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REVIEW

Gender-based violence and harassment in the world of work – An analysis of prevalence and European legal frameworks

[version 1; peer review: 1 approved]

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Abstract

Gender-based violence and harassment (GBVH) sits at the intersection of human rights, equality, and occupational safety and health (OSH) laws. Statistical data highlights the high prevalence of workplace violence (WPV) in healthcare, with women, nurses, and those working at emergency departments at a higher risk. Despite international frameworks on this matter, gaps remain in translating standards into national laws and workplace practices, particularly in high-risk sectors such as healthcare. A comprehensive legal and epidemiological search

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was conducted. Legal sources were identified using the CMS Law-Now platform, with corresponding primary legislation retrieved from official national legal portals and analysed in full. In parallel, epidemiological evidence was collected through a structured search of grey literature, surveillance data, and peer-reviewed studies, drawing on international institutional platforms (World Health Organization, International Labour Organization, European Agency for Safety and Health at Work – EU-OSHA) and PubMed/MEDLINE. Following the analysis, the resulting report was shared with national governmental labour representatives. This paper provides an overview of international, European-level, and national-specific frameworks addressing GBVH, through a legal literature review and a comparative analysis of those national frameworks of the selected European countries: Finland, France, Germany, Italy, the Netherlands, Portugal, Slovenia, Spain, and Sweden. The comparative overview found that while all analysed countries prohibit harassment, their regulatory focuses differ. Ongoing regulatory gaps, particularly regarding technology-facilitated and intersectional forms of GBVH, limit effective implementation and cross-country comparability. Persistent challenges identified include resource constraints in enforcement and insufficient coverage of digital and remote work risks.

Keywords
Gender-based violence and harassment, occupational safety and health, equality law, psychosocial risks, prevention, European directives, workplace violence and harassment, legislation, legal framework, workplace policy



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Introduction

Workplace violence (WPV) is a pervasive problem worldwide, with one in five employees globally suffering from violence at the workplace, either physical, psychological, or sexual (ILO, 2022). The National Institute for Occupational Safety and Health (NIOSH, 2002) defined WPV as any act or threat of violence committed against individuals involved in work duties. In the health sector, the risk of violence is even higher. These workers are one of the occupational groups considered at higher risk of suffering WPV (Canadian Centre for Occupational Health and Safety, 2023), with approximately 11% of all WPV incidents occurring within the healthcare context (Occupational Safety and Health Administration, 2016). In 2021, 23% of the health sector workforce in the European Union (EU) experienced at least one form of negative social behaviour during the last 12 months European Nursing Research Foundation of work, above the overall average for workers in the EU (around 14%) (European Nursing Research Foundation, 2022). It is estimated that between 8% and 38% of healthcare workers suffer physical violence at a certain point in their careers (Lim et al., 2022). Within this broader context of WPV, gender-based violence and harassment (GBVH) represents a particularly critical dimension that requires specific attention due to its dual nature as both a human rights violation and an occupational hazard. This concept is characterised by the International Labour Organisation (ILO, 2019a) as any violence or harassment towards someone because of their sex or gender or disproportionately affecting people of a particular sex or gender, including sexual harassment.

GBVH remains a persistent challenge in the world of work, despite the existence of multiple formal instruments used to address it, such as conventions, legislation, and policy recommendations. Regardless of the regulatory approach adopted, GBVH ultimately reflects a deficit in decent work (Larion, 2024). It embodies a lack of respect for human dignity, constitutes a significant occupational safety and health concern, and may manifest in different ways across the full range of dimensions encompassed by the Decent Work framework. The issue lies at the intersection of equality law, where harassment is framed as discrimination, and occupational safety and health law, which recognises GBVH as a psychosocial hazard requiring prevention. This paper adopts a dual perspective on the alignment between international guidance and organisational practices in the prevention, mitigation, and management of GBVH.

As healthcare organisations increasingly adopt digital technologies and artificial intelligence (AI) to address workplace safety challenges, these same tools have paradoxically created new pathways for violence and harassment (United Nations Human Rights Office of the High Commissioner, 2023; Yu et al., 2018). Understanding both the protective and potentially harmful applications of AI in healthcare settings is therefore vital for developing comprehensive strategies against GBVH. Beyond its role in diagnosis (Miyachi et al., 2023; Yu et al., 2018), drug discovery and development (Bohr & Memarzadeh, 2020), patient support (Reis et al., 2025; Sher et al., 2021), administrative tasks (Machireddy, 2022), training and education of healthcare workers (Moreno-Moreno et al., 2025), AI also can be useful in helping detect violent incidents nearly in real time (Arce et al., 2023), predicting the risk of patient-to-staff violence (Menger et al., 2019), identifying patterns of WPV in safety reports, which aids in spotting under-reported episodes (Waltzman et al., 2024), or informing prevention policies (Bangerter et al., 2025). AI can also be useful in analysing GBVH by examining supporting organisational structures, management systems, and related psychosocial processes at individual, group, and organisational levels (Iftikhar et al., 2021; Karami et al., 2024). Factors such as an autocratic culture, organisational climate, leadership styles, and (cyber) bullying mechanisms are closely related to stressful working conditions (Iftikhar et al., 2021). Psychosocial stressors, including high workload and the use of technology, contribute both to traditional and cyberbullying in the workplace (Iftikhar et al., 2021). Moreover, AI techniques, such as text mining, have been successfully applied to detect patterns of sexism, harassment, and abusive behaviours in large datasets of workplace reports (Karami et al., 2024). All these AI applications in healthcare settings can support efforts to help prevent and mitigate WPV.

Although AI offers many benefits, it can also be exploited in harmful ways, acting as a tool to intensify violence and harassment, including GBVH, through digital systems (United Nations Human Rights Office of the High Commissioner, 2023; Yu et al., 2018). This phenomenon is officially recognised as technology-facilitated gender-based violence (TFGBV). It describes violent acts carried out by one or more perpetrators that are performed, enabled, worsened, or amplified, wholly or in part, via digital media or information and communication technologies targeting an individual based on their gender (United Nations Population Fund, 2023), and resulting or likely to result in harm for the victim (e.g., physical, sexual, psychological, social, political, or economic), or other breaches of their rights and freedoms (United Nations Women, 2023). In healthcare settings, TFGBV can appear through various digital channels (e.g., email, patient portals, messaging platforms, social media), and, like other forms of violence, may be perpetrated against healthcare workers by patients, families, the public, colleagues, or supervisors (Spencer et al., 2023). The study from Spencer et al. (2023) quantified the impact of cyber-incivility on nurses, analysing patient portal communications. Most distressing messages were accusatory, contained threats and included antecedents related to failed expectations, patient

accountability or difficulty navigating in healthcare system. These messages frequently violated professional standards of respect and dignity in the workplace.

Recent international instruments, including the ILO's Convention No. 190 (2019a) and Recommendation No. 206 (2019b), as well as the Council of Europe's Istanbul Convention (2011), provide clear frameworks that emphasise state duties to prevent violence and harassment at work, protect victims, and establish supportive policies across all sectors and types of employment. Despite these frameworks, relevant gaps remain in translating international standards into national laws and workplace practices, particularly regarding the coverage of new work arrangements, active worker participation, and enforcement. The healthcare sector, with its predominantly female workforce and risks of violence from patients and colleagues, is particularly affected. Reports, such as the Third European Survey of Enterprises on New and Emerging Risks (ESENER 3; Broughton et al., 2022), have shown that violence, harassment, and other psychosocial risks are often underreported and insufficiently controlled in healthcare workplaces.

This paper reviews the legal literature on international, European, and selected national frameworks addressing GBVH, along with epidemiological data on its prevalence in Europe. It examines key international agreements, including ILO Convention No. 190 (2019a), Recommendation No. 206 (2019b), and the Istanbul Convention (Council of Europe, 2011), which together create a comprehensive legal framework for violence and harassment, helping to redefine the boundaries of where and how workers are protected. Additionally, it reviews European guidelines and policies on GBVH, and compares national frameworks from several European countries to maximise variation in legal traditions and institutional setups (Italy, Spain, Portugal, Slovenia, Germany, France, The Netherlands, Sweden and Finland) with international standards, and incorporates data from European Survey of Enterprises on New and Emerging Risks (ESENER 3; Broughton et al., 2022) and the Gender-Based Violence Survey (European Union Agency for Fundamental Rights [FRA], Eurostat, & European Institute for Gender Equality [EIGE], 2024) to contextualise the legal analysis. Through this comparative approach to law and policy, the paper aims to highlight strengths and gaps in the European legal landscape and to provide structured knowledge that supports healthcare organisations in designing effective local interventions, as well as informing future legal and policy reforms to improve the prevention and management of GBVH and foster safer, more equitable workplaces.

Prior international and EU-level comparative analyses link international guidance, EU law, national frameworks, and prevalence data. The present review advances the literature in three key points:

- Healthcare-specific legal translation: It translates existing international and EU normative frameworks on GBVH into the specific organisational, occupational, and relational context of healthcare workplaces, including TFGBVH.

- Conceptualisation of AI as an occupational risk vector: It conceptualises artificial intelligence as an occupational risk vector for workplace violence (WPV) and GBVH.

- Identification of regulatory blind spots: It identifies regulatory blind spots in current legislation from a gender and intersectional perspective.

Method

Four of the nine countries selected for analysis are members of the project's Building Respectful and Violence-free Gender-inclusive Environments in the World of Work (BRAVE-WOW) consortium (Italy, Spain, Portugal and Slovenia). Then, we considered the two most populous countries (Germany and France). Finally, we selected three based on their geographical and cultural distance from the southern consortium (The Netherlands, Sweden and Finland). As EU member states, these countries integrate data and recommendations from European Agency for Safety and Health at Work (EU-OSHA), Eurofound and World Health Organisation (WHO) Europe, formally acknowledging that the healthcare sector is a high-risk occupational environment for workplace violence. These countries have strong political and legal frameworks for the protection of healthcare workers, supported by common European legislation and national occupational safety and health policies. However, the robustness of these policies varies significantly in terms of their implementation, preventive capacity, and response to workplace violence, justifying the need to deepen various national approaches (Leka et al., 2015).

