WORK SHOULDN'T HURT

SURVEY 2025

Australian Unions

ACTU centre for health and safety

ACTU D No. 34.2/2026

CONTENTS

BACKGROUND

Work Shouldn't Hurt (WSH) is a quantitative, longitudinal tracking program for Work Health and Safety (WHS)/Occupational Health and Safety (OHS), conducted by the ACTU Centre for Health and Safety. The WHS survey has been run in 2021, 2022, 2023 and 2025.

This report includes results of the survey conducted in September 2025.

The long-term aim of this research program is to evaluate any shifts or stagnations in work health and safety issues, so the union movement can determine where best to deploy efforts to win healthy and safe workplaces.

The 2025 WSH report has a focus on the experience of Aboriginal and Torres Strait Islanders. There is a focus on respondents' experience of the workers compensation process, in addition to an ongoing focus on mental health at work.

METHODOLOGY

An external panel was contracted to survey a broadly representative sample of Australian workers, with quotas for age, gender, and state. There were 4,501 respondents who completed the survey in 2025.

In 2025, 14% of respondents were insecure workers compared with 17.9% in 2023 and 22% in 2022, highlighting the trade union movement's efforts to win laws that reduce the rate of insecure work.

The measure for statistical significance[1] was a p value of <0.05, using the Z score for 2 population comparisons.[2]

ABORIGINAL AND TORRES STRAIT ISLANDER RESPONDENTS

In 2025, of the 4,501 respondents, 204 self-identified as Aboriginal or Torres Strait Islander (ATSI), i.e. 4.5% of survey respondents.

Earlier waves had lower proportions of less than 2%, therefore stand-alone analysis of responses of ATSI workers was not possible for the 2021, 2022 and 2023 reports.

The abbreviation ATSI and non-ATSI is used throughout the report as this was the self–identifying question respondents were asked.

IMPORTANT NOTE ON INSECURE WORKERS

Throughout the report, there are references to insecure work and workers. For the purposes of this research, insecure work was defined as fixed-term contractors (including full-time and part-time), independent contractors, casuals, and gig workers. Permanent work refers to both full-time and part-time permanent paid work.

1 Statistical significance refers to the claim that a result from data generated by testing or experimentation is likely to be attributable to a specific cause. A high degree of statistical significance indicates that an observed relationship is unlikely to be due to chance.

2 Social Science Statistics

	2021	2022	2023	2025
Full-time paid work (permanent)	65.7%	61.3%	61.8%	67%
Part-time paid work (permanent)	19.1%	17.8%	20.3%	20%
Full-time paid work (fixed term contract)	1.6%	2.5%	2.0%	2%
Part-time paid work (fixed term contract)	1.0%	2.6%	2.0%	2%
Casual paid work	8.1%	10.6%	9.0%	6%
Gig worker, e.g. Uber driver	0.5%	0.6%	0.1%	0%
Independent contractor e.g. with ABN, sole trader, freelancer, etc	4.0%	4.7%	4.9%	4%

Table 1. Work status

INDUSTRY AND GENDER BREAKDOWNS

Where there was an adequate sample size, analysis was done by industry for some measures.

In 2025, the seven "key" industries featured in the report are Administrative and professional services, Construction, Education, Health and social assistance, Manufacturing, Public services and Retail.

In each wave of the WSH survey Administrative and professional services, Education, Health and social assistance, and Retail have had statistically robust sample sizes. In 2025 Construction, Manufacturing and Public services were added and Hospitality, tourism and food services removed.

In 2022 we featured six "key" industries and in 2023 five industries.

Data is also broken down by gender, with females and males compared. Data was captured for workers who identify as non-binary, but this sample was too small for statistical comparison.

EXECUTIVE SUMMARY

THE SAMPLE

The fourth ACTU Work Shouldn't Hurt survey continues to provide a snapshot of health and safety conditions in Australian workplaces. Conducted two years after the last survey, the 2025 survey highlights persistent negative experiences of work for a significant number of Australian workers. Despite some improvements, psychosocial risk factors continue to dominate. This is distressingly so for Aboriginal and Torres Strait Islander workers.

MENTAL HEALTH

Mental health injuries were reported nearly twice as often as physical injuries, with younger and female workers the most affected. There has been a slight reduction in mental health injuries with the rate returning to the immediate post-covid rate, however, it remains persistently high in a number of industries. Education and Health and social assistance workers are not experiencing the same level of improvement as other workers.

In 2025 there was an encouraging increase in those who reported that there was as much importance placed on mental health hazards as physical, and that health and safety is placed ahead of service, production and output.

TIME OFF AFTER INJURY AND WORKERS COMPENSATION

Once injured, support for return to work and the processes associated with doctors and workers compensation pose challenges for injured/ill workers.

Respondents continue to be more likely to seek medical advice and make a claim for workers compensation for physical injuries than mental health issues.

For those that took time off work, NSW respondents were more likely to take time off than those in Victoria. Victorian respondents were more likely to need time off but didn't take it. It is important to note that the survey period was conducted prior to the changes to workers compensation in NSW.

Overall, more respondents in 2025 than in 2022 reported that they did not receive support for return to work following an injury.

Although the right to choose a treating medical practitioner is a basic human right nearly 20% could not choose their treating doctor.

ABORIGINAL AND TORRES STRAIT ISLANDER WORKERS

The experience of ATSI workers, which is so much worse than non-ATSI, requires concerted and immediate attention.

The differences in experience between ATSI and non-ATSI respondents is not minor – for some measures ATSI respondents are two or three times as likely to be injured or exposed to risk factors.

Psychosocial risk factors predominate but the disparities are not exclusive to those, e.g. ATSI workers' exposure to noisy work is 58% at least sometimes, compared to 39% at least sometimes for non-ATSI workers.

These results document the racism and discrimination experienced by ATSI workers and reflect significant disparities in injury and health and safety outcomes between ATSI and non-ATSI workers.

WORKER ENGAGEMENT

The statistically significant increase in the percentage of workers who know how to report a mental health injury or risks to mental health from 2023 to 2025 is positive and provides some insight into the ongoing increases in compensable claims for work-related mental health issues. However, 20% of workers continue to not know how to report a mental health injury or risk to mental health.

All other measures continue to show that many workers are not engaged around health and safety at work. As in previous waves about 20% of respondents report they are not consulted or involved in decision making or receive regular communication about health and safety issues.

Young workers have higher negative responses for worker engagement than other age groups.

WHS INDICES

WHAT ARE THE INDICES?

Several indices were created to assess the overall state of workplace health and safety. All the indices are on a 5-point scale, where 4-5 is regarded as positive, 3-4 is neutral, and 1-3 is negative. Three key indices were calculated by taking an average score from several different modules:

- Worker Engagement and Empowerment Index
- Employer Compliance and Culture Index
- Workplace Incidents Index

These three index scores contribute to an overall WHS Index. This is the 'single number' which best reflects the overall results of the survey. The objective is to track and assess performance across the years.

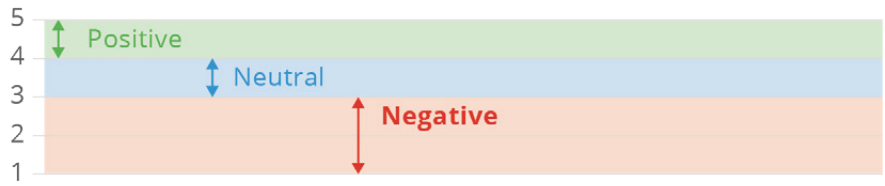

Figure 1. Interpretation for 5-point scale

In 2023 indices for mental health were added. This index and the indices for Health and Safety Representatives (HSR) and Insecure work are additional and do not contribute to the overall WHS index. This is because the HSR and Insecure work indices are a subset of respondents and the Mental health index is a composite drawing on several different batteries of questions.

WHS INDICES

Comparable to other waves of the survey, the WHS index was in the neutral range between 3 and 4. Comparisons between the waves can be made for four key industries – Administrative and professional services, Health and social assistance, Education and Retail. The trend is downward not upward.

The Incident index was in the neutral range except for in the Construction industry where it was just below 3.

Compliance and Engagement indices are consistently in the neutral range, with the Engagement indices lower than the Employer compliance index.

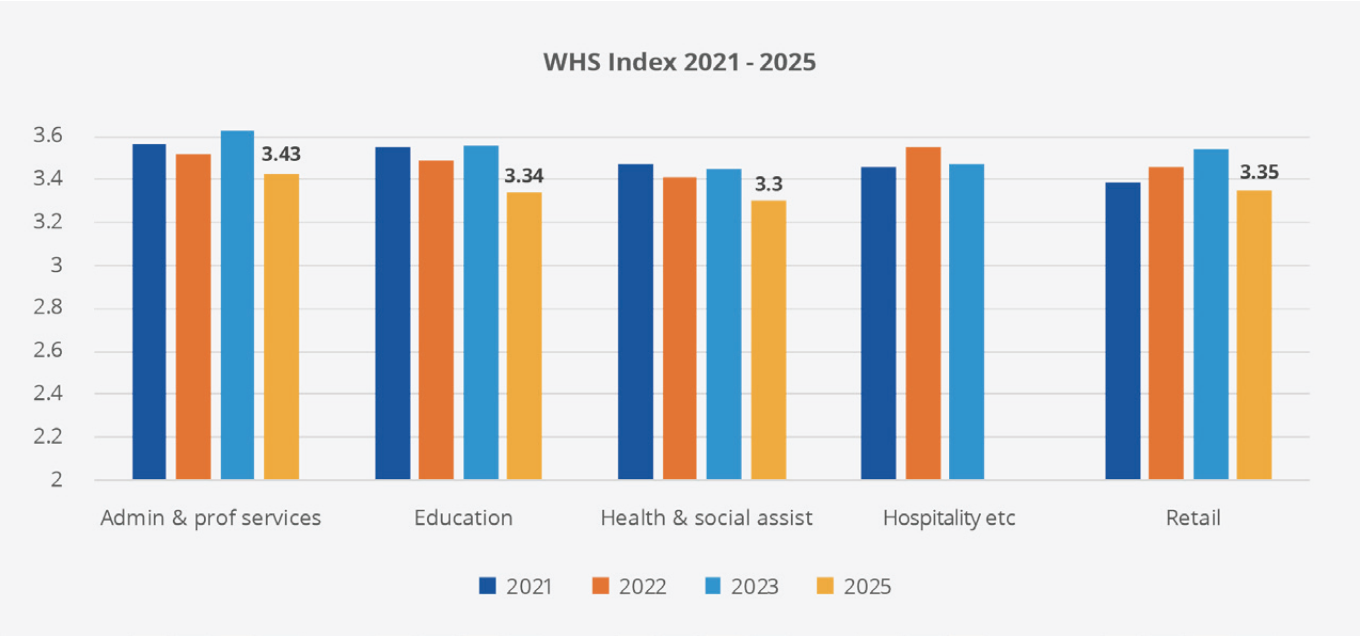

Figure 2. Key industries WHS Index 2021-2025

The variation between genders again is not significant, with both genders having lower Worker engagement than Employer compliance indices.

Index	2022 Female	2022 Male	2023 Female	2023 Male	2025 Female	2025 Male
Overall	**3.5**	**3.5**	**3.5**	**3.6**	**3.3**	**3.4**
Incidents	3.4	3.3	3.5	3.4	3.3	3.2
Compliance	3.5	3.6	3.5	3.6	3.6	3.7
Engagement	3.5	3.5	3.6	3.6	3.2	3.2

Table 2. Indices Female and Male

Across key industries in 2025, the three indices were in the neutral range except for the Construction Incident index which was just outside the neutral range - 2.98.

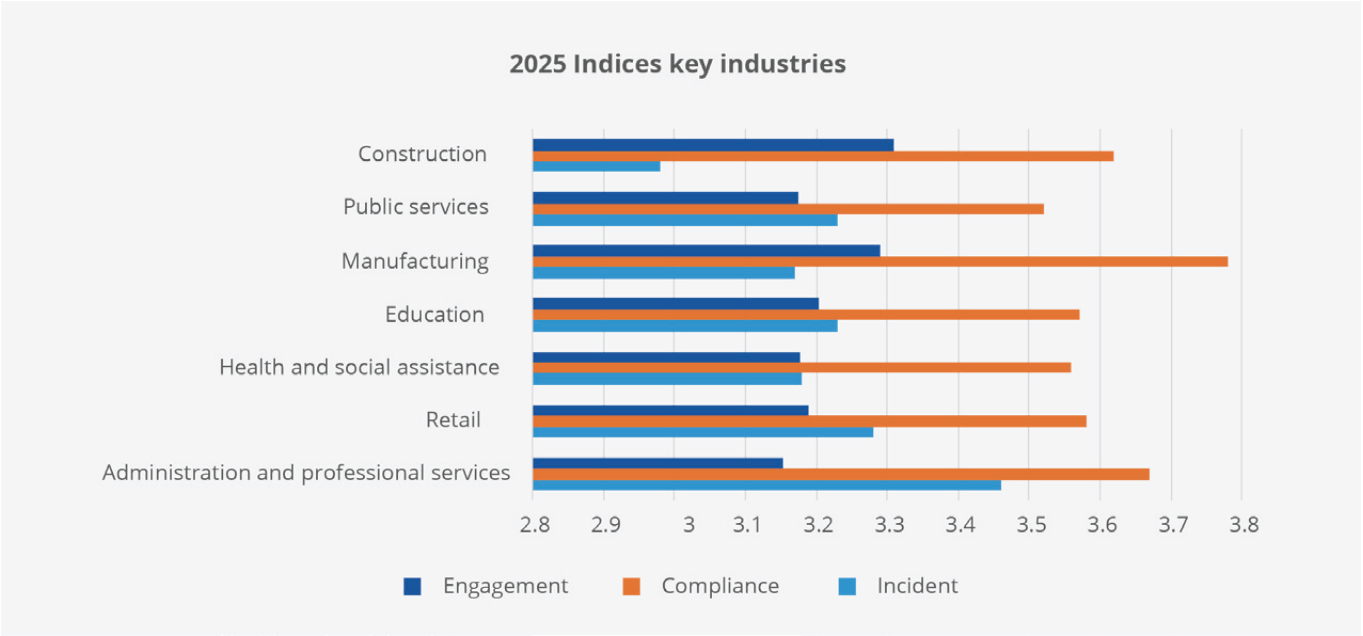

Figure 3. Key industries Engagement, Compliance, Incident Indices 2025

This year indices were calculated for injury type, age and language spoken at home. Not surprisingly those with an injury were outside the neutral range for the Incidents index (see Appendix A.1).

ADDITIONAL INDICES

HSR INDEX

The HSR index has been in the negative range for all waves of the survey, except for Education and Retail in 2022 where it was in the neutral range. There is no consistent trend between the industries.

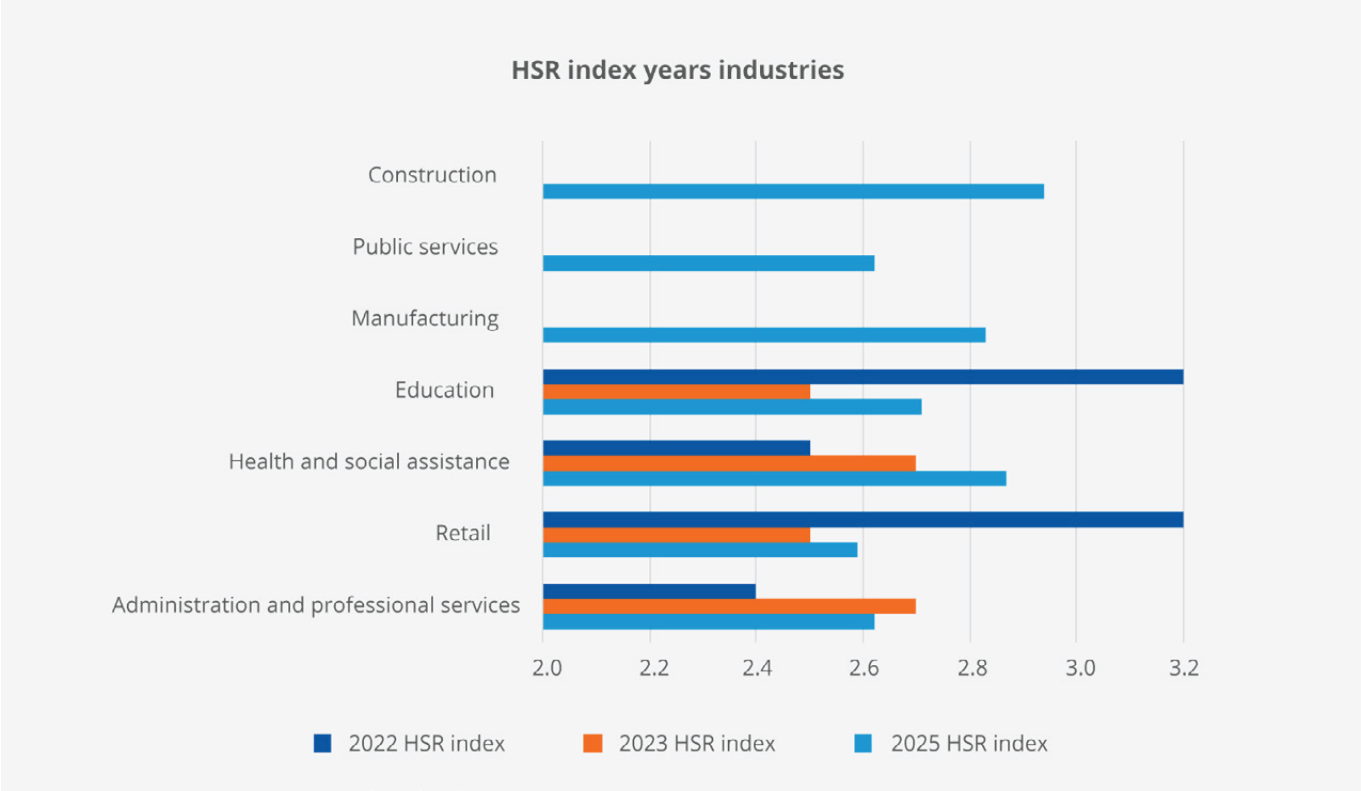

Figure 4. Key industries HSR Indices 2025 - note, 3 industries were added in 2025

INSECURE WORK INDEX

For younger workers and those with mental health or both (physical and mental health injury) the Insecure work index is outside the neutral range.

