BRAVE-WOW

BUILDING RESPECTFUL AND VIOLENCE-FREE GENDER-INCLUSIVE ENVIRONMENTS IN THE WORLD OF WORK

Violence and harassment in European healthcare workplaces

Key findings from the BRAVE-WOW survey of 4,684 health and care workers in Italy, Portugal, Slovenia and Spain

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WHAT WE DID

Between spring and summer 2026, the BRAVE-WOW project surveyed **4,684 health and care workers across 35 participating sites** (hospitals, primary and community care, nursing homes and long-term care) in four countries: Italy, Portugal, Slovenia and Spain. Seventy-eight per cent of participants are women (3,666 of 4,684), reflecting the composition of the health and care workforce in the four countries. Nurses are the largest group (36.1%), followed by other health professionals (17.3%) and doctors (16.7%). Administrative, support and general services staff account for a further 22%, so the findings describe the whole workforce, not only clinical roles. Participants were asked to respond to an anonymous survey about gender-based violence and decent work: what they see happening in their workplace, what they have experienced themselves, who was involved, under what conditions, and what their organisation has in place to prevent and respond.

This summary draws on both a pooled descriptive analysis and a country-by-country analysis with a cross-country synthesis. Two thresholds are used throughout. **"At least rarely"** in the past twelve months tells us whether something happens at all. **"Frequently or in a generalised manner"** tells us whether it is routine. The two answer different questions, and every frequency figure below states which one it uses.

Where figures are given as ranges across the four countries, they refer to hospital sectors, the only setting present in all four samples. Where a figure describes the overall extent of a phenomenon, it refers to the full national sample.

FINDINGS THAT HOLD IN ALL FOUR COUNTRIES

1. **Verbal and psychological mistreatment is the everyday form. Physical and sexual violence is rarer — but not marginal**. Between 64% and 73% of participants in every country report having been shouted at, insulted or verbally threatened at work at least once in the past year. Between 46% and 64% report humiliation, exclusion or being prevented from speaking. Physical and sexual forms are reported far less often: 694 participants across the four countries (14.8%, about one in seven) report having been physically assaulted at work at least once in the past year, and 412 (8.8%, about one in eleven) report unwanted physical contact of a sexual nature. Threats of physical aggression are more common still: 1,242 participants (26.5%, about one in four). These are also the forms victims are most likely to keep to themselves, so these figures should be read as a lower bound. Gender-based discrimination is perceived as occurring in the workplace by 34.6% to 45.3% of hospital staff, depending on the country.
2. **What wears people down is the erosion of professional standing, not aggression.** At the higher threshold, the most routine form in three of the four countries is **the systematic devaluation of a person's work** — reported as frequent or generalised by 18% to 30% of participants. Physical aggression is reported as frequent or generalised by at most 2.3%, and unwanted sexual contact by 1.6% — a measure of how rarely these forms become routine, not of how serious they are when they occur. Devaluation and hierarchical psychological abuse are processes rather than events: they have no single moment and no single author, which is precisely why incident registers and disciplinary procedures — all built around the episode — are structurally blind to them.
3. **When people describe the violence or harassment they experienced, the person most often involved is their manager.** Supervisors and managers are named **by 42.3% to 45.0% of participants in all**

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four countries — a spread of less than three percentage points across four different health systems. No other indicator in the study is this stable. Patients and their relatives are the group most often named when participants describe violence they see in their workplace in general; when they describe what happened to them personally, the management line comes first. The implication is direct: a reporting channel that runs through the management line cannot serve everyone who needs it. The same line of management controls leave, promotions and training: 1,133 participants (24.2%, about one in four) report having been denied a promotion or a pay rise compared with colleagues of the same competence but a different gender.

4. **People can speak, but they do not believe it changes anything.** Between 47.6% and 57.1% of participants agree they can speak openly with management. Only 16.1% to 36.2% believe their organisation responds effectively. The gap runs from 15 percentage points to nearly 39. Beyond access, the bottleneck is what happens after a report is made, and whether anyone ever sees it.
5. **Rules yes, services no.** Codes of ethics and codes of conduct are the most widely recognised measures across all countries, although recognition levels vary considerably, ranging from around 19% to 40%. The provisions that require staff, budget and structure are always last: legal support is seen as available by 3% to 12% of participants, psychological support by 7% to 16%, counselling by 7% to 14%. Across all countries and participating institutions, fewer than one in four staff members are aware of each of the support services assessed. The only exception is one small specialist institution, where at least one in four staff members are aware that there are people specifically designated to handle such cases. These are the services most needed by people who have experienced violence or harassment.
6. **Overload, not the night shift, is the setting for violence.** Work overload and overcrowding are the leading context in all four countries, ahead of every alternative. Night shifts — the condition most prevention programmes are designed around — rank last or second-to-last almost everywhere. In Italy and Slovenia, where more than one type of service took part, hospital staff rate their own health and safety at work lower than staff in any other setting — in questions that do not ask about violence at all, which suggests the strain lies in the working conditions themselves.
7. A further pattern is common to all four countries. **Far more people say that gender played some part in what happened to them personally (30–56%) than agree that violence and harassment in their organisation are rooted in gender (6–8%).** People recognise a gendered experience of their own without reading it as a feature of the place they work.

WHAT FOLLOWS

There are four main actions that emerge as necessary across all sites examined: **building real support services**; **making the outcome of reporting visible**; **recognising the slow, processual forms of harm that current procedures miss**; and **creating reporting channels that do not run through the management line**.

Two things must be sized locally: the weight given to violence from patients and relatives, and the weight given to the internal hierarchy. And the way gender is discussed needs to be adapted to each context: in some it is readily recognised, in others less so — a reason to communicate it carefully, not to leave it aside.

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The step from this evidence to intervention design belongs to the project's intervention partners and is now under way, alongside national focus groups exploring the questions these figures raise but cannot answer.

HOW TO READ THIS DATA

These are perceptions and self-reports from workers who chose to respond. Participants were not randomly selected, response rates differ between institutions, and no sample is representative of any national health workforce. No significance testing was performed: the figures indicate directions and orders of magnitude. Professional composition varies between countries and has not been adjusted for. The analyses available so far do not cross-tabulate experiences by the respondent's gender, so differences between women and men cannot be reported here. The figures on protective measures record what staff perceive to be available, not what is formally in place — where the two differ, it means a measure exists but has not reached the people who would need it.

BRAVE-WOW — Building Respectful and Violence-Free Gender-Inclusive Environments in the World of Work.

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If anything in this summary reflects your own situation at work, support is available. Contact your occupational health service, staff representative, or your national helpline for workplace violence and harassment.

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