Legislation search and selection

A comprehensive legal search was conducted in October 2025 using the CMS Law-Now platform (https://cms.law/en/int/innovation/online-services/law-now), which was selected for its extensive coverage of European jurisdictions and its focus on recent legislative developments. This resource allows the identification of national laws and regulatory

frameworks addressing WPV and GBVH across multiple European countries. For each relevant result, the corresponding primary legal act was subsequently identified through official national legal portals, and the full text of the original legislation was retrieved and examined in its entirety to ensure an accurate, contextually grounded analysis of the applicable provisions on WPV and GBVH. After completing our analysis, the resulting report was sent to labour national representatives at the governmental level (e.g., the Commission for Equality in Work and Employment from Portugal) for feedback and to verify whether the sources collected were sufficiently comprehensive for each country. We received timely responses from 66% of the contacted countries. For the countries where we did not, the websites of their labour representatives were searched for confirmation of the information gathered.

Epidemiological search and selection

A comprehensive epidemiological search was conducted by one researcher of the team in October 2025 following a structured, multi-step approach. First, grey literature and surveillance data were systematically identified through international institutional platforms, including the WHO, ILO, and EU-OSHA (e.g., the WHO/ILO Joint Estimates repository, EU-OSHA OSHwiki and e-guides, and ILOSTAT databases). In parallel, a structured search of peer-reviewed literature was performed in PubMed/MEDLINE, using predefined search terms related to GBVH and WPV in healthcare (e.g., Medical Subject Headings (MeSH) terms and keywords including "workplace violence", "gender-based violence", "sexual harassment", "bullying", "health personnel"). Subsequently, targeted country-specific searches were performed to retrieve national surveillance systems, legal frameworks, and comparative epidemiological reports. Countries were selected based on variation in legal traditions and institutional arrangements, ensuring representation of Nordic, Southern and post-socialist contexts.

Results

Epidemiological data

In the European context, data from the European Working Conditions Survey, 2021 (Eurofound, n.d.) indicated that the public administration, education, and health sectors report a higher prevalence of WPV, specifically through physical violence (7%), than any other sector, contrasting with the agriculture and industry sectors (4%). For example, a study in the UK found that across 10 different occupational sectors, public administration workers and health workers faced a higher risk of suffering WPV (with predicted probabilities of 13.8% and 11.8%, respectively), compared to the manufacturing, construction, and information, communication, finance, and insurance sectors, which had a predicted probability of approximately 4% (Gash & Blom, 2025). Similarly, outside of the European scope, in the US (U.S. Bureau Labour of Statistics, 2024), data showed that injury incidence rates caused by others are higher in healthcare and social assistance (14.2%) and educational services (8.4%), contrasting with arts, entertainment, and recreation (1.3%), and transportation and warehousing (1%), reinforcing that healthcare workers are at a greater risk of WPV worldwide. However, it is important to take into account the heterogeneity of data sources (i.e., European surveys, WHO reports, national surveillance systems), as well as diverse sampling methods and reference periods, since it limits direct comparability between each country's reality, while still useful to have a broad view and understanding of the phenomenon globally.

WPV is estimated to range between 12.5% and 31.6% (Eurofound, 2023; Liu et al., 2019), with healthcare workers identified as one of the occupational groups at higher risk over recent decades (European Agency for Safety and Health at Work [EU-OSHA], 2007; European Nursing Research Foundation [ENRF], 2022). Data showed 70% of physicians and nurses reported being exposed to violence during their work (WHO, 2025). Those working directly with patients and in emergency departments (Lin et al., 2025; WHO, 2022, 2025) are more vulnerable to experiencing WPV, as are nurses and female healthcare workers, regardless of their specific roles (ENRF, 2022). Overall, 80% of healthcare staff reported having experienced some form of WPV (Rossi et al., 2023). The WHO (2022) estimated that up to 38% of health workers had been affected by physical violence at least once during their careers. Regarding non-physical violence, estimates can reach as high as 90% (O'Brien et al., 2024). Women make up a significant portion (about 75%) of the healthcare workforce (Roy, 2024), which contributes to unavoidable gender disproportions of WPV (ILO, 2019a). The proportion of women reporting acts of violence at their workplace can be as high as 45% (Ajuwa et al., 2024), with this group being particularly vulnerable to non-physical violence (Nelson et al., 2024). FRA et al. (2024) found that women reported experiencing lifetime sexual harassment at work. Likewise, the 2021 EWCS revealed that, through self-reported incidence rates of unwanted sexual attention between gender, women are 3.6 times more likely than men to suffer from unwanted sexual attention.

Patients' and relatives' anger remain the most common form of WPV, consistently impacting over 50% of healthcare professionals. Throughout Europe, healthcare workers are frequently exposed to WPV. According to WHO (2025), 71% of healthcare professionals have experienced patients' and relatives' anger, 35% have faced violent threats, 32% have encountered bullying, 15% have suffered physical violence, and 12% have reported sexual harassment.

De Raeve et al. (2023) reported that 95% of nurses across Europe view violence against nurses as a serious issue, although many countries lack national data (e.g., France) or gender-specific insights (e.g., Spain). In the nine countries analysed, exposure to violence among healthcare professionals remains high (WHO, 2025), with rates around 80% in Portugal, Spain, France, Slovenia, and Italy, and somewhat lower (but still significant) in Sweden and the Netherlands (< 70%). The highest prevalence of violent threats was in Spain and Slovenia (44–50%), while the lowest was in Sweden (21%). Bullying was most common in Portugal and Italy (~40%) and least common in Sweden, the Netherlands, and Germany (~20%). Physical violence was most frequent in Spain and Finland (~20%) and least common in Sweden and Italy (< 10%). Patients' and relatives' anger continues to be the most widespread form of WPV, affecting over half of professionals.

Within country-level examinations, WPV patterns differ based on perpetrator and victim vulnerability.

Italy has the highest prevalence of patients' and relatives' anger and the second highest in bullying (Table 1). It consistently exhibited high levels of WPV, with annual prevalence rates ranging from 48.6% to 65.9% (Bagnasco et al., 2024; Ielapi et al., 2021). Multicentre studies indicated that more than half of healthcare workers experienced verbal or physical aggression (La Torre et al., 2022), and national medico-legal data recorded nearly 18,000 assaults in 2024, affecting around 22,000 professionals, mainly in emergency departments and inpatient units (Bailo et al., 2025). Sexual harassment remains a significant form of WPV; among female surgeons, 59% reported harassment, although only 10% formally reported incidents (Parini et al., 2021).

In Spain, most WPV incidents involved patients' and relatives' anger and violent threats (Table 1). 84% of reported WPV incidents involved non-physical violence, mainly driven by patients' or relatives' frustration with care, unmet demands, long waiting times, administrative delays, and perceived problems with service or treatment (Ministerio de Sanidad, 2024).

In Portugal, most WPV episodes also included patients' and relatives' anger followed by bullying and violent threats (Table 1). NOTIFICA, a system deployed to receive WPV reports, recorded 5,251 WPV notifications against healthcare workers (Direção-Geral de Saúde, 2019), increasing to 1,632 in 2022 and 1,036 in 2023 (+9% in 2024; Zangão, Serra et al., 2024). Psychological violence accounted for 65% (Serviço Nacional de Saúde, 2025). Verbal violence was the most common (85.9–94.1%; Biscaia et al., 2019), followed by physical violence (44.9%), with threats such as staring (55.5%) and shouting (45.5%; Marques & Silva, 2017).

In Slovenia, WPV prevalence was seen through higher rates in patients' and relatives' anger, followed by violent threats. When compared with the other countries it was the second with highest prevalence of sexual harassment (Table 1). Nurses encountered significant exposure to verbal and physical violence, with female nurses almost twice as likely as men to be victimised (de Raeve et al., 2023). In nursing homes, 71.1% of Slovenian nurses reported experiencing verbal violence and 63.8% physical violence (Gabrovec & Eržen, 2016).

Table 1. Prevalence of WPV types among healthcare professionals across European countries.

Country	Bullying (%)	Patients' and Relatives' Anger (%)	Physical violence (%)	Sexual harassment (%)	Violent threats (%)
Italy	40	82	9	12	30
Spain	36	76	23	9	50
Portugal	41	74	12	8	31
Slovenia	38	73	14	17	44
Germany	21	67	12	16	28
France	29	74	17	6	39
The Netherlands	20	55	15	13	31
Sweden	19	53	5	9	21
Finland	34	65	21	20	37

(Source: WHO, 2025).

Germany exhibited high WPV exposure, particularly patients' and relatives' anger in the first place, with violent threats in the second. It also showed high verbal aggression (Mambrey et al., 2023). Among 1,973 healthcare and welfare employees, 56% experienced physical violence and 78% verbal aggression in the previous 12 months, with nearly half reporting monthly occurrences; inpatient geriatric care workers showed the highest prevalence of physical violence (63%; Schablon et al., 2012).

In France, most WPV incidents involved patients' and relatives' anger, followed by violent threats. It has the least prevalence of sexual harassment (Table 1). Lifetime exposure to violence can reach 80% among healthcare professionals, with nurses often subjected to verbal and physical aggression (de Raeve et al., 2023).

In the Netherlands, WPV prevalence is lower than in other countries. However, most WPV episodes involve patients' and relatives' anger (Table 1). Women experienced more unwanted sexual attention than men (9.7% vs. 5.1%), although in some settings men reported slightly higher rates (22.1% vs. 20.5%; Statistics Netherlands, 2024).

Sweden reported a lower overall prevalence of WPV (Table 1), although workplace incivility and mistreatment continue. Over 30% of nurses and physicians reported incivility or mistreatment, and nearly 15% experienced more severe forms (Gynning et al., 2025). Studies confirmed frequent assaults against psychiatric staff, with rising rates and under-reporting (Lawoko et al., 2004); among local government healthcare employees, 51% experienced threats or violence in the past year (9% daily, 67% several times monthly; Holubová, 2007).

Finland has a similar prevalence of WPV as the other countries. However, this country presents the highest prevalence of sexual harassment (Table 1). Longstanding reports highlighted a persistent upward trend since the 1990s, with healthcare services repeatedly identified as high-risk (Heiskanen, 2007). Recent data showed that 7% of registered nurses and 15% of practical nurses experienced WPV at least monthly, especially in healthcare units (Airaksinen et al., 2023).

Across Europe, sexual harassment remains less common than other forms of WPV but is clearly gendered, with up to 30% of nurses affected in some countries (e.g., Portugal; de Raeve et al., 2023).

