements and hence any prevention strategies adopted need to be integrated with the strategic plan and other organisational policies.

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