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Exposure to occupational violence and abuse in Taxi Drivers

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INTRODUCTION
While physical violence has been recognised as a health risk for workers some time, the existence and health impact of psychological violence is emerging as a priority concern in the workplace. Although rates of non-fatal injury have fallen in Ireland in recent years, incidents triggered by violence and aggression featured more prominently in 2009, accounting for 3% of incidents, compared to less than 1% in previous years (HSA, 2010). Stress, compromised psychological well-being and post-traumatic stress have been reported as negative outcomes of violence in work, although research evidence on the topic is limited.

This study aimed to explore prevalence of types of violence experienced by taxi drivers and to measure perceived impact on health and help seeking behaviour. Taxi drivers are an understudied occupational group, although their work is characterised by several situational risk factors for violence; working alone, working at night, with the public, carrying cash, and high customer service orientation. While occupational violence experience has been explored elsewhere (e.g. Australia, UK, US) virtually no research has been carried out in Ireland.

METHODOLOGY
Convenience non-probability sampling was employed. Taxi drivers were approached on Dublin city centre ranks and requested to complete a survey instrument, devised based on a review of relevant literature. Of 283 approached, 250 complied.

RESULTS
Respondents were almost exclusively male (93%) and Irish (84%). High levels of violence and abuse were reported, with 'verbal abuse' the most common type of negative behaviour encountered (84%), followed by ‘threatening behaviour’ (46%), 'damage to vehicle (34%) and ‘theft/robbery’ (32%). Drunkenness and substance abuse were the most commonly attributed causes of violence and abuse. Although 23% of threats and 19% of robbery involved a weapon (eg knives, broken bottles, work tools), virtually no encounter of any kind led drivers to seek medical attention. Approximately one third did perceive incidents to have a negative impact of health, most particularly for robbery (41%). Stress and anxiety were the most common symptoms, and verbal abuse most likely to results in symptoms. There was tendency to minimise the problem, and accept it as part of the job, but also evidence in drivers of not knowing where or how to get help. While half of sample would like personal security training, 81% had not undertaken this.

CONCLUSIONS
Dublin-based taxi-drivers are at high risk for violence and aggression in their work, especially verbal abuse, consistent with studies in Australia and UK.

Although there are clearly negative health impacts, help-seeking behaviour was extremely low and there were high levels of resignation and acceptance of risk and threat within the group.

As a predominantly self-employed group, occupational health and safety structures at regional and national levels have a role to play in providing personal safety training.

Further research should explore the intersection between masculinity and health seeking behaviour and the specific occupational health issues for this group.