Evidence of TFGBV against healthcare workers remains limited, but emerging data from international surveys and national case studies indicate that this is a growing phenomenon. The Violence Study of Healthcare Workers and Systems (ViSHWaS), which included European respondents, reported that 3.6% of healthcare workers personally experienced online or cyber harassment, with an additional 1.2% reporting that colleagues faced similar abuse (Banga et al., 2023). These figures likely underestimate the true scale due to under-recognition and under-reporting of technology-facilitated abuse. During the COVID-19 pandemic, gendered patterns of online violence became particularly apparent. A global survey involving European data found that 67% of women physicians and scientists experienced gender-based harassment on social media, compared with only 12% of male counterparts (Women in Global Health, 2025). An Italian exploratory study examining social media content directed at healthcare providers found that 74% of posts and comments were negative, including explicit threats of physical violence, and that hostile content attracted twice the engagement of positive content (La Regina et al., 2021). The European Institute for Gender Equality (EIGE, 2020) characterises TFGBV as an escalating occupational risk, especially for individuals whose roles require a visible online presence (such as professionals communicating via traditional or social media). Based on EU survey data on online GBVH, European Institute for Gender Equality (2020) reported that among women who experienced harassment, a minority identified at least one perpetrator from their work environment (~9%; FRA, 2024), but these figures are not broken down by economic sector (EIGE, 2022), making it impossible to derive prevalence estimates specific to healthcare workers. European publications on WPV targeting healthcare workers increasingly acknowledge abuse occurring via social media and other digital channels; however, they also highlight that most surveillance and reporting systems do not systematically distinguish technology-facilitated incidents or capture gender-based dimensions, thus rendering TFGBV against healthcare workers invisible in current EU-level statistics.

The limited available statistics indicate that TFGBV in work environments is increasing, with women being disproportionately impacted, as seen in other forms of violence. However, the lack of standardised TFGBV indicators across EU Member States creates a significant empirical gap that hampers country-by-country comparisons and comprehensive prevalence assessments.

International and European standards on GBVH

Within the European and international legal framework, the recognition of GBVH as both a labour and human rights issue has been increasingly strengthened through complementary instruments (Table 2). Central to this effort is the ILO Convention No. 190 (2019a), which established the right to a world of work free from violence and harassment. The

Table 2. Summary of international and European legal instruments addressing GBVH and psychosocial risks at work.

Legal instruments	Core duties	Applicability
Convention No. 190 (ILO,2019a)	- Prevent violence and harassment through OSH-based actions, training, consultation, and enforcement	- Global framework integrating GBVH into OSH and equality systems
Recommendation No. 206 (ILO, 2019b)	- Guidance on prevention, awareness, and victim support	- Supports the implementation of Convention No. 190
Istanbul Convention (Council of Europe, 2011)	- Prevention, protection, prosecution; - Art. 40 on sexual harassment	- Links workplace GBVH with victim services; - Focuses on women
Directive 89/391/EEC (1989)	- Risk assessment, prevention, and worker participation	- Frames GBVH as a psychosocial risk
Directive 2006/54/EC (2006)	- Defines harassment and discrimination; - Mandates sanctions and remedies	- Embeds GBVH into equality law
Directive 2000/78/EC (2000)	- Ensures equal treatment across protected groups; - Enforces sanctions	- Extends anti-harassment protections beyond gender
Directive 2024/1385 (2024)	- Prevent and combat violence against women and cyber-harassment	- Expands EU standards on GBVH, with broader victim inclusion
ISO Standard No. 45003:2021 (ISO, 2021)	- Guidance for managing psychosocial risks at work	- Operational tool for mental health and safety within OSH
ESENER 3 (Broughton et al., 2022)	- Surveys workplace violence and harassment	- Monitors prevalence and guides policy
EU Cross-sectoral Social Partners' Framework Agreement (2007)	- Defines harassment and violence; - Mandates joint prevention policies	- Implemented via social dialogue, national agreements
AI Act: Regulation (EU) 2024/1689 (2024)	- Regulates AI systems; - Specifies requirements for high-risk systems to prevent bias/discrimination, promoting non-discrimination and gender equality. Prohibits practices exploiting vulnerabilities (Art. 5, para. 1, subpara. a and b); - Mandates data quality to minimise discriminatory outcomes (Art. 10).	- General regulation of AI systems - Provisions on prohibited AI practices directly relevant to GBVH prevention - Helps to address structural gender inequalities and reduce the risk that AI systems reproduce stereotypes and normalise harassment
EU DSA: Regulation (EU) 2022/2065 (2022)	- Imposes responsibility on Internet intermediaries/ platforms for hate speech and human rights violations, relating to tech-facilitated GBV.	- Applies to providers of online platforms and hosting services, requiring them to adopt measures for the prompt detection, removal, or disabling of access to illegal content, including content that constitutes GBVH
EU General Data Protection Regulation (GDPR): Regulation (EU) 2016/679 (2016)	- Applies to personal data processed by AI systems, including biometric and sensitive data processing, particularly relevant to privacy breaches associated with GBV and AI bias mitigation efforts.	- Protects personal data of victims. - Provides victims of GBVH with rights to access, rectify, erase, restrict, and object to the processing of their personal data
Council of Europe Framework Convention on Artificial Intelligence and Human Rights,	- Concerns risk of discrimination due to AI;	- Allows Parties to identify, assess and address AI-enabled harms that could disproportionately

Table 2. *Continued*

Legal instruments	Core duties	Applicability
Democracy and the Rule of Law (2024)	- Mandates parties to ensure AI systems respect equality, including gender equality, and the prohibition of discrimination.	affect women and other groups vulnerable to GBVH
GREVIO General Recommendation No. 1 on the Digital Dimension of Violence Against Women (2021)	- Defines the digital dimension of violence, covering technology-facilitated acts such as deepfakes, cyberstalking, and non-consensual image sharing, emphasizing the need for legal responses.	- Addresses the digital dimension of violence against women, providing guidance for States Parties to the Istanbul Convention on preventing, investigating, and responding to GBVH in online and digital environments
UNESCO Recommendation on the Ethics of AI (2021)	- Calls upon states to ensure AI systems uphold fundamental rights, safety, and integrity of women and girls throughout the AI lifecycle, promoting gender equality.	- Emphasis on human rights, equality, non-discrimination, and the protection of vulnerable groups in AI governance.
Recommendation CM/Rec (2019) 1 of the Committee of Ministers on Preventing and Combating Sexism (2019)	- Recommends integrating a gender equality perspective into AI policies and programs to prevent algorithms from perpetuating sexism and gender biases.	- Provides guidance to member States on preventing and combating sexism, including structural and cultural factors that contribute to GBVH
European Commission Guidelines on Prohibited AI Act (2025)	- Mentions the generation of "deep fakes" impersonating actual persons to deceive and undermine decision-making, leading to significant harms to groups based on gender.	- Protection against manipulative and exploitative AI in GBVH contexts - Prevention of discriminatory and harmful AI classifications - Application to workplace and online environments
Recommendation CM/Rec (2018) 2 of the Committee of Ministers on the Roles and Responsibilities of Internet Intermediaries (2018)	- Provides guidelines for states to adopt measures to ensure intermediaries uphold human rights and address harassment/hatred, relevant to controlling harmful online content.	- Guidance for roles and responsibilities of internet intermediaries, including social media platforms, search engines, and hosting services. - Frameworks to prevent, detect, and mitigate online harms that disproportionately affect vulnerable groups.

Convention requires member states to adopt an inclusive, integrated, and gender-responsive approach, integrating preventive measures into occupational safety and health frameworks. It also mandates consultation with workers and their representatives or trade unions, provision of training, accessible remedies, and enforcement through credible labour inspection mechanisms. GBVH is broadly defined to include unacceptable behaviours, whether isolated or repeated, intended to cause physical, psychological, sexual, or economic harm, with particular attention to disproportionate targeting based on sex or gender. From the European Parliament's perspective, harassment and sexual harassment are explicitly recognised as forms of discrimination under Directive 2006/54/EC (2006), affirming their dual importance as labour and human rights concerns. This approach applies across all types of employment, including non-standard, temporary, and platform-based work, ensuring that prevention measures address emerging vulnerabilities in the labour market. Collectively, these instruments form a coherent normative continuum that recognises GBVH as both a workplace risk, a form of structural inequality, and a violation of fundamental human rights, thereby expanding the responsibilities of states and employers for preventive and mitigative actions.

The Istanbul Convention (Council of Europe, 2011) provides a comprehensive framework to prevent and combat violence against women and domestic violence. Article 40 calls for measures to address sexual harassment, supported by accessible services (e.g., crisis centres, shelters, helplines). These obligations complement workplace responsibilities where GBVH intersects with criminal conduct and victim support mechanisms. However, this framework mainly focuses

on women as victims, often excluding other groups at risk. The European Parliament's Directive 2000/78/EC (2000) further broadens the anti-discrimination framework to include several protected grounds, such as religious beliefs, disability, age, and sexual orientation. It requires member states to ensure effective, proportionate, and dissuasive remedies and sanctions (Article 17), thereby reinforcing the wider European commitment to equality and dignity in the workplace. Similarly, the OSH Framework Directive 89/391/EEC (1989) obliges employers to prevent occupational risks through risk assessment, information, training, and worker participation.

More recently, Directive 2024/1385 (2024) on combating violence against women and domestic violence strengthened minimum standards on prevention, protection, and prosecution, explicitly including online offences (e.g., cyber-harassment, non-consensual image sharing). Together, these instruments conceptualise GBVH as both a form of discrimination (under equality law) and a workplace hazard (under OSH law). However, as with the Istanbul Convention, this 2024 Directive primarily defines gender-based violence as violence against women, including "all acts of gender-based violence directed against a woman or a girl because she is a woman or a girl or that affect women or girls disproportionately" (Art. 2, subpara. a). Additionally, the term victim is defined as "any person, regardless of their gender, who has suffered harm directly caused by violence against women or domestic violence, including children who have suffered harm because they have witnessed domestic violence" (Art. 2, subpara. c). At first glance, this wording suggests a more inclusive approach to victims of gender-based violence; however, the Directive's main focus remains on violence against women and domestic violence, recognising that women and girls are disproportionately impacted. Nevertheless, other individuals may also be victims of such violence and should benefit from the same protective measures provided by this Directive. Therefore, the term 'victim' should be understood as encompassing all individuals, irrespective of their sex or gender. An intersectional approach is vital to fully understand and tackle GBVH, recognising how intersecting identities (e.g., race, disability, sexual orientation) can increase vulnerability and shape experiences of violence and harassment. Inclusive policies, therefore, should expand protections and support beyond gender alone to promote fair workplace safety for everyone.