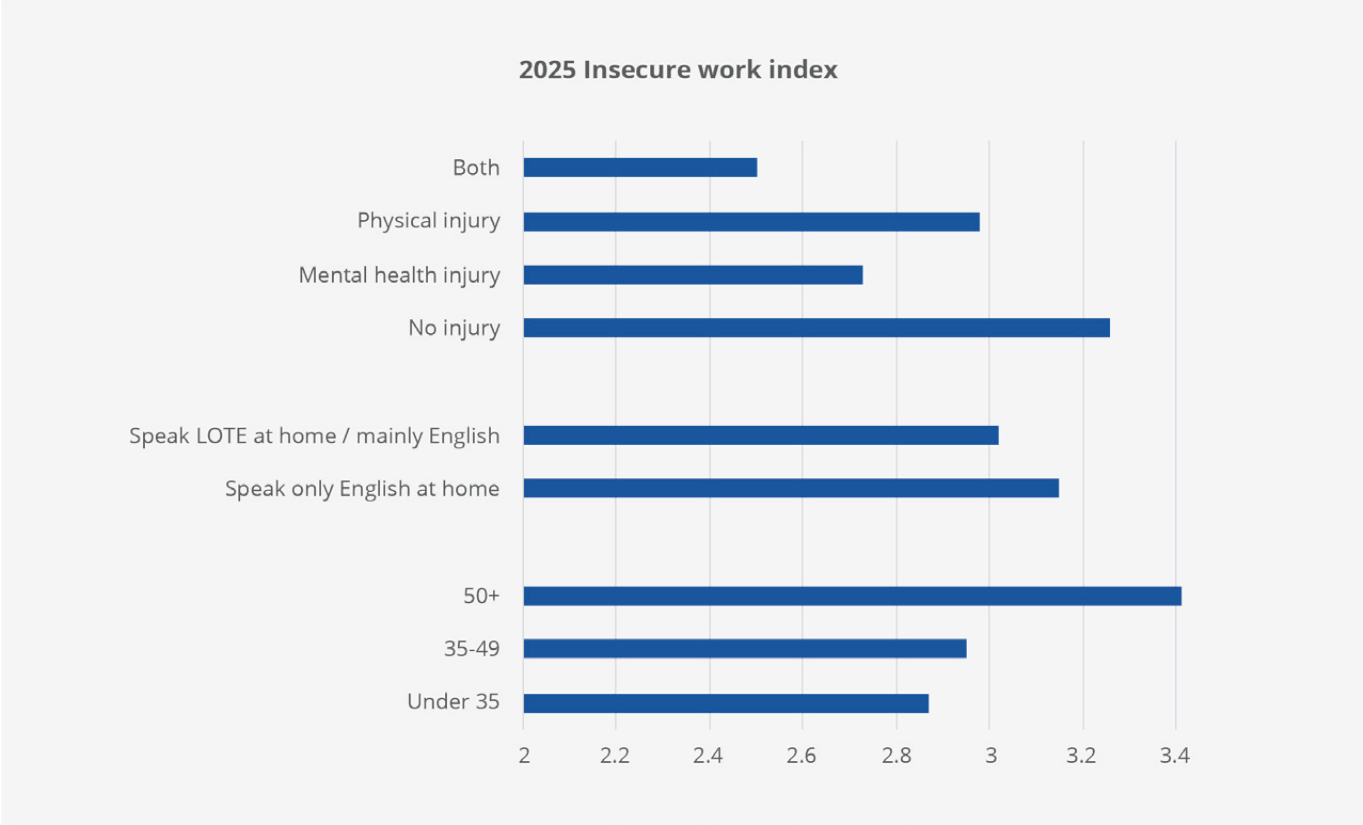

Figure 5. Key personal characteristics and Insecure work index 2025

In 2025, for all categories, the mental health index was in the neutral range – see Appendix A.2.

APPENDIX A.1

2025	WHS INDEX 2025	2025 Incidents Index	2023 WHS Index	2023 Incidents Index
All respondents	**3.35**	**3.25**	**3.5**	**3.4**
Female	**3.33**	3.25	3.5	3.5
Male	**3.38**	3.24	3.6	3.4
Administration and professional services	**3.43**	3.46	3.63	3.60
Retail	**3.35**	3.28	3.54	3.50
Health and social assistance	**3.30**	3.18	3.45	3.30
Education	**3.34**	3.23	3.56	3.50
Manufacturing	**3.41**	3.17	n/a	n/a
Public services	**3.31**	3.23	n/a	n/a
Construction	**3.30**	2.98	n/a	n/a
Under 35	**3.29**	3.13	Not calculated	Not calculated
35-49	**3.36**	3.25	Not calculated	Not calculated
50+	**3.43**	3.39	Not calculated	Not calculated
Speak only English at home	**3.35**	3.27	Not calculated	Not calculated
Speak LOTE at home / mainly English	**3.36**	3.17	Not calculated	Not calculated
No injury	**3.45**	3.40	Not calculated	Not calculated
Mental health injury	**3.08**	2.90	Not calculated	Not calculated
Physical injury	**3.23**	2.91	Not calculated	Not calculated
Both	**2.98**	2.63	Not calculated	Not calculated

Table 3. WHS Indices 2023, 2025
The sample sizes were too small in these industries in 2023 and 2022.

APPENDIX A.2

2025	2025 WHS INDEX	2025 Compliance Index	2025 Engagement Index
All respondents	**3.35**	**3.62**	**3.20**
Female	**3.33**	3.58	3.17
Male	**3.38**	3.66	3.23
Administration and professional services	**3.43**	3.67	3.15
Retail	**3.35**	3.58	3.19
Health and social assistance	**3.31**	3.56	3.18
Education	**3.34**	3.57	3.20
Manufacturing	**3.41**	3.78	3.29
Public services	**3.31**	3.52	3.17
Construction	**3.30**	3.62	3.31
Under 35	**3.29**	3.55	3.18
35-49	**3.36**	3.62	3.21
50+	**3.43**	3.71	3.20
Speak only English at home	**3.35**	3.60	3.19
Speak LOTE at home / mainly English	**3.36**	3.66	3.23
No injury	**3.45**	3.75	3.21
Mental health injury	**3.08**	3.21	3.12
Physical injury	**3.23**	3.52	3.25
Both	**2.98**	3.09	3.22

Table 4. Compliance and Engagement Indices 2025

APPENDIX A.3

2025	2025 HSR INDEX	2025 Insecure Index	2025 Mental Health Index
All respondents	**2.78**	**3.12**	**4.00**
Female	**2.70**	3.05	3.95
Male	**2.83**	3.22	4.05
Administration and professional services	**2.62**	3.48	4.12
Retail	**2.59**	3.04	4.03
Health and social assistance	**2.87**	3.12	3.90
Education	**2.71**	3.00	3.95
Manufacturing	**2.83**	3.60	4.06
Public services	**2.62**	3.09	3.93
Construction	**2.94**	2.85	3.90
Under 35	**3.01**	2.87	3.88
35-49	**2.77**	2.95	4.02
50+	**2.37**	3.41	4.14
Speak only English at home	**2.68**	3.15	4.03
Speak LOTE at home / mainly English	**3.03**	3.02	3.92
No injury	**2.62**	3.26	4.17
Mental health injury	**3.12**	2.73	3.52
Physical injury	**2.72**	2.98	3.76
Both	**3.57**	2.50	3.45

Table 5. HSR, Insecure and Mental Health Indices 2025

SECTION A: INJURIES

SNAPSHOT

Survey respondents were asked a series of questions regarding their own personal experience of a work-related injury in the previous 12 months i.e. September 2024 to September 2025.

Consistent with previous years, 11% reported they had sustained a physical injury and 21% sustained a mental health issue such as persistent anxiety, stress, depression, post-traumatic stress disorder (abbreviated to mental health injury).

Less workers reported a mental health injury than in 2023 – this improvement is statistically significant. The reduction in mental health injuries was statistically significant in some industries such as Admin and professional services but not in Education or Health and social assistance.

The pattern of females, across all age groups, reporting more mental health injuries than males continues. The difference between females and males for physical injuries is less in 2025 and more comparable to the 2022 results than in 2023.

Those reporting a mental health injury have become more likely to take time off work over the last three years. There has also been an increase in respondents agreeing that their employer puts as much importance on mental as physical hazards (see section E). These results are positive and hopefully indicate a change in understanding of risks to mental health at work.

There was an increase in physical injuries in Construction.

When asked about taking time off for an injury (all injuries), NSW respondents were more likely to take time off than those in Victoria. Victorian respondents were more likely to need time off but didn't take it.

Overall, more respondents reported in 2025 than in 2022 that they did not receive support for return to work following an injury.

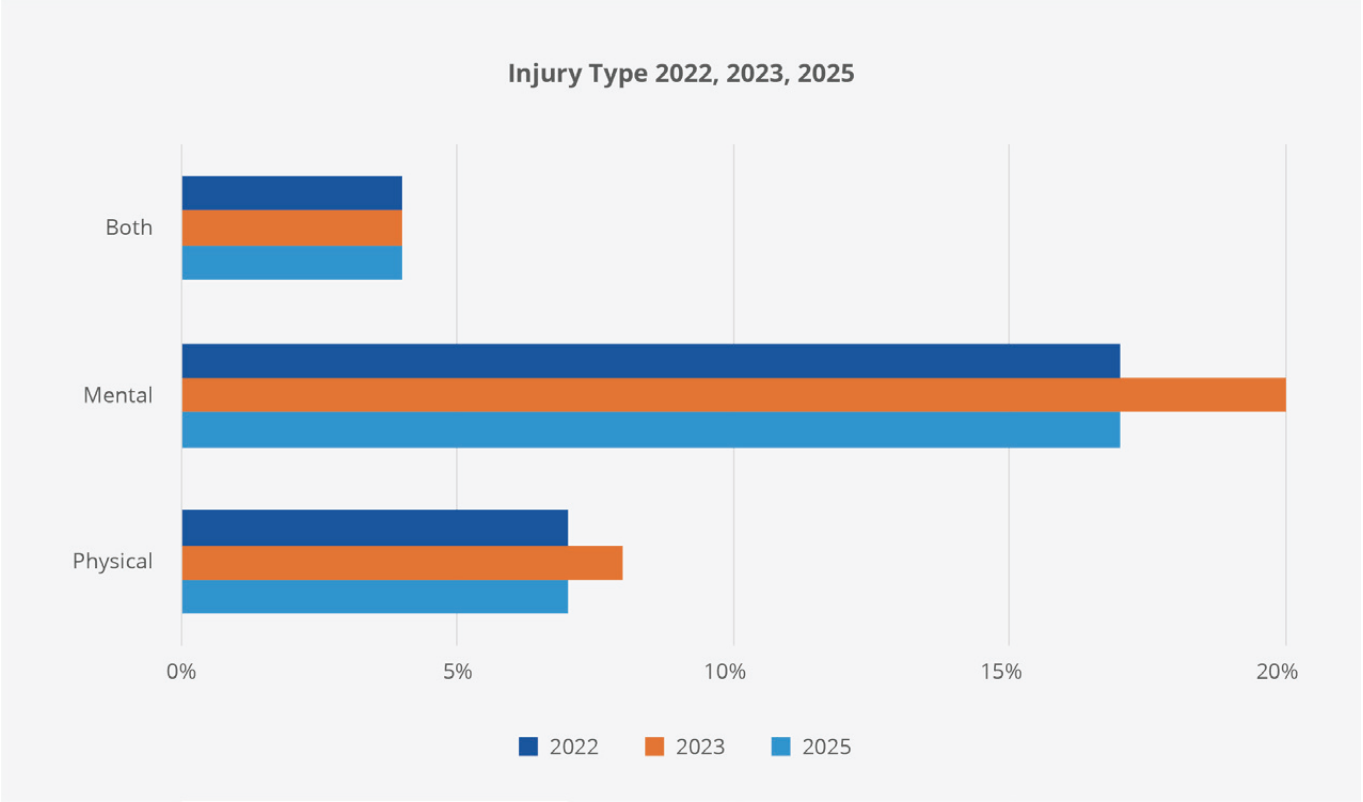

Figure 6. Injury type 2022, 2023, 2025

Consistent with previous years females report more injuries to their mental health than males. This is again statistically significant.

2025 Injury Type	Female - all	Male - all
Physical	6%	8%
Mental	22%	13%
Both	4%	4%

Table 6. Injury type Gender 2025

As in previous survey years those younger than 34 years reported more mental health injuries than other age groups.

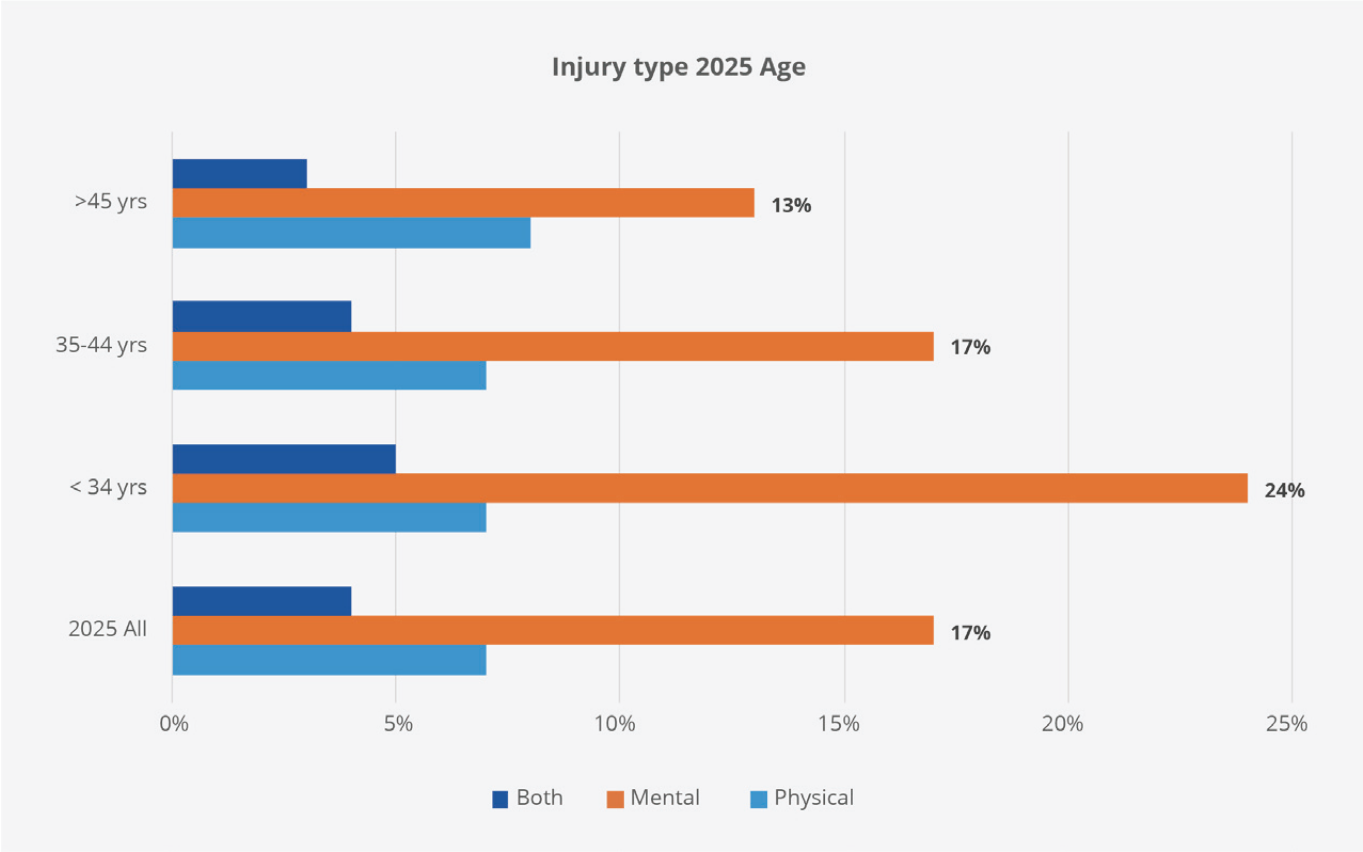

Figure 7. Injury type Age 2025

This is replicated across all age groups where females are more likely to report a mental health injury than males. The difference is statistically significant for those less than 34 years and those older than 45 years (see highlighted cells in Table 7)

2025 Injury type	Female <34 years	Male <34 years	Female 33-44 years	Male 33-44 years	Female >45 years	Male >45 years
Physical	7%	9%	7%	8%	4%	9%
Mental	**27%**	18%	18%	15%	**16%**	9%
Both	5%	4%	3%	4%	3%	3%
None	61%	69%	72%	74%	77%	79%

Table 7. Injury type Female/Male Age 2025

TAKE TIME OFF DUE TO INJURY

For those who answered that they had an injury in the last 12 months – the difference between physical and mental health injury is again evident.

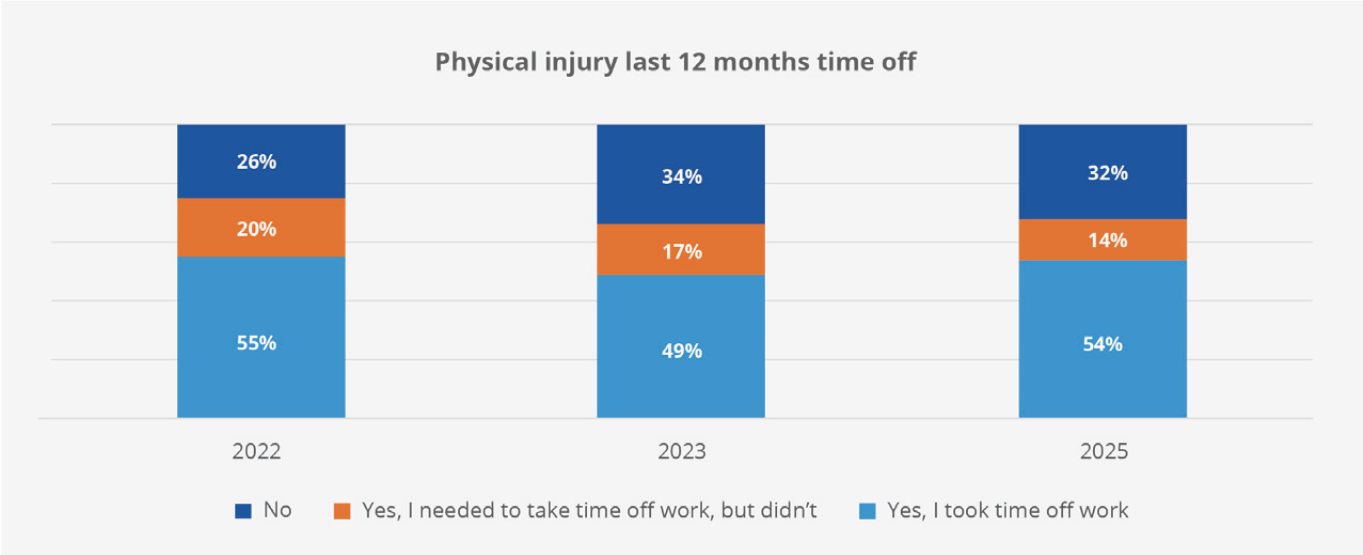

Figure 8. Time off for physical injury 2022, 2023, 2025

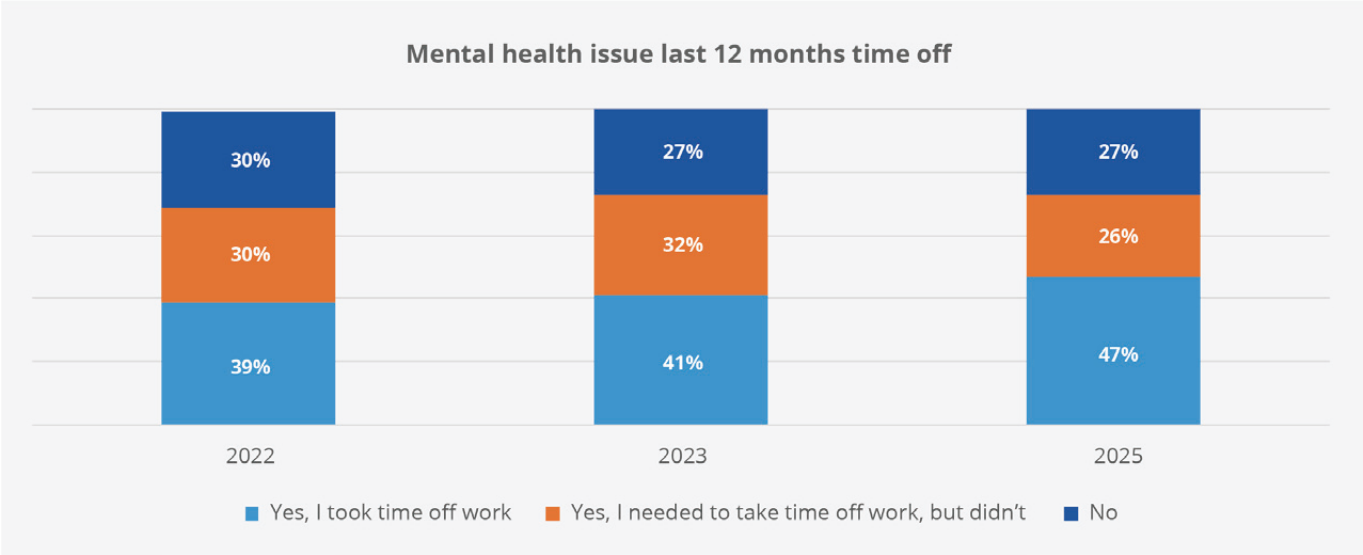

Figure 9. Time off for Mental health Injury 2022, 2023, 2025

TIME OFF WORK FOLLOWING MENTAL HEALTH INJURY

The increase in those taking time off for a mental injury between 2022 and 2025 is statistically significant (36% and 45% respectively).

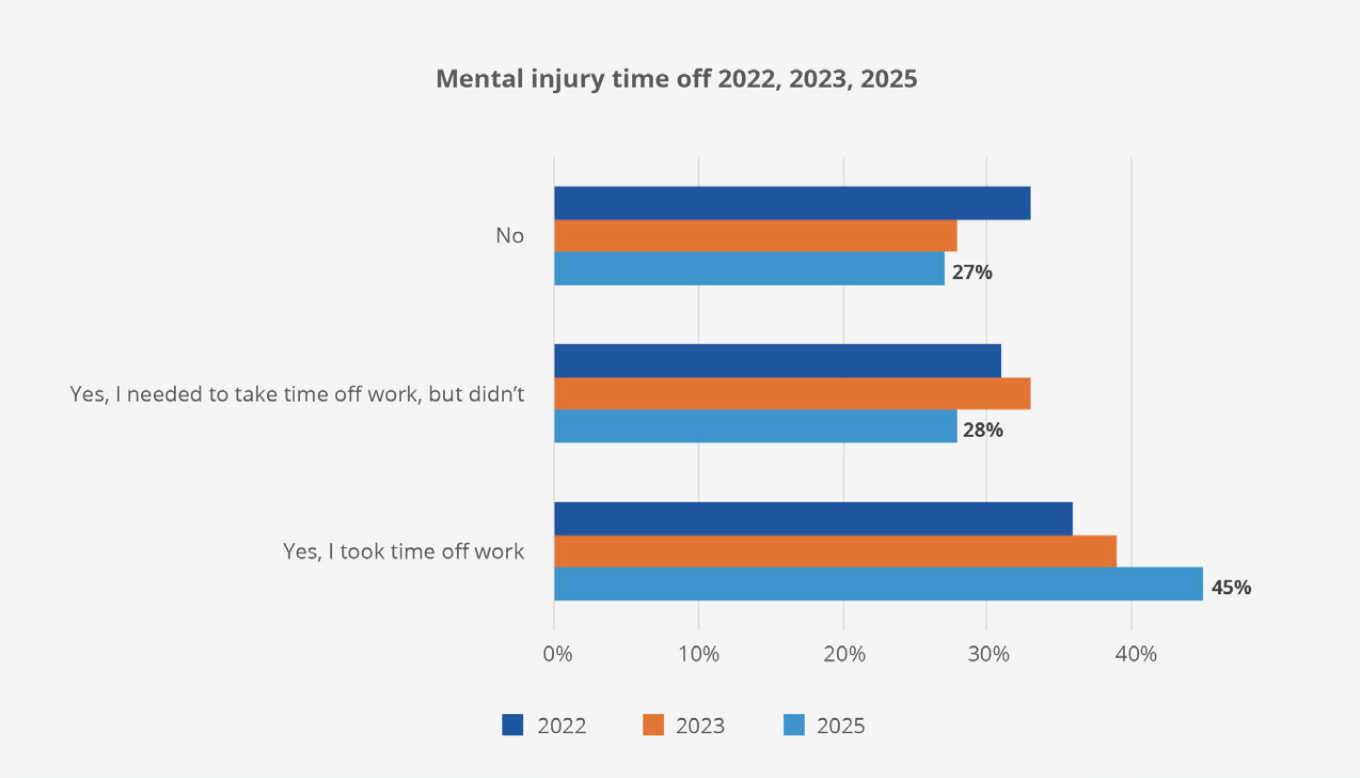

Figure 10. Mental Injury - Time Off - 2022, 2023, 2025

REASON DID NOT TAKE TIME OFF FOLLOWING MENTAL HEALTH INJURY

Respondents were able to select multiple reasons for not taking time off work. There are differences across the years, but given small sample sizes for each answer, a meaningful analysis is not possible.

	2022	2023	2025
I had no paid leave available	26%	22%	21%
I didn't want to be seen as a bad worker	34%	38%	32%
I did not want to let people down or miss deadlines	39%	41%	40%
Management pressured me to work / didn't accept my diagnosis	13%	14%	20%
I was worried it would negatively affect my job, e.g. job loss, reduced hours, etc	53%	45%	40%
It was too hard to arrange cover or catch up when I came back	38%	30%	29%
My injury didn't affect my work	9%	9%	4%
I couldn’t afford to stop working	36%	40%	35%
I was able to manage my injury / mental health problem and keep working	25%	27%	30%
Other reason (please specify)	0%	1%	2%
I left the job or took another type of leave	11%	9%	8%

Table 8. Reason did not take time off for Mental injury - 2022, 2023, 2025

TIME OFF BY JURISDICTION - ALL INJURIES

There was a statistically significant difference between respondents in NSW and Victoria for those who took time off due to injury (all injuries) – NSW respondents were more likely to take time off compared with Victoria.

There is also a statistically significant difference between Victoria and NSW respondents who said they needed time off but didn't take it (other than Queensland the numbers are too small to make comparison for the other individual jurisdictions).

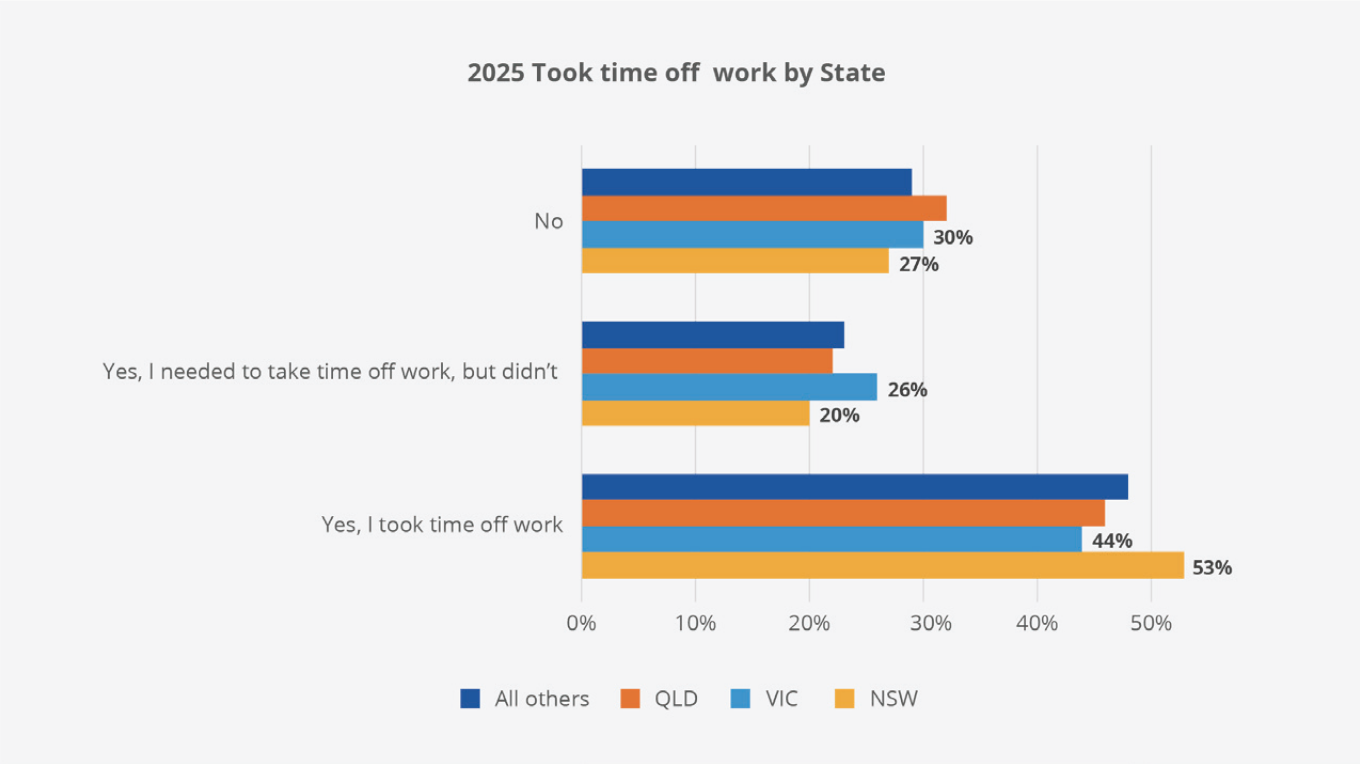

Figure 11. 2025 Time Off – NSW, Vic, Qld, All others

REASON DID NOT TAKE TIME OFF FOR ALL INJURIES BY STATE, 2025

There are differences between the states on the reasoning for not taking time off for injuries – however the numbers are small so drawing any conclusions is problematic – compared to NSW, Queensland respondents had less leave available, and less Victorians were concerned about letting people down or missing deadlines.

REASONS DIDN'T TAKE TIME OFF FOR INJURY

	NSW n=77	VIC n=86	QLD n=58	All others
I had no paid leave available	14%	24%	29%	24%
I didn't want to be seen as a bad worker	27%	29%	33%	36%
I did not want to let people down or miss deadlines	45%	33%	45%	28%
Management pressured me to work / didn't accept my diagnosis	14%	14%	19%	44%
I was worried it would negatively affect my job, e.g. job loss, reduced hours, etc	40%	38%	40%	40%
It was too hard to arrange cover or catch up when I came back	29%	27%	28%	4%
My injury didn't affect my work	10%	9%	7%	4%
I couldn't afford to stop working	32%	33%	40%	28%
I was able to manage my injury / mental health problem and keep working	35%	24%	29%	32%
Other reason (please specify)	1%	1%	2%	4%
I left the job or took another type of leave	6%	7%	7%	-

Table 9. Reason did not take time off for Injury by Jurisdiction 2025

ADEQUATE SUPPORT

Respondents were asked if they received adequate support from their workplace for a return to work – overall 53% said Yes, whilst 42% said No. The increase in those who replied No between 2022 and 2025 is statistically significant.

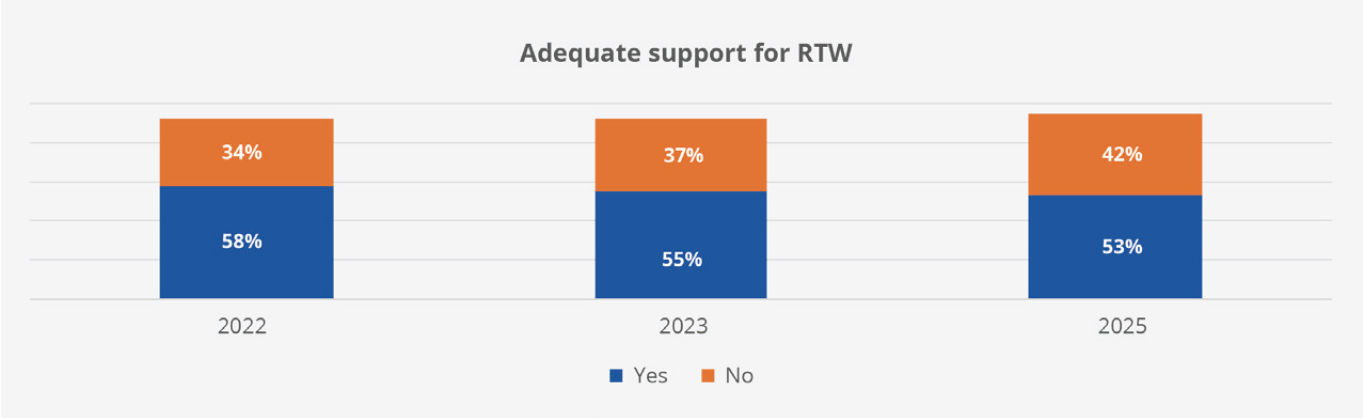

Figure 12. Adequate support for RTW 2022, 2023, 2025

In 2025, there were also state differences – Queensland being the worst performer.