The European Agency for Safety and Health at Work (EU-OSHA; 2025) identified violence, harassment, and bullying as psychosocial risks requiring structured assessment and management. Incidents of violence in the workplace reflect aspects of work design, management practices, and social context that can lead to psychological or physical harm. Workplace bullying involves repeated harmful behaviour that damages victims' dignity and well-being, reducing productivity and increasing social and economic costs. Although protections vary across nations, most European countries hold employers responsible for prevention and intervention (European Parliament, 2001). The International Organisation for Standardisation (ISO; 2021) offers practical guidance for integrating psychological health and safety within OSH management systems (ISO Standard No. 45003:2021). This standard operationalises the preventive approach of Convention No. 190 (ILO, 2019a) by identifying psychosocial hazards (e.g., excessive workload, harassment, role ambiguity, poor work-life balance) and promoting proactive management to prevent work-related injuries and ill health before adverse outcomes occur.

A key European tool tackling harassment and violence at work is the European Autonomous Framework Agreement on Harassment and Violence at Work (EU Cross-sectoral Social Partners, 2007). This agreement defines harassment as repeated and deliberate abuse, threats, or humiliation in work-related settings, and violence as physical assault under work-related circumstances. It also condemns all forms of work-related violence and harassment; highlights employer responsibility, in consultation with workers and representatives, to develop, review, and monitor procedures and policies that prevent and address harassment and violence; mandates clear workplace statements rejecting harassment and violence, along with procedures for complaints, investigations, and victim support; acknowledges that harassment can involve colleagues, superiors, or third parties (e.g., clients, customers); applies universally across workplaces regardless of size, sector, or employment contract type; and encourages implementation through national collective agreements, sector-specific policies, and joint guidelines (EU Cross-sectoral Social Partners, 2007). This framework complements EU legislation and national laws, guiding employers, workers, and their representatives towards a coordinated, preventive, and supportive approach to tackling workplace harassment and violence across Europe. It is widely referenced and put into practice via European social dialogue and national labour policies, reinforcing duties of care and fostering safer, more respectful workplaces (Carta et al., 2016).

TFGBVH in work settings is an escalating concern across Europe, particularly as digitalisation and remote work broaden the scope of where and how violence can happen. Eurofound (2024) highlighted that technology intensifies traditional forms of gender-based harassment through mechanisms such as anonymity, constant accessibility, and the potential for viral spread, causing considerable harm to employees' mental and physical health. The gendered nature of this violence poses unique challenges for workplace safety frameworks. Currently, legal protections and employer duties differ across European countries, resulting in an uneven landscape of worker protection. Employers are expected to incorporate

prevention into risk assessments and adjust management strategies to address both physical and virtual work environments. In light of these developments, analysing the European legal and policy framework for TFGBVH in the workplace is crucial to understanding how different jurisdictions are responding to this emerging occupational hazard.

The regulatory landscape regarding TFGBV at the European level remains critically fragmented, relying primarily on interpretive extensions of existing frameworks rather than on comprehensive, purpose-built legislation (Karagianni, 2025; United Nations Development Programme [UNDP], 2024). While the Council of Europe's Istanbul Convention (2011) has been progressively interpreted by the Group of Experts on Action against Violence against Women and Domestic Violence (GREVIO; 2021) to include digital forms of violence such as surveillance, online harassment, and image-based sexual abuse, this adaptive approach reveals significant regulatory gaps (Council of Europe, 2011). The Convention's General Recommendation No. 1 (2021) explicitly recognises that technology-mediated violence is an extension of offline GBVH (GREVIO, 2021). However, its largely gender-neutral language and reliance on state-level interpretation weaken systematic enforcement, particularly in occupational settings where power imbalances heighten vulnerabilities (Karagianni, 2025; UNDP, 2024).

The European Union's Artificial Intelligence (AI) Act (2024), heralded as a pioneering regulatory framework, reveals significant shortcomings in addressing gendered aspects of algorithmic harm (Karagianni, 2025). Although it frequently references non-discrimination, explicit mentions of gender equality are limited, with only a single reference in Article No. 95-2e (European Parliament & Council of the European Union, 2024; Karagianni, 2025). Notably, Article No. 5, which prohibits certain biometric categorisation systems in public spaces, does not explicitly recognise gender as a protected characteristic, despite recommendations from the European Data Protection Board to treat gender as a sensitive category (Karagianni, 2025). The Act's conformity assessment procedures (Articles No. 6 and No. 43) and risk management systems (Article No. 9) do not mandate Gender Impact Assessments, thus maintaining algorithmic biases that disproportionately affect women in vulnerable employment sectors, including healthcare workers subjected to algorithmic performance monitoring (European Parliament & Council of the European Union, 2024; Karagianni, 2025).

The EU Directive 2024/1385 (2024) on tackling violence against women and domestic abuse marks a partial step forward by explicitly recognising cyber-violence, including cyberstalking, cyber-harassment, and the non-consensual sharing of intimate images. However, its implementation is still in its early stages, and Member States' transposition obligations do not require sector-specific protections in workplaces. Healthcare workers, mostly women, face increased risks from workplace surveillance technologies, digital performance management systems, and online harassment from patients, yet, to our knowledge, no European instrument systematically addresses these intersecting dangers. The Digital Services Act [DSA] (2022), while imposing greater accountability on internet intermediaries, emphasises platform governance over victim-centred protections and does not establish enforceable duties of care specific to gender-based harassment in professional digital settings (European Parliament & Council of the European Union, 2022; UNDP, 2024).

This regulatory fragmentation is worsened by the lack of intersectional frameworks that consider how gender interacts with race, disability, migration status, and precarious employment, factors that increase exposure to TFGBV among healthcare workers. Feminist scholarship highlights that the EU's harmonisation efforts risk creating homogeneity by imposing universal standards that overlook the diverse socio-economic contexts and the specific vulnerabilities of marginalised communities (Karagianni, 2025). Furthermore, the dominance of soft law instruments, including General Recommendations No. 1 on the Digital Dimension of Violence Against Women (GREVIO, 2021), Committee of Ministers guidelines (CM/Rec(2019)1 on sexism; CM/Rec(2018)2 on internet intermediaries), and non-binding standards, weakens enforcement and makes accountability difficult (Council of Europe, 2018, 2019; GREVIO, 2021; UNDP, 2024). Without mandatory, enforceable obligations supported by well-resourced oversight bodies and accessible redress mechanisms, the supposed protections remain largely symbolic, sustaining impunity for technology-enabled violence against women in both public and workplace settings (GREVIO, 2021; Karagianni, 2025).

Comparative overview of national legal and institutional frameworks on GBVH

This section offers an overview of how nine European countries incorporate international and EU directives (e.g., EU Cross-sectoral Social Partners, 2007) and ILO Convention No. 190 (ILO, 2019a) guidelines into their national laws and institutional practices to tackle workplace violence, harassment, and psychosocial risks.

These countries chosen for analysis, besides countries of the BRAVE-WOW consortium, were selected due to their higher population (i.e., France and Germany), and based on their geographical and cultural distance from the consortium countries (i.e., Netherlands, Sweden and Finland), while all having developed frameworks for equality and OSH concerning harassment and psychosocial risks. This allows for meaningful comparisons rather than just documenting legal gaps (Organisation for Economic Co-operation and Development [OECD], 2025). The sample also covers different

stages of adopting international and EU standards on violence and harassment at work, including early and more recent ratifiers of ILO Convention No. 190. Some countries have established advanced psychosocial regulations but have not yet fully adopted Convention No. 190, providing an opportunity to see how shared principles are adapted into diverse national systems. Finally, these countries are often used as reference cases in European comparative reports on non-discrimination and harassment law, which enhances the policy relevance and transferability of the findings for EU-level discussions (Numhauser-Henning & Laulom, 2012).

While all countries prohibit sexual and moral harassment and assign employer responsibilities for prevention, victim support, and consultation, their approaches differ in regulatory focus, enforcement mechanisms, and adaptation to emerging challenges (European Commission, 2025). A comparative summary of these frameworks and enforcement mechanisms across countries is presented in Table 3.

Table 3. Overview of workplace GBVH legal frameworks and enforcement.

Country	Legal framework & key laws	GBVH provisions	Enforcement & oversight	Notable features & challenges
Italy	- Code of Equal Opportunities (Legislative Decree 198/2006); - OSH Act (Legislative Decree 81/2008); - Law 113/2020; - Law 159/2025	- Sexual harassment as discrimination; - Mandatory risk assessment for psychosocial hazards; - special provisions for judicial protections of healthcare workers to facilitate victim support.	- Judicial system supports claims; - National Observatory on the Safety of Healthcare and Social Professionals (ONSEPS), with monitoring and preventative functions.	- Strong alignment with international standards and progressive strengthening of the legislative framework. - The gender dimension is included in the system but not formally addressed by the legislation. - Rates of violent and harassing behaviours against healthcare workers remain high
Spain	- Royal Legislative Decree 2/2015; - Law 31/1995; - Organic Acts 3/2007 and 10/1995; - Royal Decrees 901/2020, 902/2020, and 1026/2024.	- Dignity and gender-based harassment protected; - Equality Plans mandatory for large companies; - Digital harassment included; - Whistleblower systems.	- Labour Inspectorate oversees compliance; - Fines for non-compliance.	- Enforcement gaps in SMEs; - Rising focus on cyber harassment and inclusion of LGBT protection.
Portugal	- Constitution of the Portuguese Republic; - Labour Code; - Criminal Code; - Law 73/2017; - Legal Framework for Safety and Health at Work; - PAPVSS Plan.	- Moral and sexual harassment prohibited; - Employer codes of conduct mandatory; - Whistleblower protections; - Psychosocial risks integrated into OSH.	- CITE and ACT are responsible for compliance and enforcement	- Emerging digital risk management; - Expanding psychosocial protection; - Challenges with remote work and worker participation.