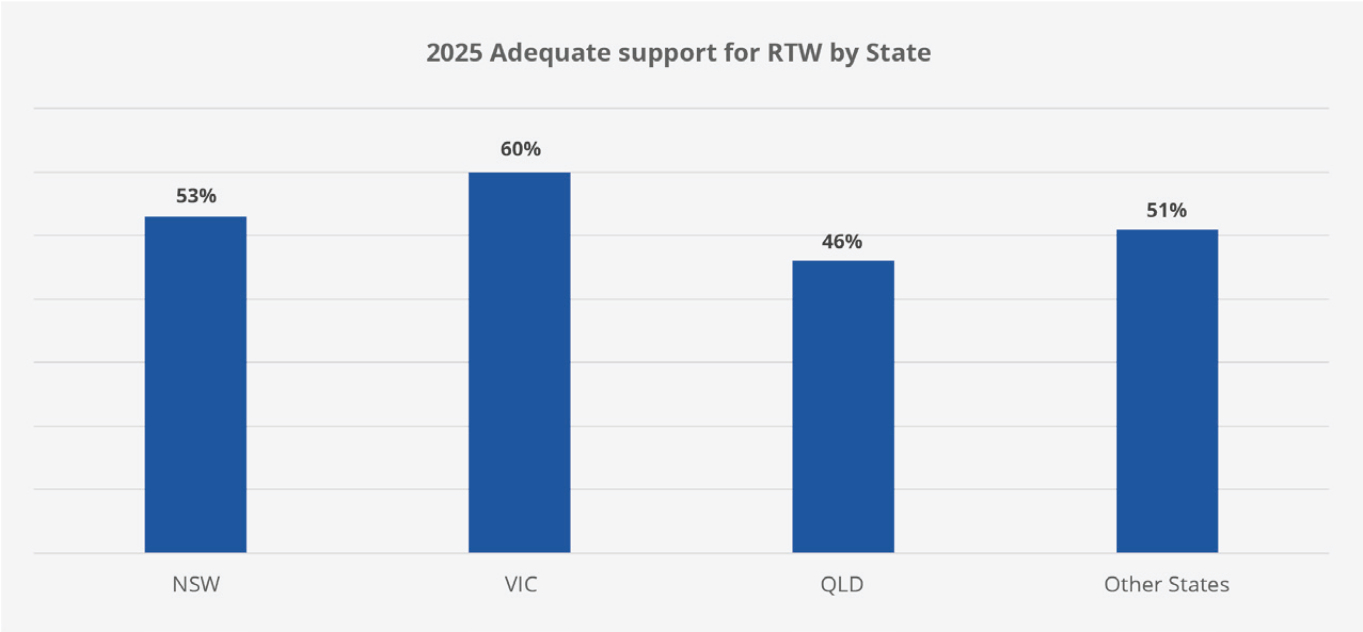

Figure 13. 2025 Adequate support for RTW by State

SECTION B: WORKERS COMPENSATION

BACKGROUND

The increase in numbers surveyed in 2023 and 2025 allowed an analysis by jurisdiction of the workers compensation questions. Comparisons were made between New South Wales, Victoria, Queensland and all the other jurisdictions combined (ACT, Tasmania, Western Australia, Northern Territory and South Australia). Five jurisdictions were grouped together as the numbers were too small otherwise.

It is important to note that the survey was conducted prior to 2025 changes to the NSW workers compensation system for psychological injuries.

SNAPSHOT

The results again reaffirm that workers compensation claims do not reflect the depth of experience for many workers with injuries.

Respondents were more likely to seek medical advice and more likely to put in a claim for workers compensation for physical injuries. The 2025 results were consistent with 2023 for seeking medical advice (68% sought medical advice for physical injury and 51% for mental health issue).

The survey asked respondents about how the process with their treating doctor and/or workers compensation was managed. The right to choose a treating medical practitioner is a basic human right – this right may not be afforded to up to 1 in 5 potential claimants (there may be circumstances where there is only one available doctor, e.g. remote site).

Forty percent of those with an injury felt that their workplace had tried to influence their doctor's decision about the workers compensation claim for a mental health injury.

Young workers, despite reporting more injuries did not make more claims for workers compensation.

WORKERS COMPENSATION

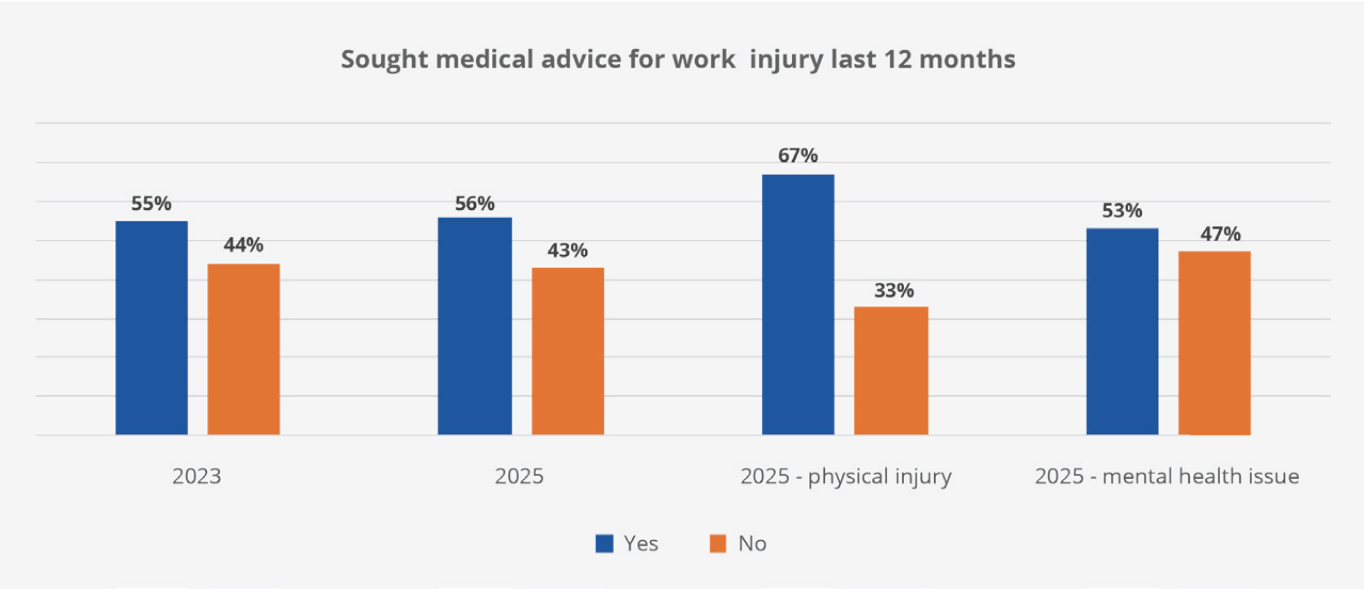

Figure 14. Sought medical advice for work injury last 12 months

Despite reporting more injuries (see Injury Section) those 34 years and under sought medical advice less often than other age groups (53% compared to 58% and 60% for the older age groups). They also did not take time off when they needed to. Both these differences were statistically significant.

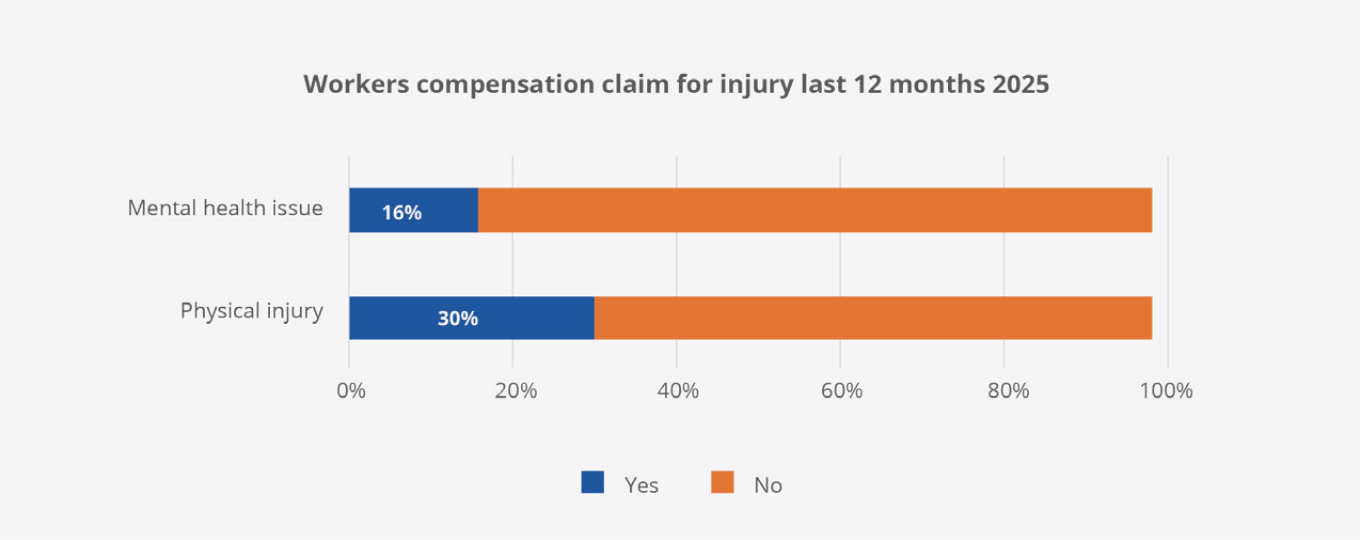

Figure 15. Workers compensation claim for work injury last 12 months 2025

Those with a physical injury were much more likely to make a claim for workers compensation, and this is consistent with previous surveys. Despite younger workers reporting more injuries, they did not make more claims for workers compensation.

MAKING A WORKERS COMPENSATION CLAIM FOR INJURY LAST 12 MONTHS

For those respondents who made a workers compensation claim, in NSW and Victoria the claim was more likely to be for a mental health injury, whereas for all states outside of the eastern seaboard the claim was much more likely to be for a physical injury.

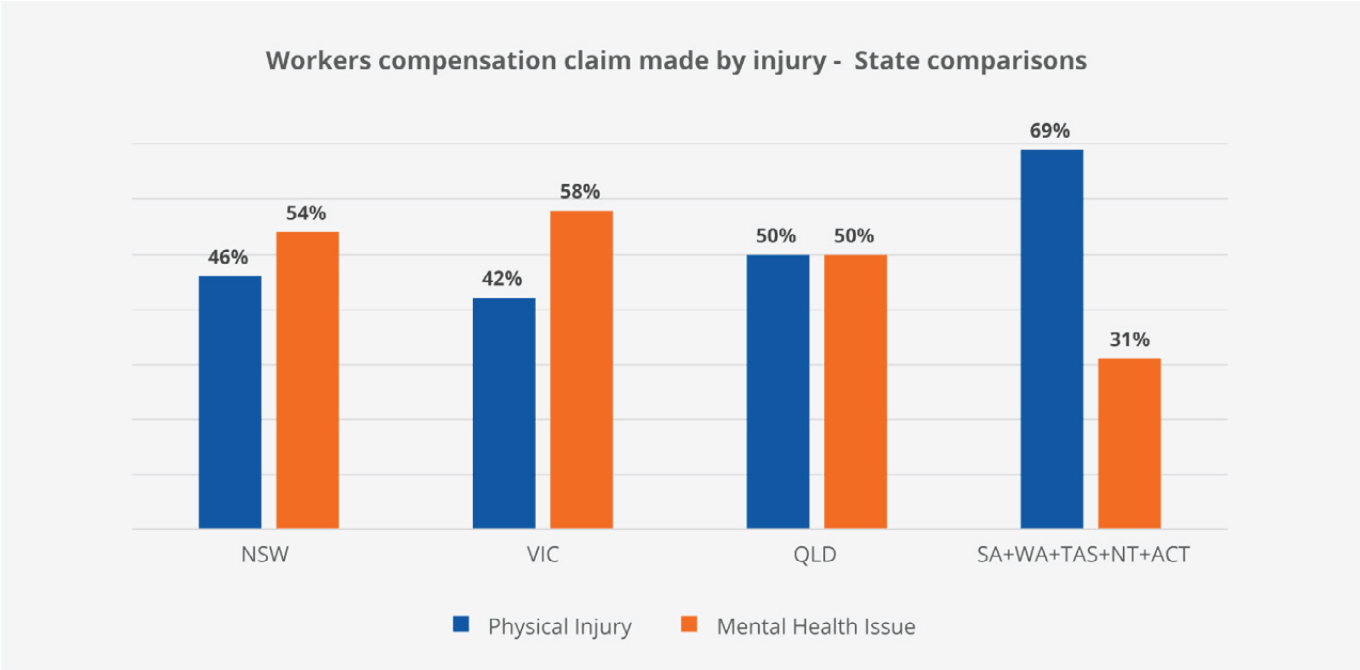

Figure 16. Workers compensation claim States 2025

Unions have consistently reported that some insurers and employers discourage workers from making claims or that employer representatives try to influence the outcome of doctors' visits.[3]

The responses to these questions indicate that 2 in 5 felt their workplace tried to influence the doctor's decision and for mental health injuries over 2 in 5 reported that a workplace representative attended or asked to attend the doctor's appointment.

The survey asked respondents about how the process with their treating doctor and/or workers compensation was managed. The right to choose a treating medical practitioner is a basic human right – this right may not be afforded to up to 1 in 5 claimants (there may be circumstances where there is only one available doctor e.g. remote site).

3 ACTU Congress Policy

2025	Physical injury	Mental health injury
Do you feel that your workplace tried to influence your doctor's decision about your claim?		
Yes	38%	40%
No	57%	49%
Don't know	6%	11%
Were you able to choose your own treating doctor?		
Yes	71%	69%
No	22%	19%
Don't know	5%	9%
Prefer not to say	1%	3%
Did a representative of your workplace attend (or ask to attend) any doctor's appointments with you?		
Yes	36%	45%
No	60%	47%
Don't know	4%	8%

Table 10. Attendance at doctor 2025

REASONS DIDN'T MAKE A WORKERS COMPENSATION CLAIM

Respondents were asked what were the main reasons they did not make a workers compensation claim – multiple responses possible. If an injury/illness is work related all workers have a right to submit a claim for workers compensation. There appears to be numbers of injured/ill workers who are not aware of this right or who are discouraged, for whatever reason, from making a claim. Making a claim can be for medical expenses only.

	NSW	VIC	QLD	All others
The injury was pre-existing or not serious enough	12%	17%	20%	12%
Other (please specify)	2%	2%	4%	7%
I was able to manage my injury / mental health problem and keep working	31%	28%	26%	28%
I didn't think I was entitled to a claim, based on my work status	19%	20%	18%	17%
I had a poor past experience with claims	6%	3%	4%	6%
I left the job or changed role	8%	8%	8%	7%
Costs were otherwise covered	5%	6%	5%	4%
The claim process is too difficult or time-consuming	12%	9%	12%	12%
My doctor didn't offer to do a workers compensation certificate	8%	7%	7%	4%
I didn't think my injury / mental health problem would be covered	25%	22%	29%	29%
I used my sick leave or other leave instead	22%	20%	22%	24%
My employer was pressuring me not to	6%	4%	8%	5%
I feared a negative backlash from my workplace	25%	17%	23%	25%
I was embarrassed to make a claim	20%	12%	12%	16%
I didn't know how to	15%	16%	14%	16%

Table 11. Reasons didn't make a workers compensation claim 2025

SECTION C: EXPOSURE TO PSYCHOSOCIAL RISK FACTORS

SNAPSHOT

Respondents were asked how often they or someone else in their workplace was exposed to a series of health and safety risk factors.

There has been a reduction in exposure to stress and traumatic events since 2023. Females continue to be more exposed but there was an increase in females who were never/rarely exposed.

Exposures to violence, or threats of violence persist for respondents working in Health and social assistance, Public services and Education. Health and social assistance and Public services had higher exposures to unfair practices at work and poorly managed change.

ATSI respondents reported different experiences – see Section D.

LAST 12 MONTHS - HOW OFTEN ARE YOU OR SOMEONE ELSE IN YOUR WORKPLACE EXPOSED TO

Stress at work

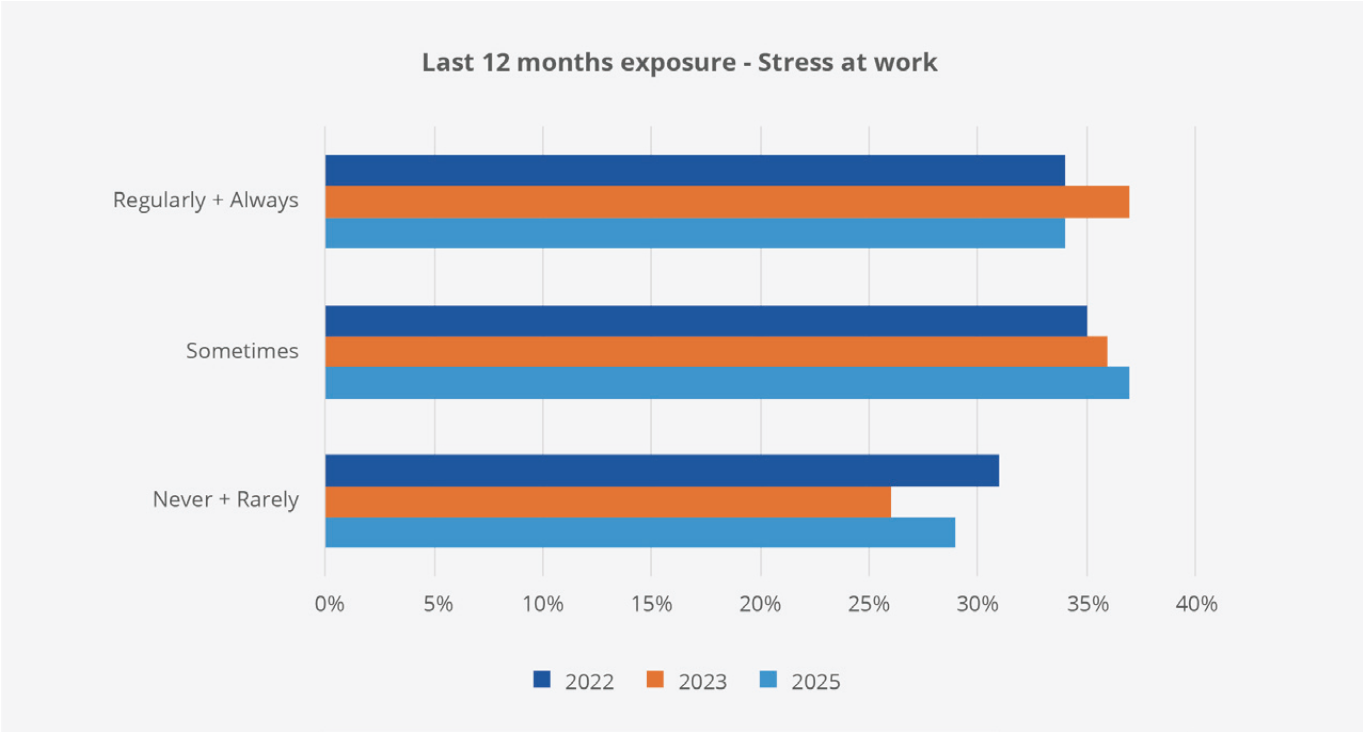

Figure 17. Exposed to Stress 2022, 2023, 2025

Statistically fewer workers reported exposure to stress in 2025 compared to 2023. As in previous years there is a statistically significant gender gap – with females experiencing more stress at work than males.

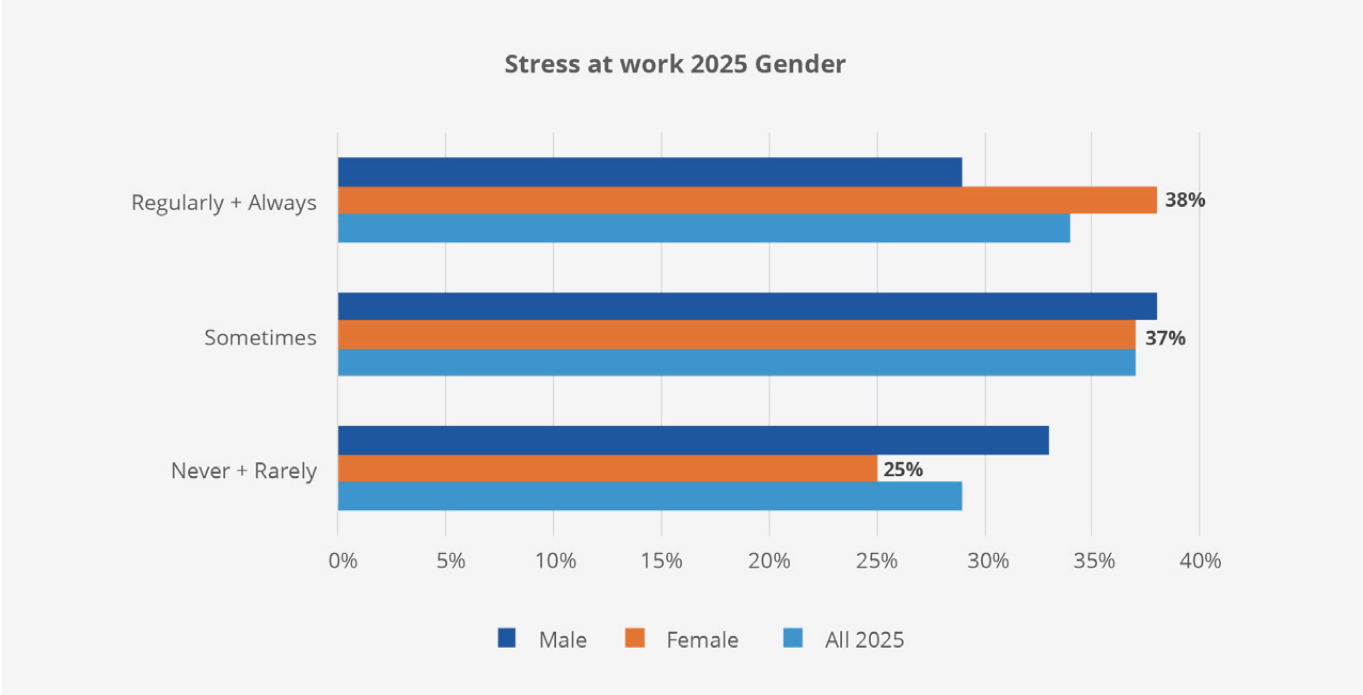

Figure 18. Exposed to Stress 2025 Gender

Of the 2025 key industries, Health and social assistance, for example, showed a statistically significant change.

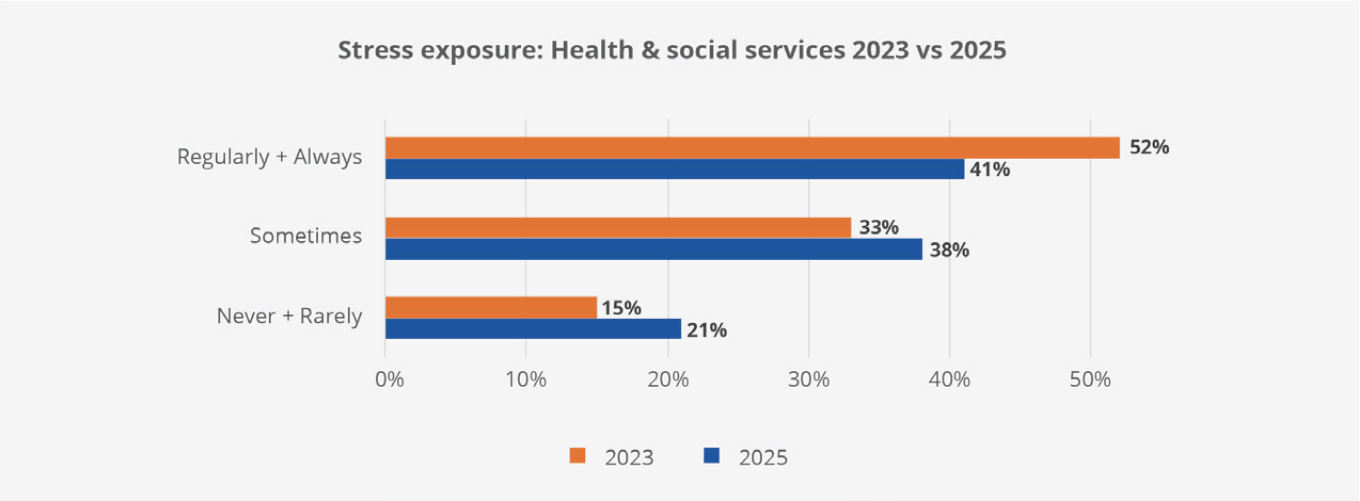

Figure 19. Exposed to Stress Health and social assistance 2023, 2025

For all except one, the responses to psychosocial risk factor exposures were consistent with 2023 (see Appendix C.1).

Traumatic events, distressing situations or distressed or aggressive clients/ customers

There was a reduction of exposure to traumatic events between 2023 and 2025 – this was a statistically significant increase in those who were never/rarely exposed.

Exposure last 12 months	2022	2023	2025
Traumatic events, distressing situations or distressed or aggressive clients / customers			
Never + Rarely	67%	62%	66%
Sometimes	21%	24%	21%
Regularly + Always	13%	14%	13%

Table 12. Traumatic events etc 2022, 2023, 2025

Females but not males reported a statistically significant increase from 2023 to 2025 in those who were never/rarely exposed.

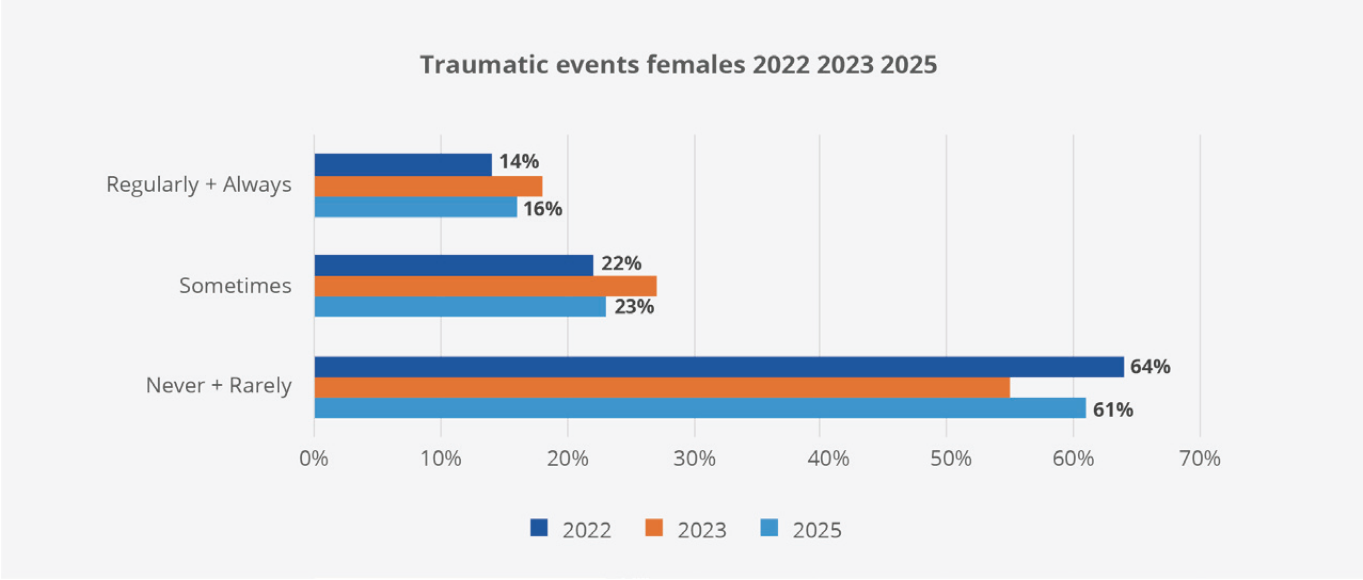

Figure 20. Exposed to Traumatic events females 2022, 2023, 2025

Violence at work, including threats of violence – you or someone at your workplace

Comparing 2023 and 2025 surveys across all industries the distribution of responses were similar – 83% never/rarely exposed, 11% sometimes and 7% regularly/always.

- The three industries with a statistically significant higher number of respondents reporting sometimes or regularly/always are Education, Health and social assistance and Public services.
- Manufacturing and Administrative and professional services reported a significantly lower number of exposures to violence or threats of violence.

In Table 13 – cells highlighted in orange indicate increased number exposed; in yellow increased number NOT exposed.

	Never/rarely	Sometimes	Regularly/always
2025 Violence at work all industries	83%	11%	7%
Admin & prof services	91%	7%	2%
Construction	79%	13%	8%
Education	76%	16%	8%
Health & social assist	73%	16%	11%
Manufacturing	88%	8%	5%
Public services	78%	10%	12%

Table 13. Violence or threats of violence at work 2025

Unfortunately, the numbers in the Community and disability services sector are low – less than 80 total respondents in both 2023 and 2025 - however, it is worth noting that about one in four respondents reported being regularly/always exposed to violence or threats of violence.

For all industries in 2025, there were no differences between male and female respondents. Younger respondents reported significantly more exposures.

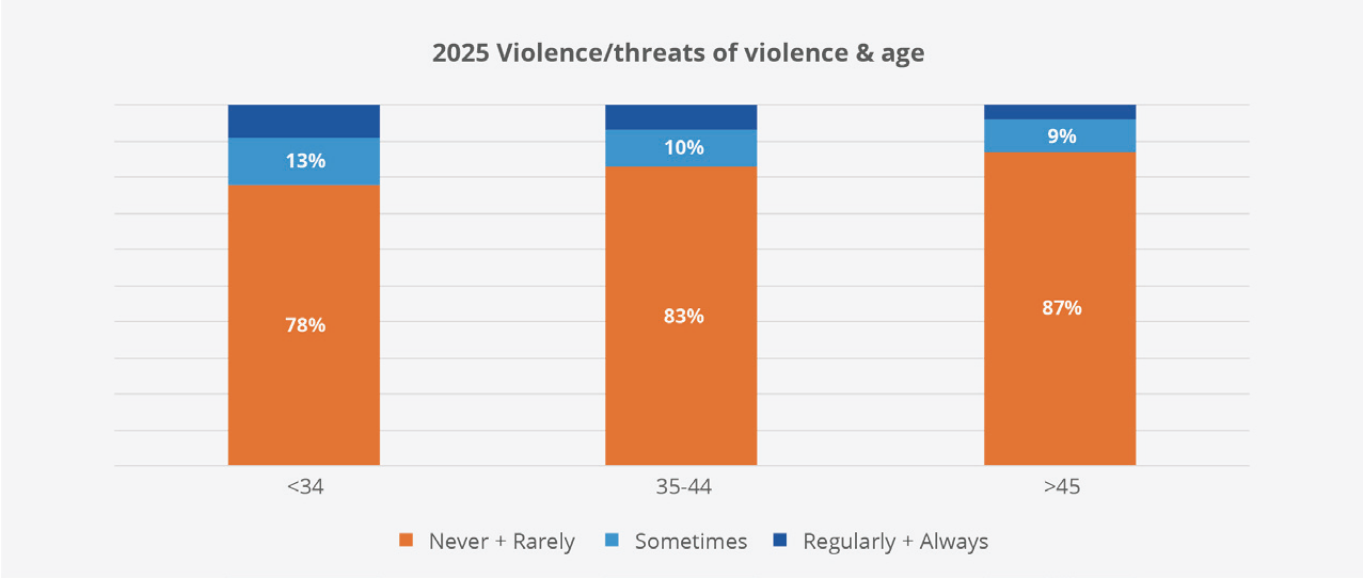

Figure 21. Exposed to violence or threats of violence age 2025

Discrimination or harassment based on your sex, race, gender identity, sexual orientation, and/or disability

There were no changes between 2023 and 2025 for the percentage of respondents reporting discrimination etc in their workplace.

Discrimination or harassment across key industry sectors

	Never/rarely	Sometimes	Regularly/always
2025 – all industries	83%	11%	7%
Admin & prof services	84%	10%	6%
Construction	75%	15%	10%
Education	81%	12%	7%
Health & social assist	78%	16%	6%
Manufacturing	81%	14%	5%
Public services	77%	15%	8%

Table 14. Discrimination or harassment Industries 2025

Construction and Health and social assistance were the only industries that had statistically more respondents reporting exposure to discrimination etc.

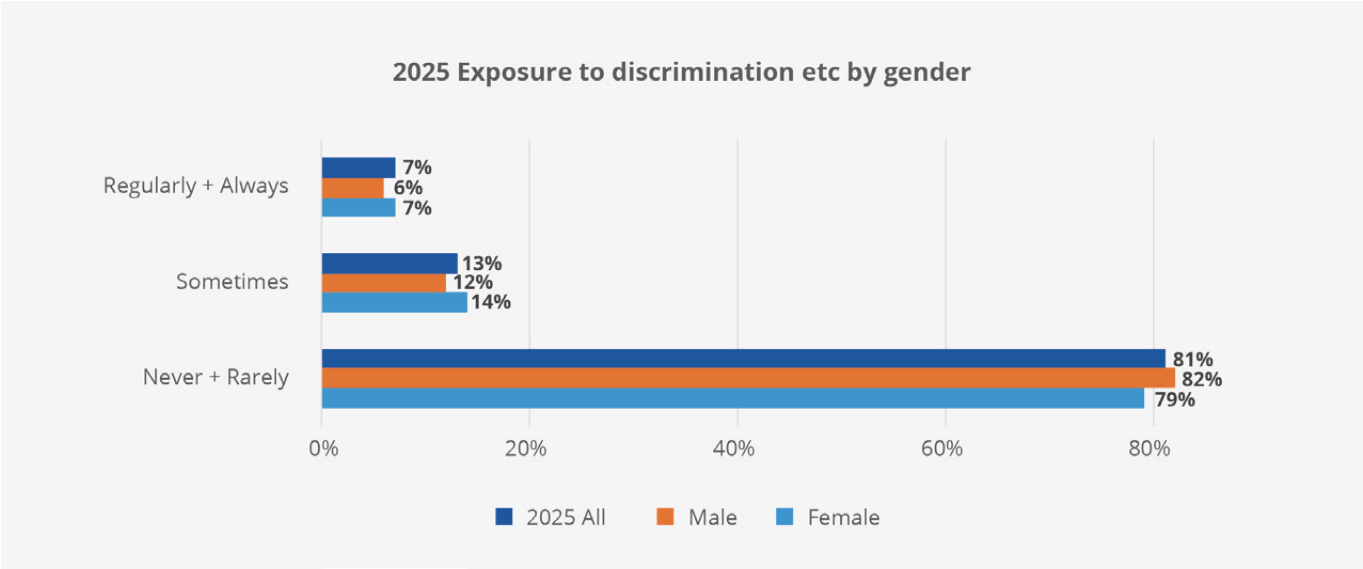

Figure 22. Exposure to discrimination gender 2025

Conflict with co-workers or management

The survey asks respondents if in the last 12 months you or someone else has been exposed to conflict with co-workers or management, unfair practices by management and changes at work that are poorly managed. Across the last three surveys the results have been very consistent for all three exposures – about 1 in 10 reporting exposures regularly or always for conflict and unfair practices, and 1 in 6 for changes at work that are poorly managed.

In 2025, there were differences between the key industries.

Those reporting conflict with co-workers or management was statistically higher in Construction and Public services when compared to all industries (respondents).

Figure 23. Conflict with co-workers or management, industries 2025

Changes at work that are poorly managed

Respondents in Public services also reported a statistically higher percentage of respondents who were exposed to changes at work that are poorly managed. Whilst in Health and social assistance 20% reported the same exposure, this was not statistically significant.