Table 3. *Continued*

Country	Legal framework & key laws	GBVH provisions	Enforcement & oversight	Notable features & challenges
Slovenia	- Employment Relationships Act (ZDR-1, 2013); - Health and Safety at Work Act (ZVZD-1, 2011); - Criminal Code.	- Broad anti-harassment and prevention duties; - Cover mobbing and violence; - Domestic violence protections with leave rights	- Labour Inspectorate and ministries enforce laws	- Limited SME inspection resources; - Procedural psychosocial risk handling.
Germany	- General Equal Treatment (AGG, 2006); - Civil Code (BGB); - OSH Act (ArbSchG); - Basic Law (GG)	- Sexual harassment and mobbing are prohibited; - Preventing measures mandated; - Expanding compensation scope.	- Labour courts and Federal Labour Court rulings support enforcement	- Increasing codes of conduct and ombuds offices; - Evolving jurisprudence on psychosocial harms.
France	- Labour Code; - Criminal Code; - Public Health Reform.	- Broad harassment prohibitions; - Criminalisation of institutional moral harassment; - Mandatory psychosocial risk assessments.	- Courts; - Labour inspections; - Supreme Court rulings reinforce employer liability.	- Ongoing legislative proposals on ILO Convention No. 190; - Extended for domestic violence survivors.
The Netherlands	- Working Conditions Act; - Working Conditions Decree; - Civil Code (Book 7).	- Employer's duty to prevent workplace violence, bullying, harassment; - Upcoming Code of Conduct Law (2026).	- The Ministry of Social Affairs & Employment and Labour Authority execute inspections and fines	- Emphasis on confidential counsellors and internal complaint systems; - EU and international alignment.
Sweden	- Discrimination Act (SFS 2008:567); - Work Environment Act (SFS 1977:1160); - Criminal Code (SFS 1962:700)	- Prohibition of sexual harassment and other harassment; - Active employer duties; - Criminal penalties for severe acts.	- Swedish Work Environment Authority leads enforcement	- Raised public and regulatory awareness following #MeToo movement

Table 3. *Continued*

Country	Legal framework & key laws	GBVH provisions	Enforcement & oversight	Notable features & challenges
Finland	- OSH Act (738/2002, Ch. 2 §8, §28); - Equality and Non-Discriminant Act (1325/2014); - Non-Discrimination Ombudsman; - Transition to Finnish Supervisory Agency (2026).	- Employers are obligated to prevent harassment; - Mandatory impartial investigations and corrective measures; - Explicit prohibition of gender-based and other discrimination; - Integration of psychosocial risk management.	- Regional State Administrative Agencies (until 2025) under the Ministry of Social Affairs and Health; - Finnish Supervisory Agency (from 2026); - Non-Discrimination Ombudsman and National Equality Tribunal monitor compliance and handle complaints.	- Strong cooperation between OSH authorities, Ombudsman, and occupational health services; - Promotes early detection and mediation of conflicts; - Comprehensive psychosocial risk prevention integrated into OSH; - Transition to a new supervisory structure in 2026 aimed at administrative efficiency.

Italy

Since 1996, Italy started adopting specific regulations to combat GBV, with the Law n. 66 of 1996 recognising for the first time sexual harassment as a violation of the right to free self-determination of women and not as a crime against public morality. Since then, Italy has committed to combat GBV in principle, developing a specific and very strong legislation to protect the general public, along with specific regulations to protect workers in their workplaces. To this end, Italy has promptly ratified the Istanbul Convention (Law No. 77 of 27 June 2013) on preventing and combating violence against women and domestic violence. To further strengthen the regulation against GBVH, Italy implemented the so-called "Red Code" (Law No. 69 of 19 July 2019) to reinforce the fight against GBV by introducing more stringent measures to prevent crimes, punish the guilty and protect the victims of GBVH.

To support regulation with data and to guarantee an adequate information flow on gender violence against women to support the design of appropriate prevention and contrast policies and to ensure effective monitoring of the phenomenon, Italy introduced an "Extraordinary action plan against sexual and gender violence" (Decree of the President of the Council of Ministers of 7 July 2015) providing for the creation of a national database on gender-based violence which is regularly fed by the National Institutes of Statistics based on an agreement signed with the Ministry of Health in May 2023.

As regards the world of work specifically, the framework legislation on the protection of workers' health and safety (Legislative Decree n. 81 of 2008) has a clear mandate to assess and manage all risks in workplaces, including psychosocial risks. In addition, with Law n. 4 of 15 January 2021, Italy ratified the ILO Convention n. 190 on Violence and Harassment at work, becoming the ninth country in the world and the second in Europe to translate into the national legislation the provisions set by this international instrument. The national legal framework provides for a theoretically comprehensive protection of workers from the risks of violence and harassment at work, with a full set of rules and tools for risk assessment, risk management, and the prosecution of those responsible. With the Decree Law No. 159 of 31 October 2025, urgent measures to increase the protection of workers' health and safety against violent and harassing behaviours in the workplace have been introduced, dramatically widening the concept of prevention and protection against occupational risks in general and psychosocial risks in particular. Article 5, letter c, of the new Decree amends Article 15, paragraph 1, of Legislative Decree 81/2008 on general protection measures by adding a new paragraph which requires "the planning of measures to prevent violent or harassing behaviours against workers …", placing on employers an obligation to implement not only the traditional health and safety measures, but also specific programs to combat incidents of violence and harassment and to prevent any form of discrimination and discomfort that could undermine the dignity and physical and mental health of workers. This specific reference will have a direct impact on risk assessment and management, reinforcing the general obligation set forth in Article 28 of Legislative Decree 81/2008, by extending the

assessment of work-related stress risk to the analysis of its determinants, which also include violence, mobbing, harassment, and discrimination. In addition, Italy has developed specific regulations to protect the health and safety of health and care workers. With Law No. 113 of 14 August 2020 on Provisions on safety for healthcare and social healthcare professionals in the exercise of their functions, several measures have been introduced: the creation of the National Observatory on the Safety of Healthcare and Social Professionals (ONSEPS), which monitors violence against healthcare workers and promotes prevention measures. The Observatory's 2024 report documented over 18,000 incidents nationwide (Ministry of Health, 2024); specific criminal provisions for perpetrators of violence and harassment against healthcare workers, with increased penalties for personal injury and their prosecution ex officio, thereby removing the burden from victims of filing complaints; specific punishment for damages to the healthcare facilities' properties is provided; creation of the National Education and Prevention Day against violence against healthcare and social-health workers (March 12th), in conjunction with the European Awareness Day of Violence Against Doctors and other Healthcare Professionals.

Spain

Spanish labour law, mainly Royal Legislative Decree No. 2/2015, guarantees dignity at work and protection against sex or gender-based harassment (art. 4.2, subpara. e). The Occupational Risk Prevention Law (Law No. 31/1995) transposes EU Directive 89/391/EEC (1989), mandating employers to assess and prevent psychosocial risks. Organic Act No. 3/2007 enforces preventive and corrective measures against sexual harassment and gender-based discrimination. Companies with 50 or more employees are required to implement Equality Plans with prevention protocols and complaint-handling procedures under Royal Decrees No. 901/2020 and 902/2020. Non-compliance constitutes a serious offence under the Labour Infringements and Sanctions Act (LISOS; Royal Decree-Law No. 5/2000), carrying substantial fines and increased labour inspection oversight. New reforms, such as Law No. 15/2022, address digital harassment, including cyberbullying, and Royal Decree No. 1026/2024 expands protections for LGBTQIA+ (including lesbian, gay, bisexual, transgender, queer, intersex, and asexual individuals, among others) workers. Judicial rulings emphasise the proactive employer duties to prevent harassment, with criminal sanctions available under Organic Act No. 10/1995. Despite strong legal frameworks, enforcement gaps and digital management remain challenges.

Portugal

The Constitution of the Portuguese Republic (1976) guarantees dignified working conditions and health protection. Dignified working conditions, as assured by the Constitution, are reinforced by Law No. 13/2023, which transposes two central European Union Directives into Portuguese law, marking a significant step toward compliance with the Decent Work Agenda. These directives are aimed at ensuring more transparent and predictable working conditions for employees and enhancing work-life balance for employees who are parents and caregivers.

According to CITE (Fidalgo, 2025; Torres et al., 2016), Portuguese law explicitly prohibits workplace harassment. The Labour Code (Law no. 7/2009, as amended) expressly forbids harassment in the workplace (Article 29) and places a legal obligation on employers to implement preventive measures. Law No. 73/2017, Art. 2, further reinforced protection by requiring companies with seven or more employees to adopt codes of good conduct and by mandating disciplinary proceedings whenever there is a suspicion of harassment. Additionally, the Portuguese Criminal Code, through Decree-Law No. 48/1995, Art. 170, criminalises specific forms of sexual harassment, such as coercion and unwanted sexual advances.

The Labour Code (Law No. 73/2017, Art. 2) explicitly prohibits harassment, classifying it as a severe offence that warrants victim compensation and disciplinary sanctions. It safeguards whistleblowers and witnesses by prohibiting retaliatory disciplinary actions for up to a year after reporting harassment, unless otherwise proven. The Criminal Code, under Decree-Law No. 48/1995, Art. 170, criminalises sexual harassment, with penalties including imprisonment or fines. Prevention of harassment at work, as stipulated in Law No. 73/2017, requires employers with seven or more employees to adopt codes of conduct and initiate disciplinary procedures upon receiving complaints of harassment. The Legal Framework for Safety and Health at Work (Law No. 102/2009) transposes Directive 89/391/EEC (1989), which requires the prevention of psychosocial risks and worker participation (Art. 15).

Oversight is provided by the Commission for Equality in Labour and Employment (CITE) and the Authority for Working Conditions (ACT), which enforce compliance and handle complaints. Also, this entity is the Portuguese National Focal Point for EU-OSHA, responsible for coordinating national initiatives and implementing EU-OSHA work programmes. The Action Plan for the Prevention of Violence in the Health Sector (PAPVSS), implemented by the Resolution of the Council of Ministers No. 1/2022, aligns with international conventions (e.g., ILO Convention No. 190, 2019a; WHO

et al., 2002) to address violence and GBVH against healthcare workers (Biscaia et al., 2022). Portugal ratified ILO Convention No. 190 (ILO, 2019a) through Presidential Decree No. 12/2024, reinforcing its commitment to eliminating violence and harassment at work. Recent laws (Law No. 35/2023 and Law No. 26/2025) strengthen mental health support, whistleblower protections, and expand employer liability for psychosocial harassment, including digital and remote work risks. Although regulations and enforcement are advancing, challenges remain in worker participation and fully integrating digital risks into OSH systems. Portugal has also run a national awareness campaign on early detection of violence risks since 2019 (De Raeve et al., 2023).