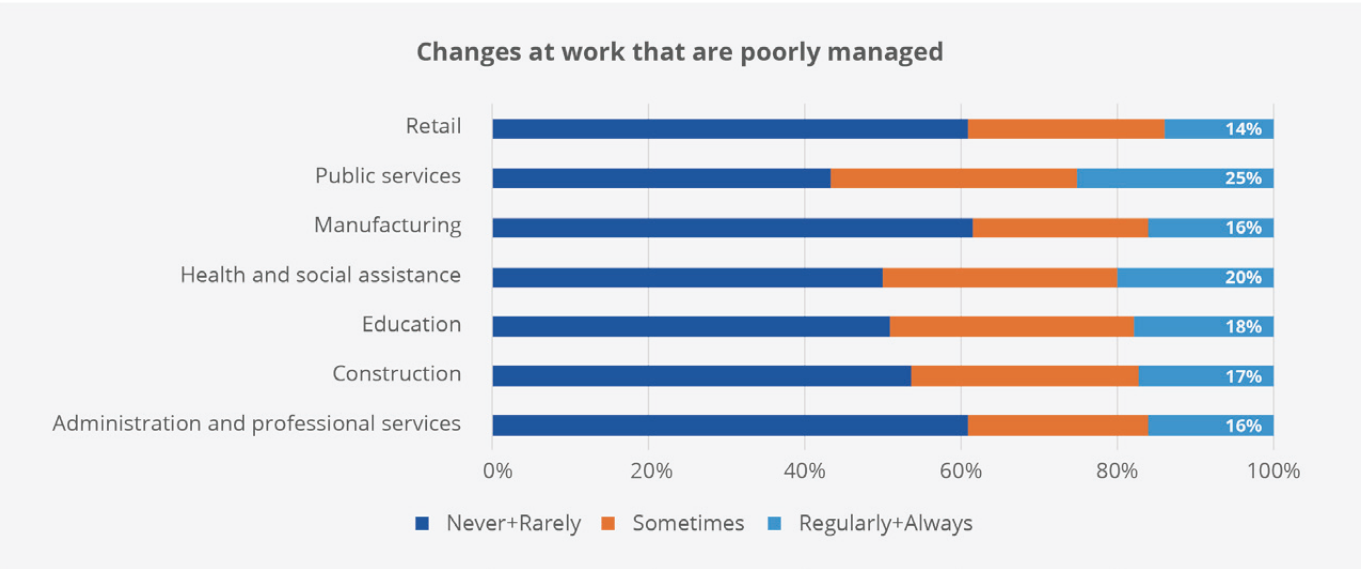

Figure 24. Changes at work poorly managed, industries 2025

Unfair practices by management

The difference between the number of respondents in all industries and those in Public services or Health and social assistance who reported regular/always being exposed to unfair practices by management was statistically significant.

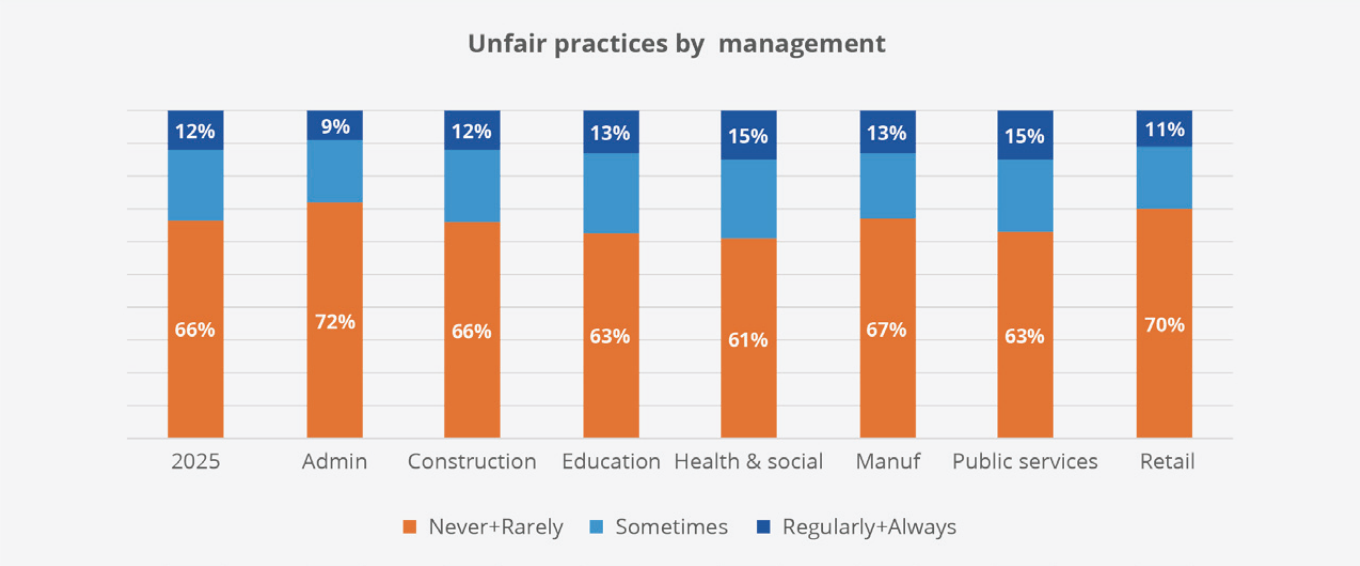

Figure 25. Unfair practices by management, industries 2025

EMPLOYER COMPLIANCE AND KNOWN PSYCHOSOCIAL RISK FACTORS

SNAPSHOT

The WSH survey asks respondents to report exposures to known psychosocial risk factors – enough staff to perform work safely, sufficient support, realistic demands, adequate reward, enough time and clearly assigned responsibilities.

Although there is an improvement with less respondents disagreeing with statements, significant inadequacies persist.

For example, 28% of respondents disagreed with the statement that there was enough staff and 25% disagreed with the statement that the employer provided appropriate recognition and reward. That is - 28% thought there was not enough staff, 25% did not think there was appropriate recognition and reward and 19% did not think that the demands or targets were realistic.

The problem of not enough staff persists in Health and social assistance and Public service industries.

Administrative and professional services industry was the only one to report sufficient support significantly above that for all industries.

Again, the presence of Health and Safety Representatives (HSRs) led to less respondents reporting bullying.

Figure 26. All industries psychosocial risk factors 2025

Enough staff

Despite the increase in agreement with statements about employer compliance with staffing, support and recognition and reward between 2023 and 2025, there are still 1 in 4 respondents saying there is not enough staff.

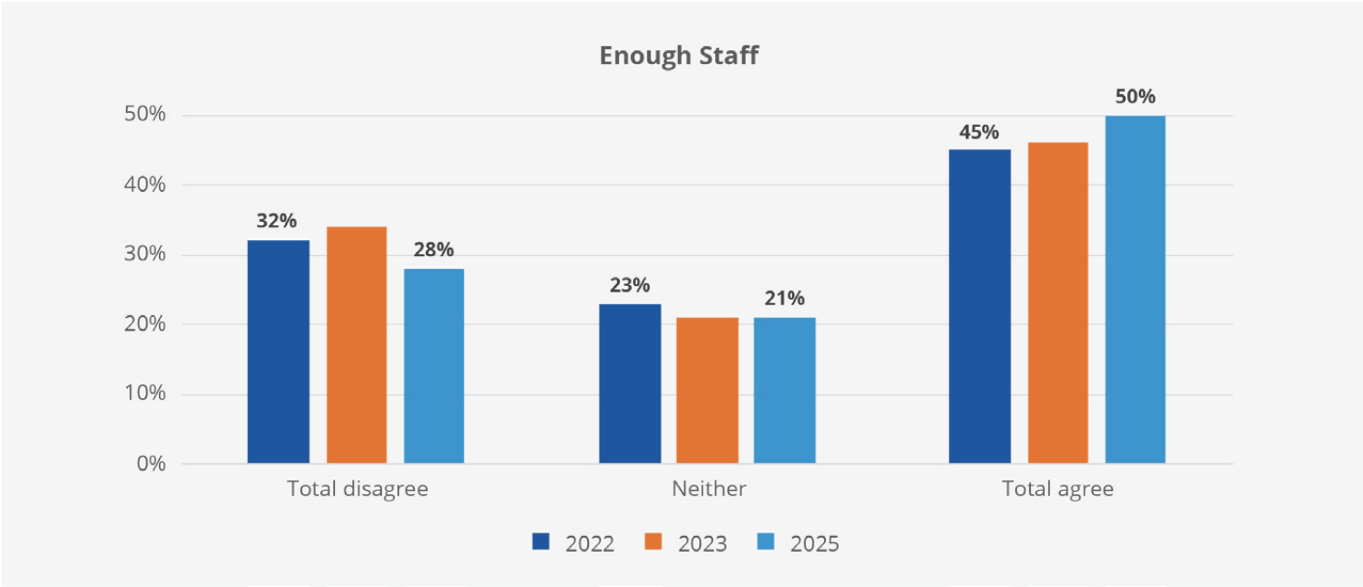

Figure 27. Enough staff 2022, 2023, 2025

Health and social assistance and public service industries both had a statistically significant lower percentage of respondents reporting there was enough staff when compared to all industries in 2025.

2025 Enough Staff	Admin & prof ser	Const.	Edu.	Health & soc	Manuf.	Public ser	Retail
Total disagree	24%	22%	31%	40%	17%	40%	31%
Neither	20%	22%	18%	21%	21%	19%	21%
Total agree	56%	56%	51%	39%	62%	42%	49%

Table 15. Enough Staff Industries 2025

Sufficient support

Compared with 2023, less respondents in 2025 disagreed with the statement that there was sufficient support. Although small, the difference is statistically significant. Administrative and professional services were the only industry to report sufficient support significantly above the percentage for all industries – 66% agreed with the statement that there was sufficient support to do the work safely.

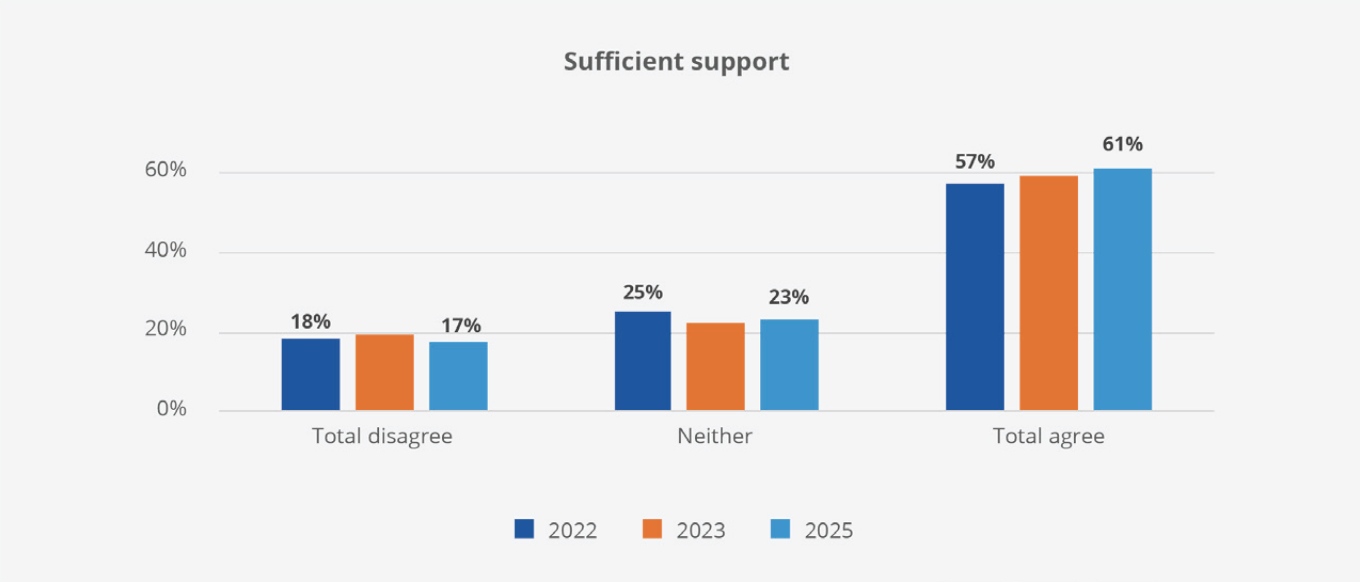

Figure 28. Sufficient support 2022, 2023, 2025

2025 Sufficient Support	Admin & prof ser	Const.	Edu.	Health & soc	Manuf.	Public ser	Retail
Total disagree	21%	24%	26%	32%	21%	33%	24%
Neither	28%	28%	28%	24%	23%	24%	26%
Total agree	51%	48%	47%	44%	56%	42%	50%

Table 16. Sufficient Support Industries 2025

Again, Health and social assistance and public service industries both had a statistically significant lower percentage of respondents reporting there was sufficient support when compared to all industries in 2025.

Appropriate recognition and reward

Compared with 2023, less respondents in 2025 disagreed with the statement that there were appropriate recognition and reward. This was a statistically significant difference.

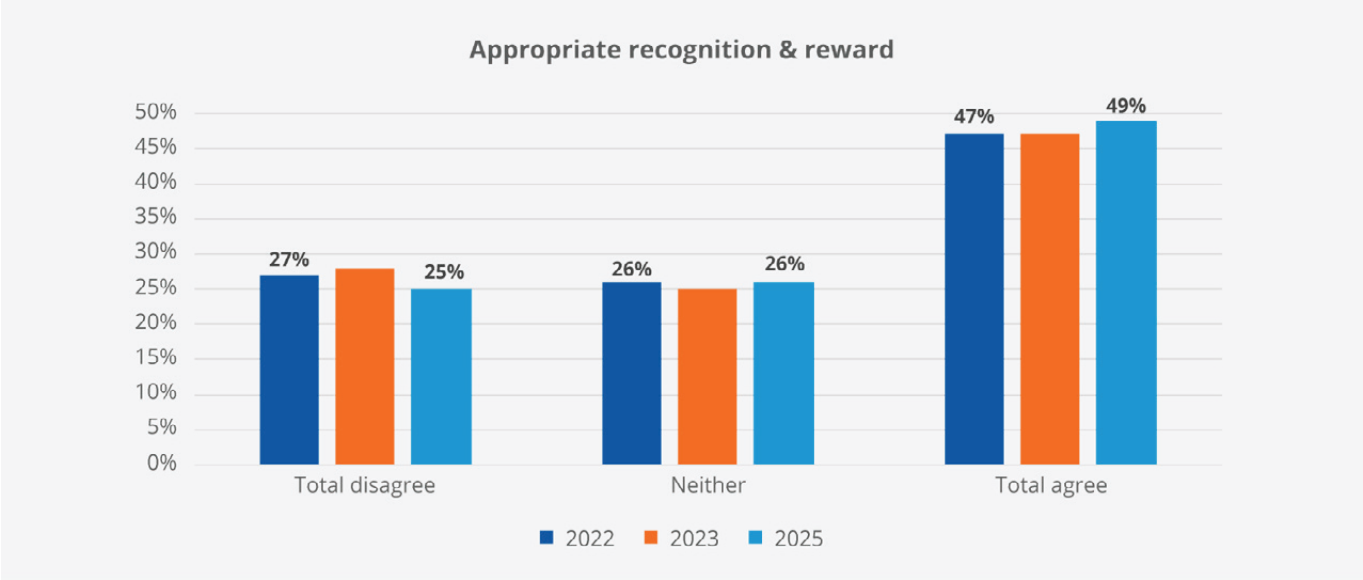

Figure 29. Appropriate recognition and reward 2022, 2023, 2025

Presence of Health and Safety Representatives

The presence of an HSR means a statistically significantly higher number of respondents reporting never/rarely for exposure to discrimination etc, meaning that having an HSR decreases the frequency of this exposure. The same pattern exists for bullying.