Slovenia

In Slovenia, the Employment Relationships Act (ZDR-1, 2013, Art. 7) prohibits all forms of workplace harassment and imposes employer liability for preventing, addressing, and remedying workplace abuse and mobbing (Arts. 7, 47). The Health and Safety at Work Act (ZVZD-1; 2011, Art. 24) requires employers to prevent and manage violence, mobbing, harassment, and other psychosocial risks by implementing protective measures, complaint handling, victim support, and involving workers' representatives. The Protection Against Discrimination Act (Advocate of the Principle of Equality, 2016, Art. 2) protects all workers (including job applicants and non-standard employees) against discrimination. The Equal Opportunities for Women and Men Act (Act No. 700–01/02–70/1, 2002) establishes the legal framework for promoting gender equality in Slovenia and explicitly prohibits gender-based discrimination and harassment, including sexual harassment, in employment and other areas of social life. By addressing unequal power relations and structural gender inequality, the Act complements general anti-discrimination legislation and reinforces the gender-based violence (GBV) perspective in the workplace, situating harassment and violence not merely as individual misconduct but as manifestations of broader systemic inequalities.

Under the Labour Code of 24/04/2002, Article 7(1) prohibits sexual harassment and other forms of harassment at work, in which harassment is defined as any unwanted behaviour related to any personal circumstance, with the effect or intention of violating a person's dignity or creating an intimidating, hostile, degrading, humiliating or abusive environment. Article 7(4) prohibits harassment and bullying in the workplace (defined as any repetitive or systematic action or behaviour that is reprehensible or clearly negative and insulting towards an employee in the workplace or related to work).

The Criminal Code of the Republic of Slovenia (*Kazenski zakonik*, 2009, Art. 197) sanctions workplace harassment and mobbing, imposing imprisonment or fines for conduct that causes humiliation or intimidation. Recent legislation (e.g., Government of the Republic of Slovenia, 2023, amendment of ZDR-1, valid from November 2023) grants domestic violence victims paid leave and reduced work hours, enhancing integrated social and workplace protections. Slovenia's ratification of the Istanbul Convention (Council of Europe, 2011; Government of the Republic of Slovenia, 2024) integrates workplace violence prevention into broader societal frameworks. Labour Inspectorate enforces compliance amid challenges in its coverage of Small and Medium-sized Enterprises (SMEs) and resource limitations. Besides, recent amendments to the Employment Relationships Act (2013) strengthened the right to disconnect, obliging employers to ensure that workers can fully separate their personal and professional lives, free of work-related obligations outside working hours. This amendment fosters stress reduction and diminishes the risk of burnout. Slovenia also addresses psychosocial risks strategically through the Resolution on the National Programme of Safety and Health Work 2018–2027 (2018), which highlights the role of work organisations, leadership, and preventive measures in protecting employees' mental health.

Germany

Under German law, workplace harassment, including sexual harassment, is considered a form of discrimination under the General Equal Treatment Act (*Allgemeines Gleichbehandlungsgesetz*, AGG, 2006, § 3 III, IV), which protects employees from sexual harassment, mobbing, and retaliation. Employers are legally required to take the necessary measures to protect employees against discrimination by other employees or third parties (AGG, 2006, § 12). This protection also includes preventive measures such as establishing clear anti-discrimination policies, providing regular staff training, and conducting immediate investigations of reported incidents. Non-compliance can result in employer liability and compensation awards (AGG, 2006, § 15). Additionally, if an employer fails to take appropriate action in the case of discrimination, the employee has the right to refuse work (AGG, 2006, § 14) and the employer is prohibited from punishing an employee for complaining about discrimination (AGG, 2006, § 16).

Furthermore, the German Civil Code (*Bürgerliches Gesetzbuch*, BGB, 1896, § 823) allows claims for damages related to violations of personal integrity and dignity. Unlike the AGG, which is limited to the labour context in cases of sexual harassment, the German Civil Code applies in all civil law situations, not just in the labour context. However, the

evidentiary requirements under the German Civil Code are higher than those under the General Equal Treatment Act (AGG, 2006, § 22), making it easier for affected individuals to obtain legal protection under the AGG.

Moreover, the OSH Act (*Arbeitsschutzgesetz*, ArbSchG, 1996, § 3–5) obliges employers to protect workers from psychological distress and harassment as part of their duty of care, while Basic Law for the Federal Republic of Germany (*Grundgesetz für die Bundesrepublik Deutschland*, GG, 1949, Art. 1) anchors the inviolability of human dignity as a constitutional principle. Recent decisions by the Federal Labour Court (*Bundesarbeitsgericht*, Press Release No. 14/2025) have expanded compensation eligibility to include non-material and psychological damages, emphasising the evolving jurisprudence on harassment-related harm. Preventive mechanisms such as codes of conduct, harassment ombuds offices, and confidential reporting channels (e.g., AGG, 2006) are increasingly used across organisations to ensure compliance with national and European standards. In addition to civil and labour law, physical sexual harassment is also considered a criminal offence under the German Criminal Code (StGB, 1871, § 184i).

France

French labour law and recent reforms prohibit all forms of harassment under the Labour Code (1991; Arts. L1152–1 to L1155–2 and L4121–1), requiring employers to prevent harassment and protect victims. The French Criminal Code (1994; Arts. 222–33 and 222–33-2) criminalises sexual and moral harassment, providing for imprisonment and fines against perpetrators. The Public Health and Working Conditions Reform (Law No. 2021–1018, 2021) strengthened employer obligations to assess and manage psychosocial risks and improve prevention through social dialogue. In 2025, the French Supreme Court (2025) recognised *institutional moral harassment* as criminally punishable, holding companies and leaders liable for harmful policies, such as disruptive restructuring, excessive surveillance, lack of support, or intimidation. Current legislative proposals aim to ratify ILO Convention No. 190 (ILO, 2019a), enhance workplace protections for survivors of domestic violence at work, and expand employer responsibilities across supply chains. National continuing professional development training on violence is offered for healthcare staff to address WPV (De Raeve et al., 2023).

According to the French Labour Code (1991), workers must not be subjected to repeated acts of moral harassment that have the purpose or effect of degrading their working conditions, and that may infringe upon their right to dignity, impair their physical or mental health, or jeopardise their professional future (Article L1152–1). To this end, employers are under a legal obligation to adopt all necessary measures to prevent acts of moral harassment within the workplace (Article L1152–4).

Furthermore, employees, apprentices, and interns may not be sanctioned, dismissed, or subjected to discriminatory treatment (remuneration, training, promotion, and renewal of contracts) on the grounds that they have been subjected to, have refused to submit to, or have reported acts of moral harassment (Article L1152–2). This provision establishes a clear prohibition of reprisals. Any termination of an employment contract carried out in breach of this protection is deemed null and void (Article L1152–3). Employees who engage in acts of moral harassment may, conversely, be subject to disciplinary sanctions (Article L1152–5).

Article L1152–6 further provides for the possibility of initiating a mediation procedure, either by the victim of moral harassment or by the person accused of such conduct. The parties jointly select a mediator, whose role is to seek conciliation and to submit written proposals aimed at bringing the harassment to an end. If conciliation fails, the mediator must inform the parties of the applicable sanctions and the procedural safeguards available to the victim. Any obstruction of the mediator in the performance of their duties constitutes a criminal offence, punishable by one year of imprisonment and a fine (Article L1155–1).

Sexual harassment is prohibited under Article L1153–1. The first form consists of repeated words or conduct of a sexual nature that undermines the dignity of a person by reason of their degrading or humiliating character, or that create an intimidating, hostile, or offensive working environment. The second form involves any serious pressure, even if not repeated, exerted with the real or apparent purpose of obtaining an act of a sexual nature, whether for the benefit of the perpetrator or of a third party (quid pro quo harassment).

Under France's Law No. 2016–1691 of 9 December and the obligations incumbent upon the Comité Social et Économique (CSE), employers are required to establish robust internal governance mechanisms to prevent and address workplace violence and harassment. These obligations include the provision of accessible and secure internal complaint channels, the conduct of prompt and impartial internal investigations, and the effective protection of complainants and

witnesses against retaliation. In addition, employers must be able to document the preventive measures adopted, including risk assessment, awareness-raising, and follow-up actions.

The Netherlands

Dutch legislation provides a robust framework to prevent WPV, bullying, and harassment through existing and forthcoming measures. Under the Working Conditions Act (*Arbeidsomstandighedenwet, Arbowet*, 1998, Art. 3), employers are legally obliged to conduct risk assessments, implement preventive measures, and ensure a safe and healthy psychosocial work environment. This includes addressing work-related stress, sexual intimidation, aggression, and other psychosocial risks.

The Working Conditions Act defines work-related psychosocial pressure as encompassing sexual harassment, aggression and violence, bullying, and excessive task-related pressure leading to work-related stress (Article 1(3)). Amendments introduced in 2025 strengthened the preventive dimension of the legislation by emphasising the creation of safe working environments and mandating preventive measures against unwanted behaviour. In this context, companies employing 10 or more workers are required to adopt a written code of conduct that addresses undesirable conduct, including bullying, sexual harassment, discrimination, assault, and violence. This requirement will formally enter into force in July 2026.

The revised framework further obliges employers to prevent or limit psychosocial workload, including harassment, by identifying relevant risks and adopting an action plan to mitigate them. It is also recommended that organisations appoint a confidential adviser (*vertrouwenspersoon)* to whom employees may report incidents in confidence.

In addition, the Equality Act prohibits discrimination and harassment on grounds such as religion, race, gender, sexual orientation, disability, or age, and protects workers who report harassment in good faith from retaliatory measures, including dismissal. Enforcement mechanisms include oversight by the Dutch Labour Authority (*Nederlandse Arbeidsinspectie*), which may intervene in serious cases where employers fail to act, as well as the option to request a formal opinion from the Netherlands Institute for Human Rights in cases involving discrimination or harassment. Similarly, as sexual harassment falls within the scope of the Equal Treatment Act, individuals claiming to be a victim of sexual harassment can submit a complaint to the Netherlands Institute for Human Rights. However, it is worth noting that, despite the Government's commitment to ratify ILO Convention 190, it is still pending and requires some amendments to legislation.

Article 646 (Dutch Civil Code, 2023, Book 7) transposes EU directives on equal treatment, providing definitions of harassment and sexual harassment as forms of explicitly prohibited discrimination, and considers these behaviours beyond mere workplace misconduct as violations of fundamental equal treatment laws. In this article, paragraph 7 defines *intimidation* as an inadequate conduct related to a person's gender with the intent of violating that person's dignity, creating an intimidating, hostile, degrading, humiliating or offensive environment. It is noteworthy that, according to this paragraph and its conception of intimidation, the focus is on the conduct's effects or consequences, meaning that even if the perpetrator lacks malicious intent, the behaviour itself is not to be excused if the environment created is objectively hostile. Sexual intimidation is defined in paragraph 8 of article 646 covering a broad spectrum, involving any form of verbal, non-verbal or physical behaviour with a sexual connotation with the same purpose already described for intimidation.

The Working Conditions Decree (1997) further specifies employer duties regarding the management of psychosocial workload and employee support structures. Complementing these occupational safety provisions, the Dutch Civil Code (*Burgerlijk Wetboek*, 2023, Book 7, Art. 658) provides a mechanism for workplace safety, establishing an employer's duty of care to protect employees from physical and psychological harm. Under this article, employers are obligated to organise and maintain the workplace, equipment, and tools in a preventive manner, ensuring the full safety (physical and psychological) of employees. Employers who fail to take reasonable preventive measures may be held liable for damages. Building on this framework, the Bill on the Code of Conduct for Unwanted Behaviour (2025) introduces a forthcoming legal obligation (effective July 2026) for employers with ten or more employees to adopt and enforce a code of conduct addressing bullying, harassment, discrimination, and other undesirable behaviours. Employers must also appoint confidential counsellors and ensure effective internal complaint-handling mechanisms. Enforcement of these obligations lies primarily with the Ministry of Social Affairs and Employment (n.d.), specifically the Netherlands Labour Authority, which monitors compliance through inspections, risk audits, and the power to impose corrective measures or administrative fines. These institutions also provide guidance and training to promote a culture of prevention and support for victims. Collectively, these instruments and enforcement mechanisms aim to foster dignity, equality, and psychological

safety at work, aligning national law with evolving European and international standards for the prevention of psychological risks.

Sweden

Swedish law, under the Discrimination Act (SFS 2008:567), prohibits direct and indirect discrimination, harassment, and sexual harassment in the workplace based on sex, gender identity or expression, ethnicity, and other attributes. Employers must take active measures to prevent discrimination, reprisals, and harassment, investigate complaints, and implement corrective actions to prevent recurrence. The Work Environment Act (*Arbetsmiljölagen*, SFS 1977:1160) mandates employers to provide safe and healthy work environments free from bullying, harassment, and violence. Criminal liability applies under the Criminal Code (*Brottsbalken*, SFS 1962:700) for sexual harassment in the workplace. The Swedish Work Environment Authority oversees enforcement based on guidance, such as Work Environment Authority's regulations and general guidelines (*Arbetsmiljöverkets föreskrifter och allmänna råd*, 2023:2), which focuses on psychosocial risks. The #MeToo movement has increased awareness and reporting of sexual harassment in workplace contexts in Sweden, reflecting evolving social and legal dynamics (CMS, 2024a).

Swedish Work Environment Authority has adopted provisions on the organisational and social working environment, with general recommendations on their implementation. The regulation aims to promote a good working environment and prevent the risk of illness due to organisational and social conditions in the workplace (Article 1). Article 4 defines (among other things) bullying (such as actions directed against one or more employees in an abusive manner, which may lead to damage to their health or integrity outside the workplace) and unhealthy workload (when work demands exceed available resources). Under Article 6, employers must ensure that management and supervisors know how to prevent and avoid excessive unhealthy work demands and situations of workplace harassment. Employers must also ensure that tasks and responsibilities do not involve unhealthy workloads, and resources must be adapted accordingly (Article 9). Employers must also take measures to avoid mentally stressful tasks and work situations that cause serious health problems (Article 11).

Employers have a duty to make it clear that harassment is not tolerated and to take measures against working conditions that may cause stress (Article 13). Procedures for dealing with abusive behaviour must be established and made known to employees, indicating who is responsible for receiving complaints about incidents of harassment, how the information is handled, what the recipient of this information must do, and how victims can be helped quickly (Article 14).

The Swedish National Board of Occupational Safety and Health has adopted specific ordinances addressing violence, threats, and victimisation in the workplace. The Ordinance on Violence and Threats of Violence at Work (AFS 1993:2) requires employers to assess the risk of violence or threats of violence and to implement appropriate preventive measures (Article 2). Employers must ensure that employees receive adequate information, training, and instructions to perform their work safely (Article 4), and, in workplaces exposed to recurring risks, provide additional support and guidance (Article 5). Incidents or threats of violence must be documented and investigated (Article 10), and victims must be offered assistance and support to prevent or mitigate physical and psychological harm (Article 11).

Victimisation at work is addressed in a separate ordinance (AFS 1993:17), which defines victimisation as recurrent or clearly negative acts directed at employees in an offensive manner, potentially resulting in their exclusion from the workplace (Article 1). Such conduct may be perpetrated by co-workers, employers, or their representatives and encompasses behaviours commonly described as bullying, mental violence, social exclusion, and harassment, including sexual harassment: obstruction or sabotage of work performance, threats, intimidation, humiliation, persistent insults, unjustified criticism, and unfounded administrative sanctions, such as arbitrary reassignment or denial of training or leave. Employers are required to plan and organise work to prevent victimisation as far as possible (Article 2).

Finland

Finnish occupational safety legislation provides a robust framework specifically addressing GBVH at work to protect employees' psychological well-being and ensure equality. Under the OSH Act (*Työturvallisuuslaki738*/2002, 2002, Ch. 2, § 8 and § 28), employers are legally obligated to prevent all forms of harassment (including repeated offensive conduct, intimidation, sexual harassment, exclusion, abuse of authority, and gender-based harassment) that endanger employee safety or health. This includes a prompt, impartial investigation of complaints, implementation of corrective measures, and follow-up to maintain a safe and respectful workplace environment. The Equality Act (1325/2014, 2014) complements this by explicitly prohibiting discrimination and harassment based on gender and other protected

characteristics, offering procedural fairness and protection from retaliation, reinforced by supervisory bodies such as the Non-Discrimination Ombudsman and the National Non-Discrimination and Equality Tribunal.

Finland has also incorporated the prevention of violence and identification/management of threatening situations into occupational safety competencies and, violence against nurses is being included in core nursing curricula, reflecting alignment between legal frameworks and educational measures to prevent GBVH (De Raeve et al., 2023).

Currently, the OSH Authority operates as a Regional State Administrative Agency under the Ministry of Social Affairs and Health, conducting workplace inspections and enforcing compliance with these laws transparently and consistently (Regional State Administrative Agency [*Aluehallintovirasto*], n.d.). This enforcement responsibility will be transferred to the Finnish Supervisory Agency as of 1 January 2026, consolidating duties for streamlined governance while maintaining service continuity (OSH Administration, 2025a). Additionally, the Non-Discrimination Ombudsman plays a crucial complementary role by monitoring equality legislation (Ombudsman for Equality, 2022a), offering guidance on workplace discrimination and harassment (Non-Discrimination Ombudsman, 2023), and referring severe cases to the National Tribunal (Ombudsman for Equality, 2022b). Cooperation between OSH authorities and the Ombudsman strengthens comprehensive enforcement against GBVH (Ombudsman for Equality, 2024).

Employers are further encouraged to actively cooperate with occupational health services to identify and mitigate psychosocial risks, including interpersonal conflicts and psychosocial stressors (OSH Administration, 2025b), which often accompany harassment and violence. Occupational health professionals support early detection and management of these risks, while mediation is recommended as an effective conflict resolution tool that promotes healthier psychosocial work environments. Together, these legal provisions, enforcement bodies, and health service collaborations constitute a comprehensive and integrated framework for preventing GBVH in Finnish workplaces. This system aligns with EU Directive 89/391/EEC (1989) and international labour standards, ensuring Finland meets its obligations to safeguard mental health and promote gender equality at work (Makarevičienė et al., 2023).

Discussion

The nine European countries analysed demonstrate varying legal strategies for tackling WPV and GBVH, with significant consequences for the implementation of interventions and their overall effectiveness. These frameworks can be classified as OSH-centred (e.g., Portugal, Slovenia, Italy) and equality-centred (e.g., Spain, Germany, France, The Netherlands, Sweden, Finland).

OSH-centred model countries (Portugal, Slovenia, Italy) position workplace harassment within OSH legislation, emphasising comprehensive psychosocial risk management integrated into broader workplace health and safety. These countries mandate the implementation of codes of conduct, systematic risk assessments, and disciplinary procedures, all of which are subject to dual oversight by labour equality commissions and workplace safety authorities (e.g., CMS, 2024b). For instance, the Portuguese enforcement structure (coordinated by the CITE and the ACT) reflects a compliance-driven approach that prioritises legal action (CITE & ACT, 2012; Decree-Law No. 102/2000). Portugal has also begun to include digital-related psychosocial risks, such as online harassment and the challenges of telework, in its enforcement priorities (Torres et al., 2016). This model particularly aligns well with organisational-level interventions and multifaceted complex approaches (Ávila-Gutiérrez et al., 2022), because the OSH framework naturally incorporates system risk management cycles, documented worker consultation (Hesham et al., 2025), and the integration of multiple prevention measures as essential parts of occupational health management (EU-OSHA, 2025). In Italy, OSH legislation provides for the assessment and management of all workplace risks, including psychosocial ones (Legislative Decree 81/2008). The ratification of ILO Convention No. 190 (Law 4/2021), has fostered the progressive strengthening of national protections against violence and harassment in workplaces until the further amendment of the Legislative Decree 81/2008 with the inclusion of a compulsory mandate for employers to put in place specific measures to prevent violence and harassment in their workplaces and to protect workers' health and dignity from the consequences of such unwanted behaviours (Law 159/2025).