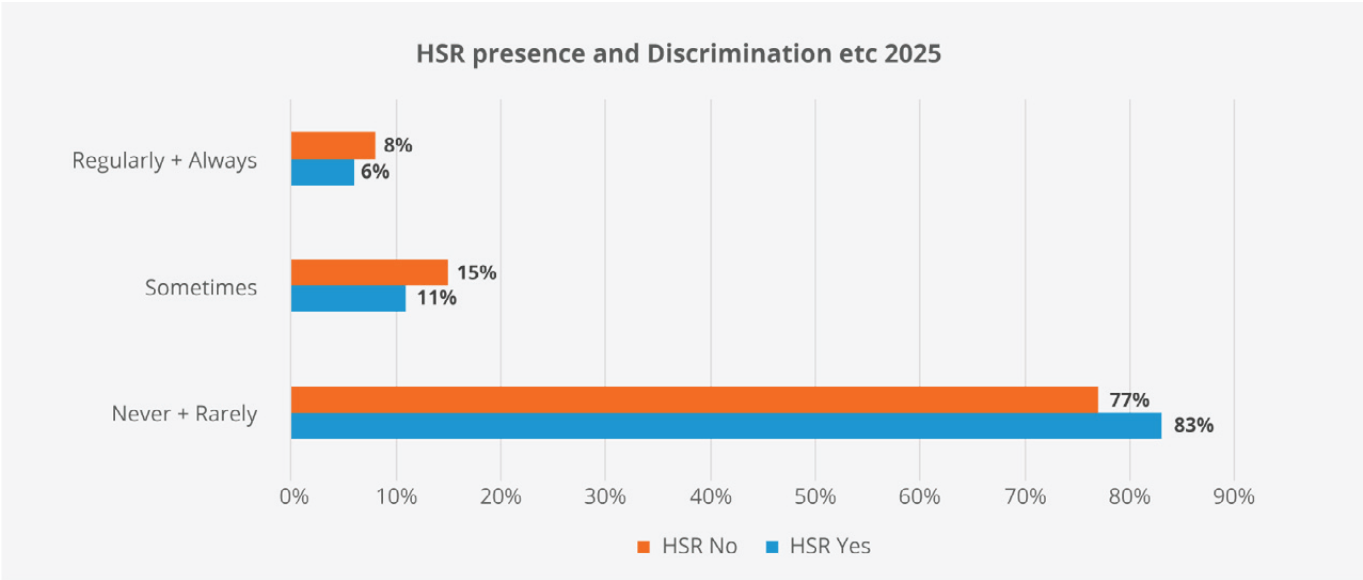

Figure 30. HSR presence and exposure to Discrimination etc 2025

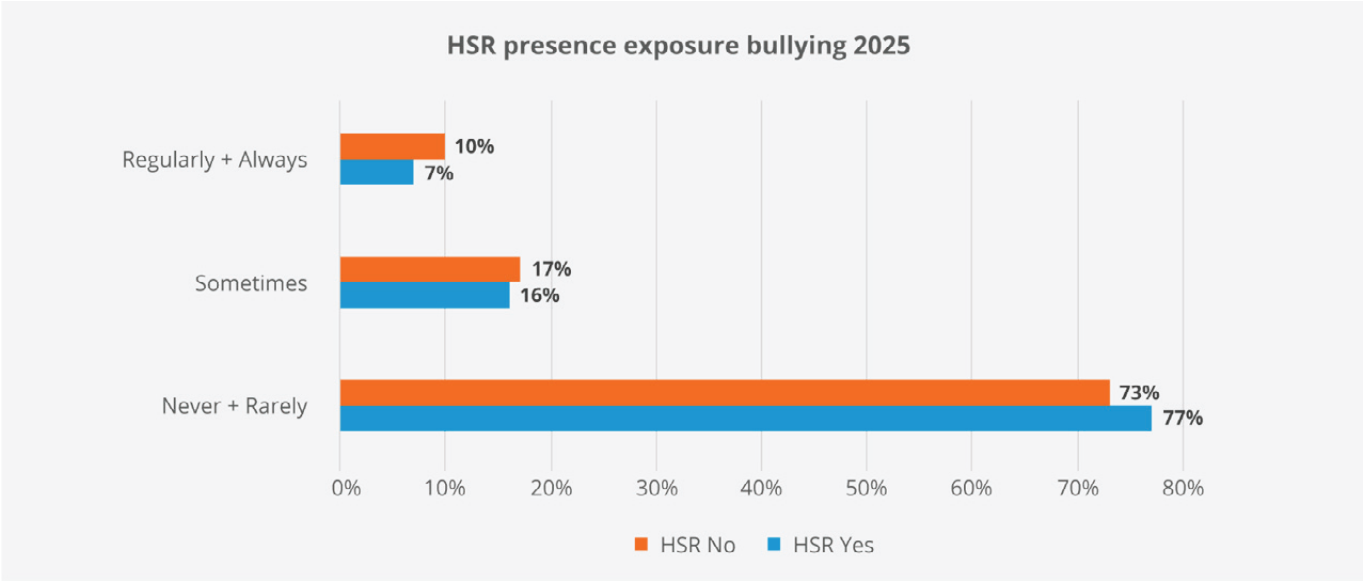

Figure 31. HSR presence and exposure to bullying - 2025

APPENDIX C.1 SUMMARY PSYCHOSOCIAL RISK EXPOSURES

Exposure in the last 12 months	2022	2023	2025
Discrimination or harassment based on your sex, race, gender identity, sexual orientation, and/or disability			
Never + Rarely	81%	83%	81%
Sometimes	13%	12%	13%
Regularly + Always	6%	5%	7%
Violence at work, including threats of violence			
Never + Rarely	82%	83%	83%
Sometimes	11%	11%	11%
Regularly + Always	7%	6%	7%
Conflict with co-workers or management			
Never + Rarely	62%	60%	62%
Sometimes	27%	28%	27%
Regularly + Always	11%	12%	11%
Skip rest breaks that you are entitled to			
Never + Rarely	51%	50%	51%
Sometimes	28%	27%	28%
Regularly + Always	22%	23%	21%
Work unsafe hours (e.g. long hours without a break)			
Never + Rarely	68%	68%	70%
Sometimes	19%	20%	18%
Regularly + Always	13%	12%	12%

Exposure in the last 12 months	2022	2023	2025
Perform work that you felt was unsafe			
Never + Rarely	79%	78%	77%
Sometimes	13%	15%	16%
Regularly + Always	7%	6%	7%
Perform work in an unsafe work environment			
Never + Rarely	80%	79%	78%
Sometimes	13%	15%	14%
Regularly + Always	7%	7%	8%
Unfair practices by management			
Never + Rarely	67%	66%	66%
Sometimes	21%	21%	21%
Regularly + Always	11%	12%	12%
Bullying at work			
Never + Rarely	75%	75%	76%
Sometimes	17%	17%	16%
Regularly + Always	8%	8%	8%
Changes at work that are poorly managed			
Never + Rarely	56%	53%	55%
Sometimes	27%	28%	27%
Regularly + Always	17%	19%	18%

Table 17. Exposures to psychosocial risks 2022, 2023, 2025

SECTION D: ATSI RESPONDENTS

BACKGROUND

This section of the report compares the experience of ATSI respondents with all non-ATSI respondents.

In 2025, 204 respondents self-identified as Aboriginal or Torres Strait Islander, i.e. 4.5% of survey respondents.

The selected exposures mentioned here are all statistically significant results.[4]

SNAPSHOT

ATSI workers consistently reported poorer experiences than non-ATSI respondents in the 2025 WSH survey.

ATSI respondents reported higher levels of injury and were more likely to require hospitalisation and time off work for those injuries.

The differences between ATSI and non-ATSI respondents were greater than that seen between respondents in different industries etc. For example, ATSI workers were nearly twice as likely to report experiencing discrimination or harassment in the previous 12 months (36% at least sometimes vs 19% for non-ATSI).

ATSI workers were close to three times more likely to experience violence or threats of violence at work. This pattern exists across all of the examined exposures to psychosocial risk factors.

All the differences in this section are statistically significant.

4 The measure for statistical significance was a p value of <0.05, using the Z score for 2 population comparisons

INJURY EXPERIENCE

ATSI workers reported higher rates of mental and physical injury than non-ATSI workers (49% vs 27%) in the previous 12 months.

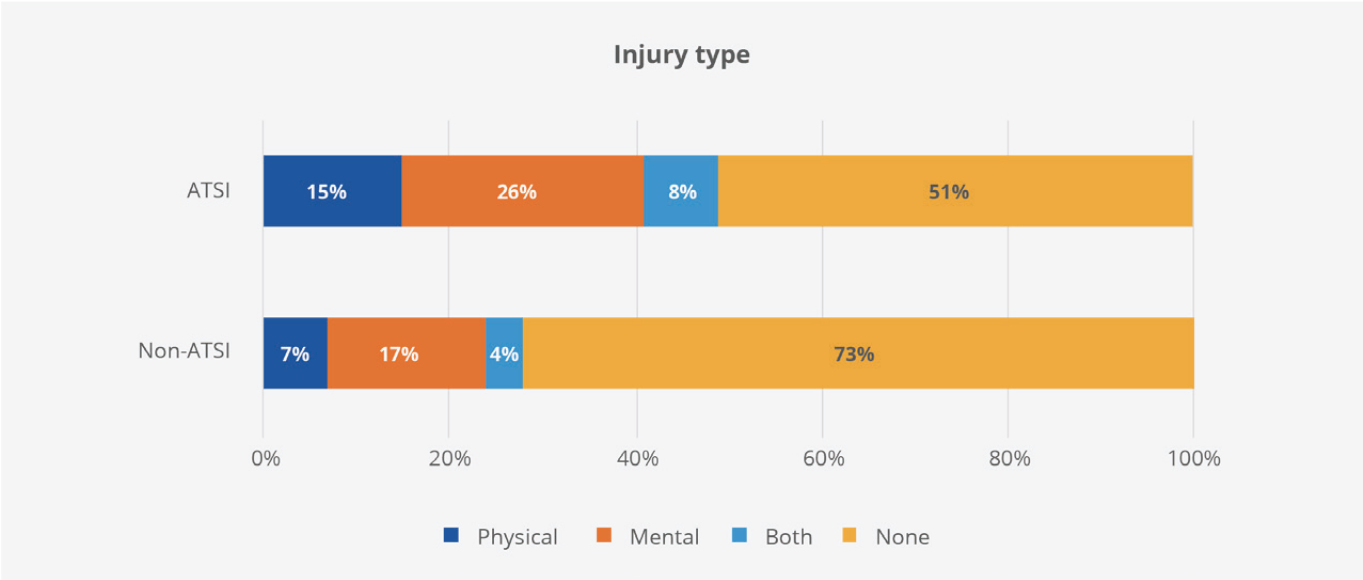

Figure 32. Injury Type ATSI 2025

A workplace injury or illness that requires hospitalisation

ATSI workers were over twice as likely to report that a worker at their workplace had experienced an injury requiring hospitalisation in the previous 12 months (40% at least sometimes vs 16% non-ATSI).

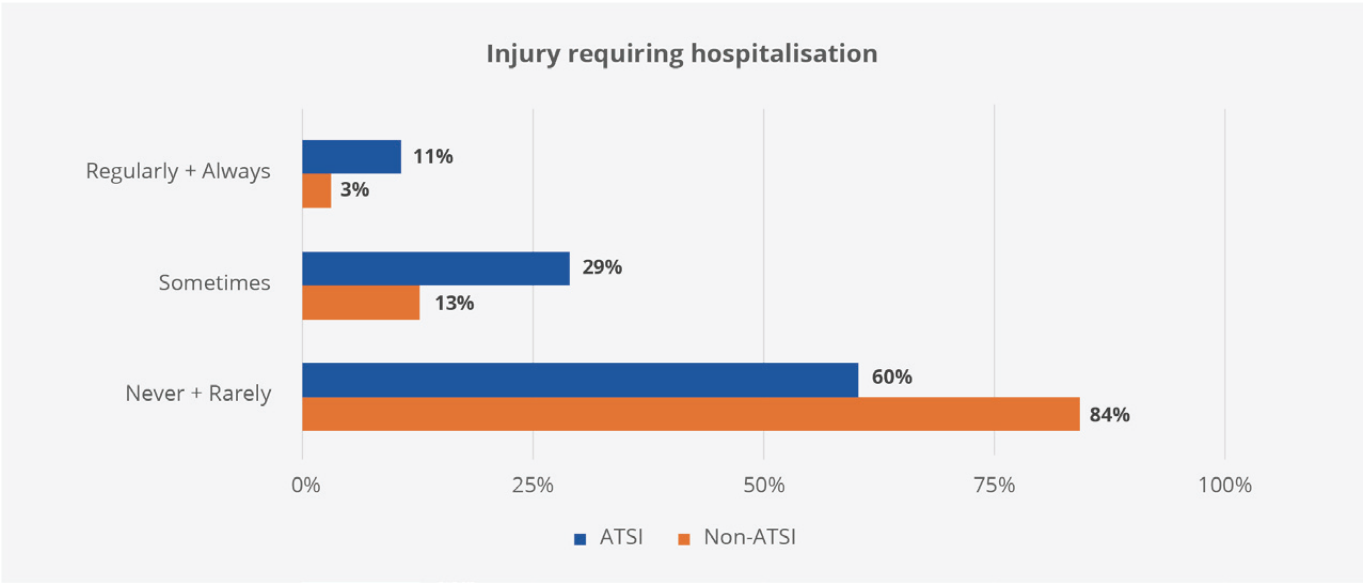

Figure 33. Injury requiring hospitalisation in last 12 months ATSI 2025

Injury requiring time off work

ATSI workers were 55% more likely to report that a worker at their workplace had experienced an injury requiring time off work in the previous 12 months (59% at least sometimes vs 38% non-ATSI).

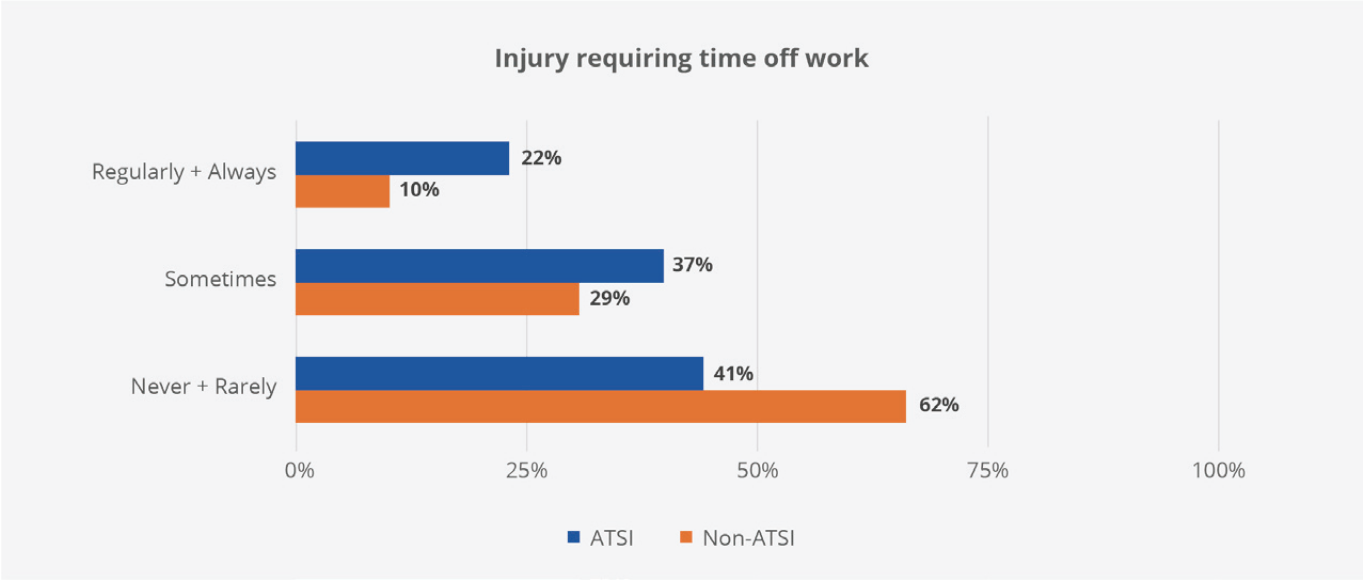

Figure 34. Injury requiring time off work in last 12 months ATSI 2025

A workplace injury or illness that does not require hospitalisation or time off work

ATSI workers were more likely to report that workers at their workplace experienced an injury or illness that didn't require time off in the previous 12 months (68% at least sometimes vs 47% non-ATSI).

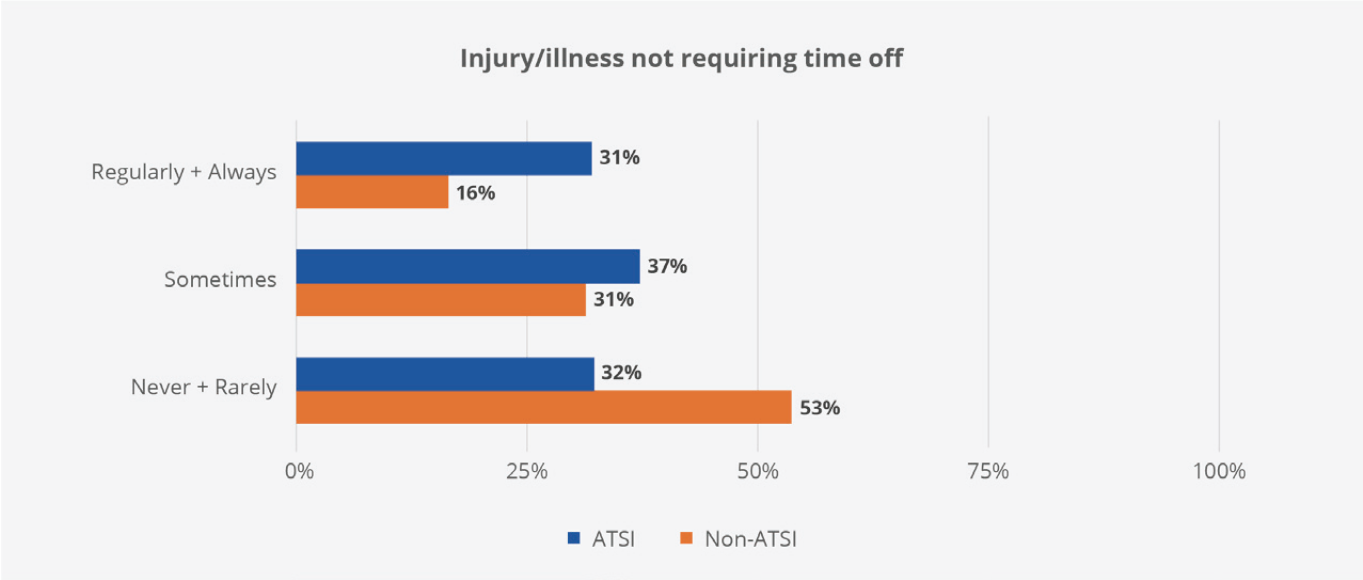

Figure 35. Injury not requiring time off work in last 12 months ATSI 2025

EXPOSURE TO PSYCHOSOCIAL RISK FACTORS

Discrimination or harassment based on your sex, race, gender identity, sexual orientation, and/or disability.

ATSI workers were more likely to report experiencing discrimination or harassment in the previous 12 months (36% at least sometimes vs 19% non-ATSI).

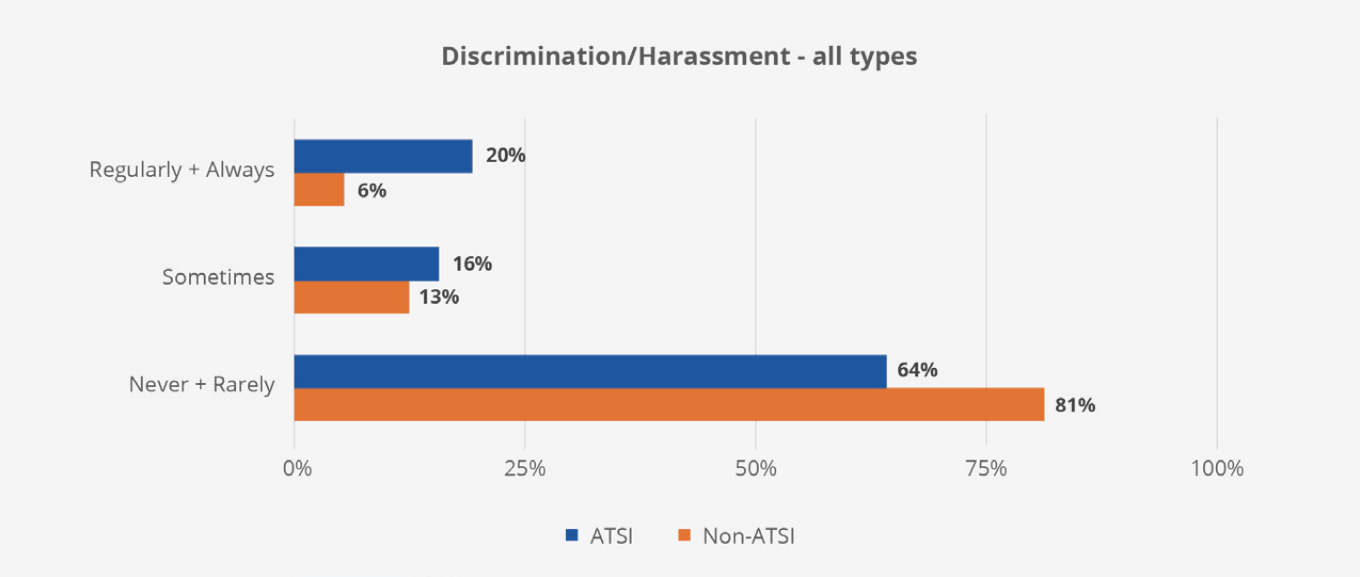

Figure 36. Discrimination/harassment (all types) in last 12 months ATSI 2025

Violence at work, including threats of violence

ATSI workers were more likely to report experiencing violence or threats of violence in the previous 12 months (17% regularly or always vs 6% non-ATSI).