In contrast, models centred on equality and human rights (e.g., Spain, Germany, Sweden) conceptualise harassment as a form of discrimination within equality or employment laws, complemented by OSH obligations (e.g., EU-OSHA, 2025). Their legal frameworks explicitly prohibit harassment and discrimination on multiple protected grounds (OECD, 2025) and require the implementation of preventive measures (Directive 2006/54/EC; Wouters & Ovádek, 2021). Enforcement involves a mix of labour inspectorates, equality bodies, judicial systems, and occupational health services. However, the structure and effectiveness of these mechanisms vary considerably across these countries, reflecting differences in institutional capacity and enforcement philosophy. Spain has a notably strong Labour Inspectorate with the authority to impose substantial fines, creating financial incentives for organisational compliance (e.g., Royal Legislative Decree

No. 2/2015). Notably, Spain has proactively introduced protocols for digital harassment and cyberbullying, positioning it among the few countries with explicit legal coverage of remote work-related violence risks. Italy, on the other hand, relies on judicial mechanisms supported by insurance institutions and equality advisors, emphasising remediation through court intervention rather than preventive enforcement (Callegari et al., n.d.). This environment is conducive to educational and psychological support interventions.

France is the only country to uniquely recognise institutional moral harassment as a form of corporate liability. It aims to extend protections across its supply chain through corporate responsibility frameworks, thereby establishing more comprehensive accountability structures (French Supreme Court, 2025). Germany combines anti-discrimination offices, specialised harassment officers, and court systems to facilitate grievance resolution and award damages, thereby forming a multi-agency enforcement approach (Federal Anti-Discrimination Agency [*Antidiskriminierungsstelle des Bundes*], n.d.; Liebscher & Kobes, 2010).

The Netherlands is developing new legal requirements for employer codes of conduct addressing psychosocial risks (Felten, 2025), with implementation scheduled for mid-2026. This development reflects a growing realisation that enduring behavioural and cultural change depends on explicitly integrating such codes to promote respectful workplace cultures.

Sweden and Finland highlight active employer duties enforced by their work environment authorities, with mediation and occupational health services playing vital roles (EU-OSHA, 2025). This approach creates leverage for implementing educational and psychological support measures, as employer responsibilities inherently require demonstrating competency development and provisions for worker well-being (Finnish Occupational Safety and Health Authority, 2025; Swedish Association of University Teachers and Researchers, 2025).

AI and other digital tools and resources must be brought to the centre of discussion and explicitly addressed in regulatory and policy frameworks, as the same technologies that can enhance patient care are simultaneously creating new pathways for workplace violence (WPV) against healthcare workers. The growing use of AI and digital technologies in the perpetuation of WPV and technology-facilitated gender-based violence and harassment (GBVH) demonstrates that digital and physical environments are increasingly interconnected rather than distinct domains. This continuum between digital and physical settings generates new occupational risks, whereby harms originating in digital spaces are transferred into tangible healthcare workplaces.

However, the lack of systematic data on these emerging forms of violence remains critical. Technology-facilitated WPV often remains underreported and insufficiently conceptualised, rendering its impacts largely invisible and undermining effective prevention and policy responses.

Current legal frameworks addressing TFGBVH remain predominantly reactive rather than preventive. While the extension of the Istanbul Convention to encompass digital forms of violence represents an important normative advance, regulatory approaches at the EU level continue to rely largely on soft-law mechanisms and ostensibly gender-neutral frameworks. In this regard, although the EU AI Act introduces general safeguards against discrimination and mandates fundamental rights risk assessments, it does not explicitly require gender-sensitive or intersectional impact assessments, nor does it systematically operationalise gender as a sensitive axis of algorithmic harm in biometric contexts. This under-specification risks allowing systemic and intersectional biases to persist, disproportionately affecting groups such as racialised women and transgender individuals.

The implementation of these mechanisms can follow a staged roadmap tailored to each country's institutional and legal context, progressing from foundational reforms to ongoing evaluation and improvement (Figure 1). Stage one, Legislative Harmonisation, ensures that legal requirements for reporting and electronic medical records are clearly defined and adapted by model: OSH countries embed in OSH law, and equality countries clarify employer duties and OSH integration. This is followed by Resource Allocation, which mandates trained prevention roles, such as coordinators or ambassadors, and enables shared regional support, particularly for SMEs. The third stage focuses on Competency Development through evidence-based training with measurable learning outcomes. Psychological Support is then institutionalised by making confidential and accessible services mandatory for violence-exposed workers. Stage five strengthens enforcement capacity by improving cross-sector coordination and proactive monitoring by inspectorates. Finally, Evaluation ensures continuous improvement through mandatory organisational reporting, data aggregation, and risk, trend, and intervention assessment.

Implementation should be adapted to each country's legislative framework. For OSH-model countries (Portugal and Slovenia), the alignment between psychosocial risk management frameworks and evidence-based, multi-level

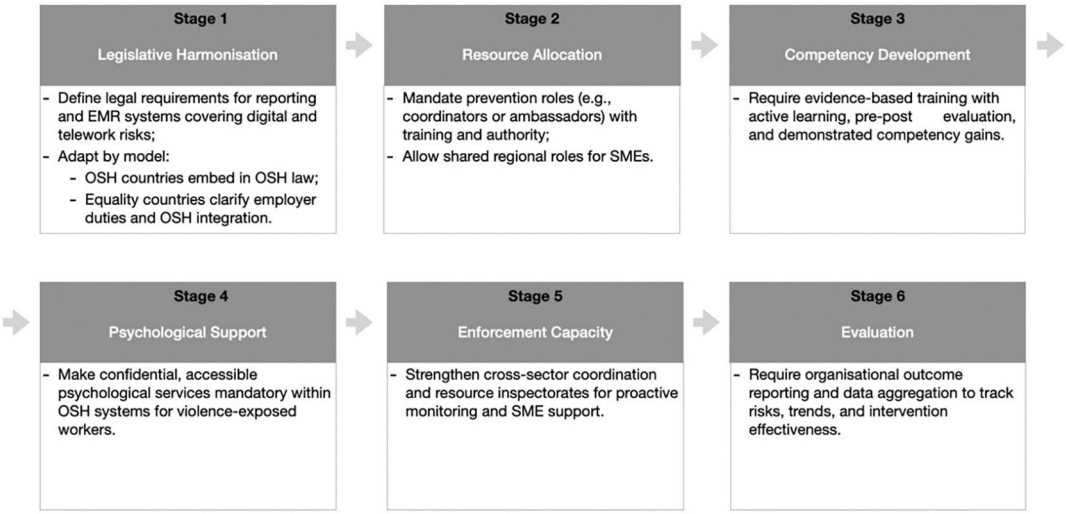

Figure 1. Sequential stages for implementing law-compliance WPV and GBVH prevention policies.

interventions is particularly strong. Implementation should emphasise the systematic integration of intervention evidence into OSH management system requirements, with clear mandates for measurable outcome indicators (e.g., violence incident rates, worker engagement in prevention, complaint resolution times) as part of OSH compliance assessment. Conversely, equality-model countries require close coordination between equality and OSH legislation to prevent duplication and ensure consistent enforcement. Countries such as Spain, which have developed advanced digital harassment protocols, should expand these efforts towards a comprehensive technological infrastructure. Meanwhile, Germany's multi-agency approach (anti-discrimination offices, harassment officers, courts) could improve effectiveness through coordinated training and shared resource allocation. Across all countries, particular attention should be given to SMEs, especially those with limited institutional capacity. Scalable mechanisms such as simplified intervention templates, shared regional coordinators, sector-specific guidance, and technical assistance should be prioritised, recognising that smaller organisations cannot feasibly implement the same structures as large healthcare systems.

Conclusion

Regardless of the approach to GBVH through formal instruments such as conventions, laws, recommendations, and others, this phenomenon is always a Decent Work deficit. It expresses a lack of respect and dignity, a workplace safety and health issue, and can take the form of the full range of components of the decent work organising idea. Therefore, tackling this problem also aligns with the 2030 Sustainable Development Agenda.

Ethics and consent

Ethical approval and consent were not required.

Data availability and statement

Underlying data

No data associated with this article.

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✔ **Catherine Donovan**
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This is an important review of the prevalence and legal frameworks addressing gender-based violence and harassment in the workplace of 9 countries in the European Union. The authors indicate how there are two main approaches to dealing with gender-based violence and harassment in the workplace: that based on occupational health frameworks and that based on equality frameworks. The authors also point to the importance of addressing technology facilitated gender-based violence and harassment and the fundamental importance of including this in any framework addressing the problem. Prevention is also an important factor so that frameworks are not only addressing GBVH when it happens but preventing it from happening in the first place by promoting respectful workplace relations and having clear expectations about interactions between the workforce and customers.
Those in health professions are consistently most often impacted by GBVH across all countries which raises important issues of prioritization in countries work on addressing GBVH. The authors also find that women and other minoritized groups are amongst the worst impacted by GBVH and call for an intersectional approach to addressing this issue. At the least they call for an end to gender-neutral policies and instead ask for systems of redress that recognise the particular structural vulnerabilities of women and other minorities, for example, Black women and trans folk. Those countries, for example, Germany, where there is a multi-agency approach, gets special mention for the better potential for implementation and reach of coverage. The authors recommend comprehensive training for those tasked with implementation of workplace processes to address GBVH and give special mention to need for countries to recognise the particular challenges of small and medium businesses and the need to develop better responses that reflect their size and capacity to address GBVH.

Is the topic of the review discussed comprehensively in the context of the current literature?

Yes

Are all factual statements correct and adequately supported by citations?

Yes

Is the review written in accessible language?
Yes

Are the conclusions drawn appropriate in the context of the current research literature?
Yes

Competing Interests: No competing interests were disclosed.

Reviewer Expertise: I am neither a specialist in workplace GBVH policies and implementation nor European-wide responses to GBVH. My area of expertise is domestic abuse, particularly in the relationships of LGBT+ people, sexual violence in universities and hate crime.

I confirm that I have read this submission and believe that I have an appropriate level of expertise to confirm that it is of an acceptable scientific standard.