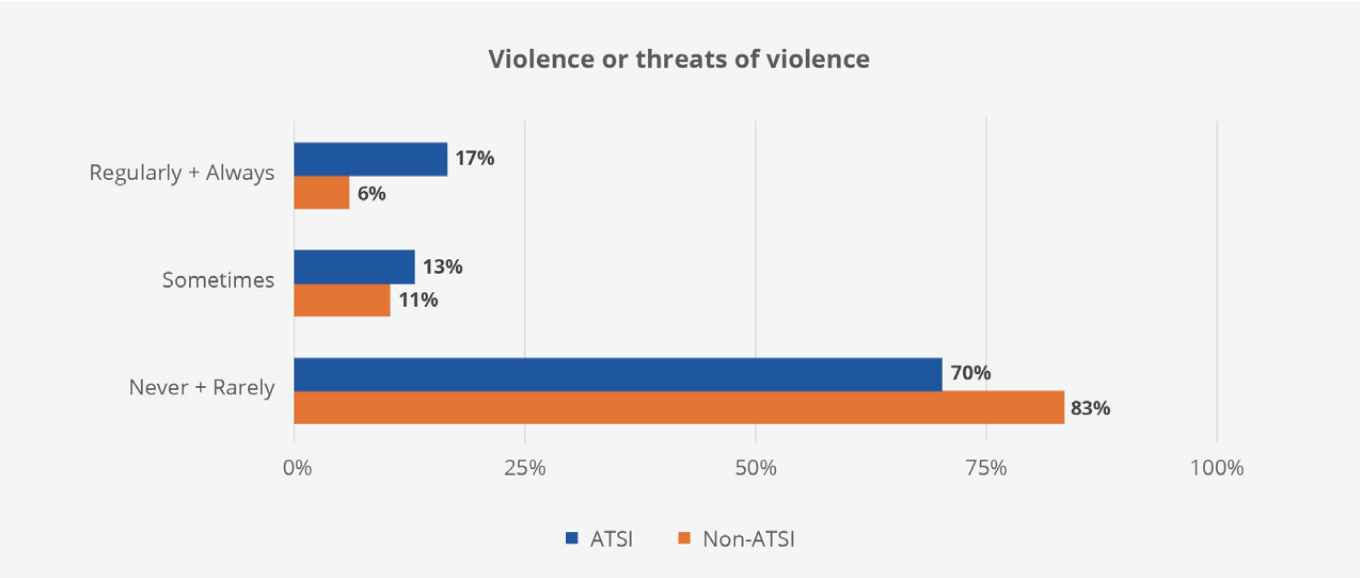

Figure 37. Violence or threats of violence reported in last 12 months ATSI 2025

Traumatic events, distressing situations or distressed or aggressive clients/ customers

ATSI workers were more likely to report experiencing traumatic events in the previous 12 months (49% at least sometimes vs 33% non-ATSI).

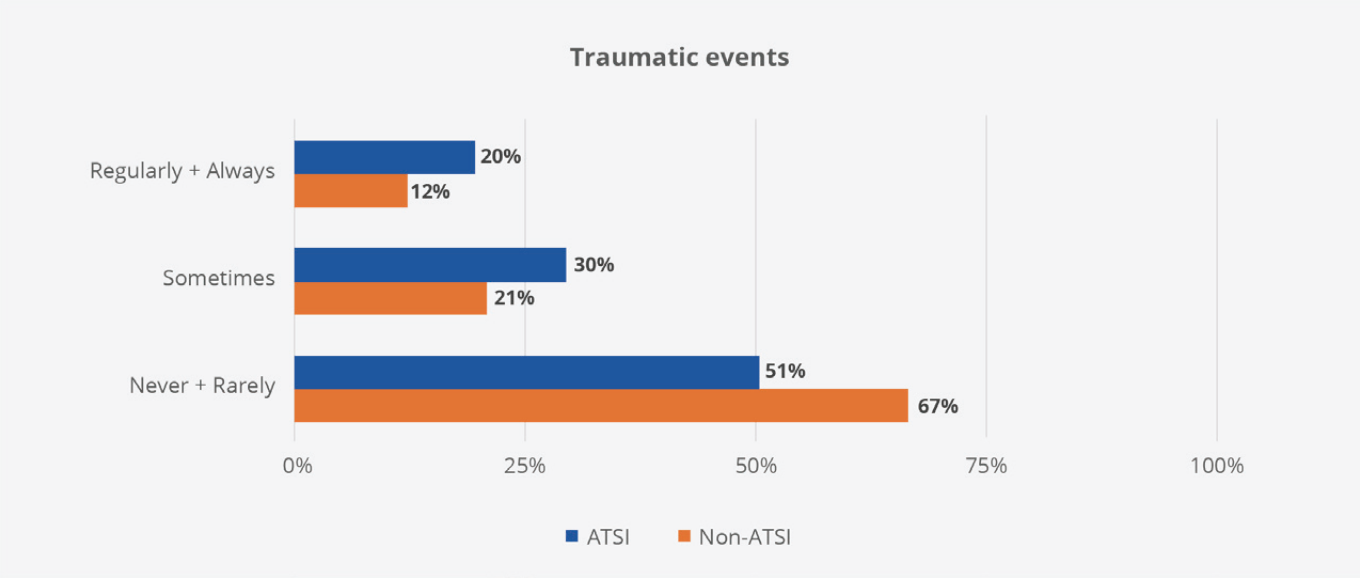

Figure 38. Traumatic events reported in last 12 months ATSI 2025

Conflict with co-workers or management

ATSI workers were more likely to report experiencing conflict in the workplace in the previous 12 months (56% at least sometimes vs 37% non-ATSI).

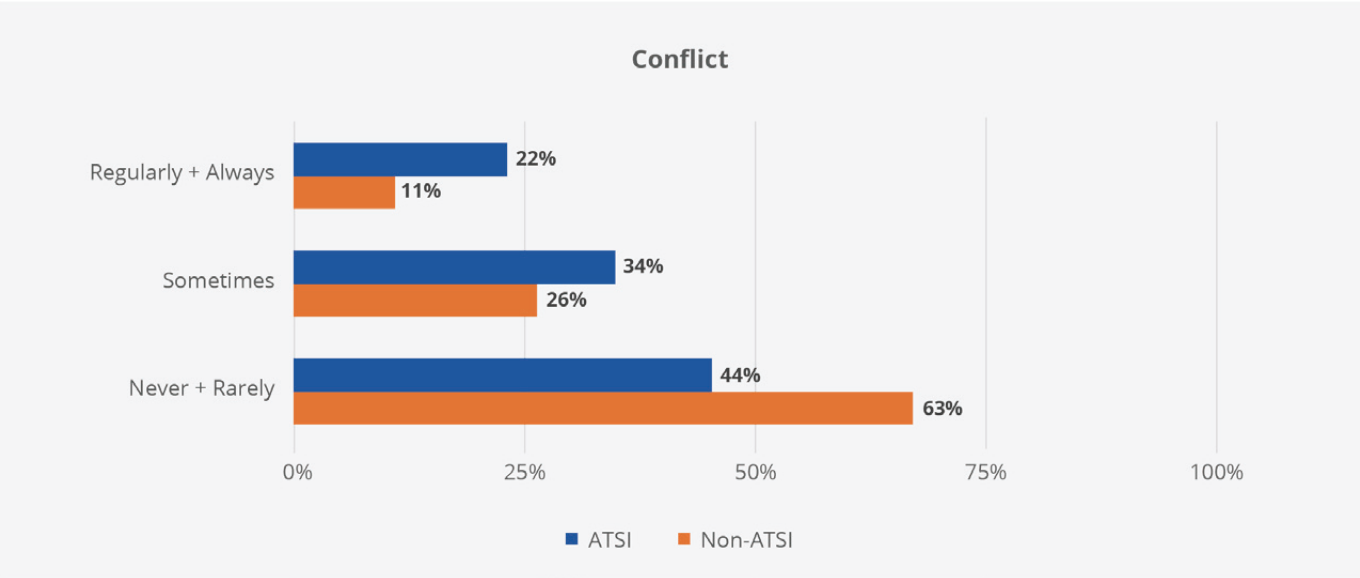

Figure 39. Conflict reported in last 12 months ATSI 2025

Stress at work

ATSI workers were more likely to report experiencing work-related stress in the previous 12 months (41% regularly or always vs 33% non-ATSI).

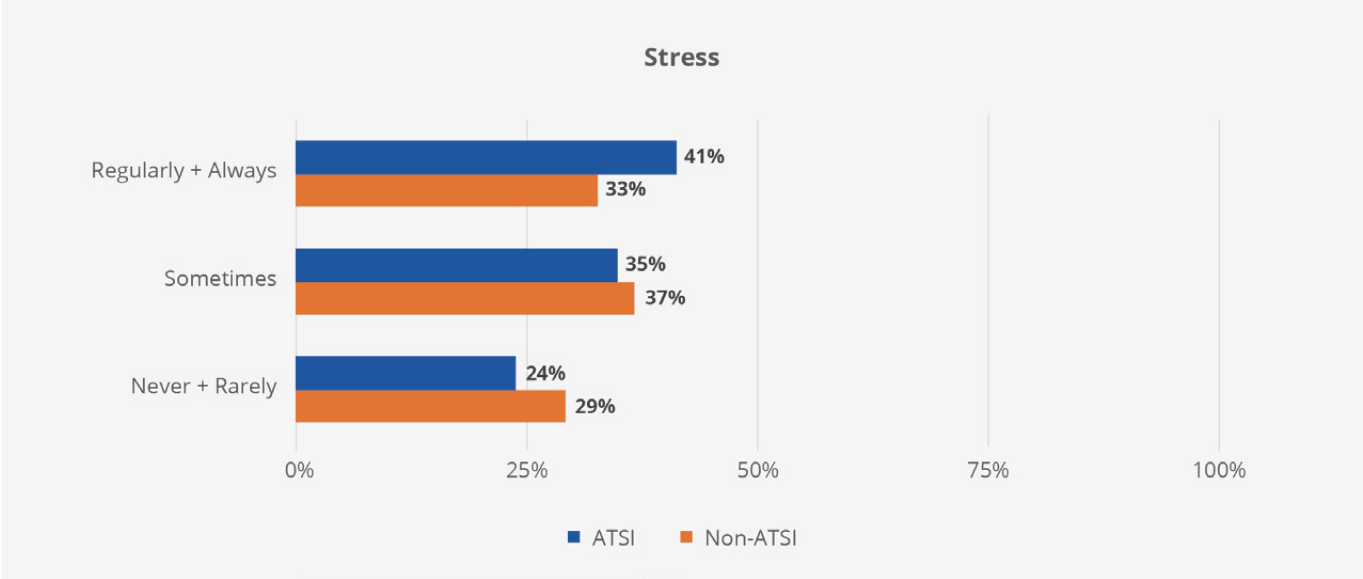

Figure 40. Stress in last 12 months ATSI 2025

Skip rest breaks that you are entitled to

ATSI workers were more likely to report skipping rest breaks in the previous 12 months (59% at least sometimes vs 48%).

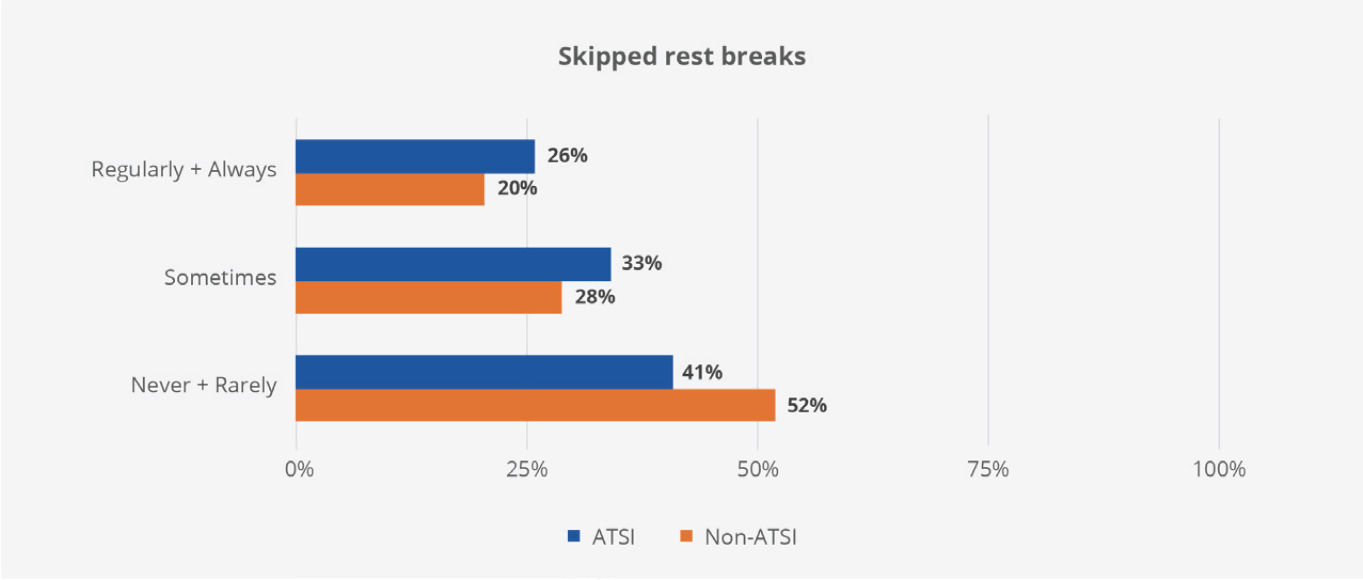

Figure 41. Skipped rest breaks in last 12 months ATSI 2025

Work unsafe hours (e.g. long hours without a break)

ATSI workers were more likely to report working unsafe hours in the previous 12 months (47% at least sometimes vs 29% non-ATSI).

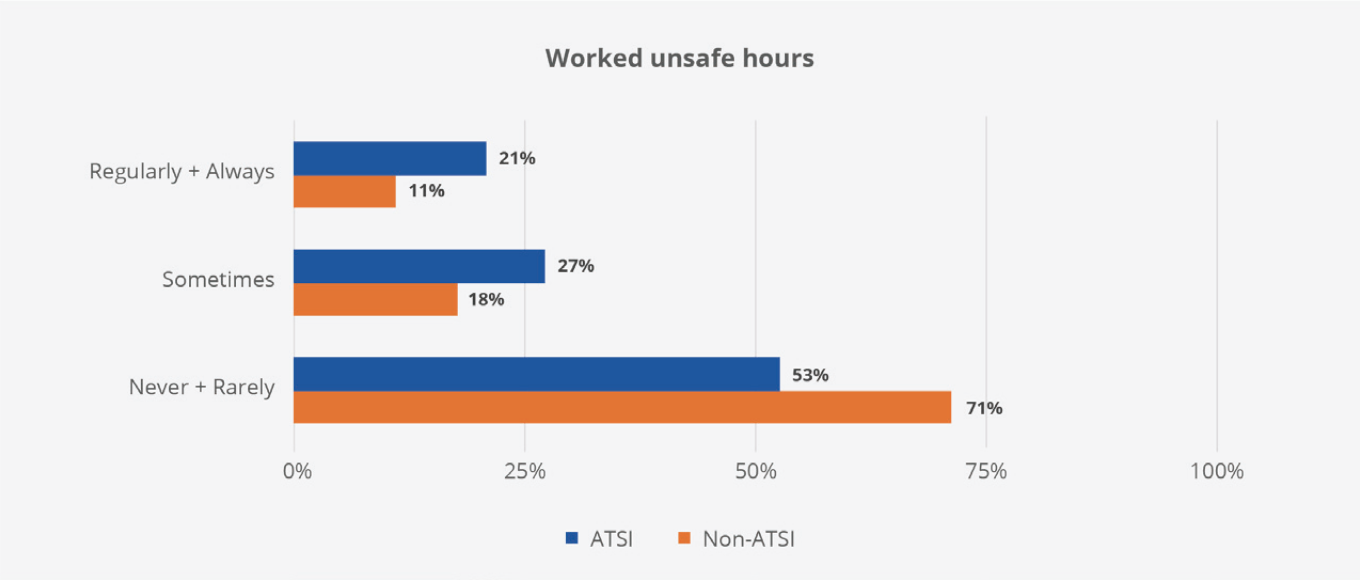

Figure 42. Worked unsafe hours in last 12 months ATSI 2025

Perform work that you felt was unsafe

ATSI workers were more likely to report performing work they felt was unsafe in the previous 12 months (40% at least sometimes vs 22% non-ATSI).

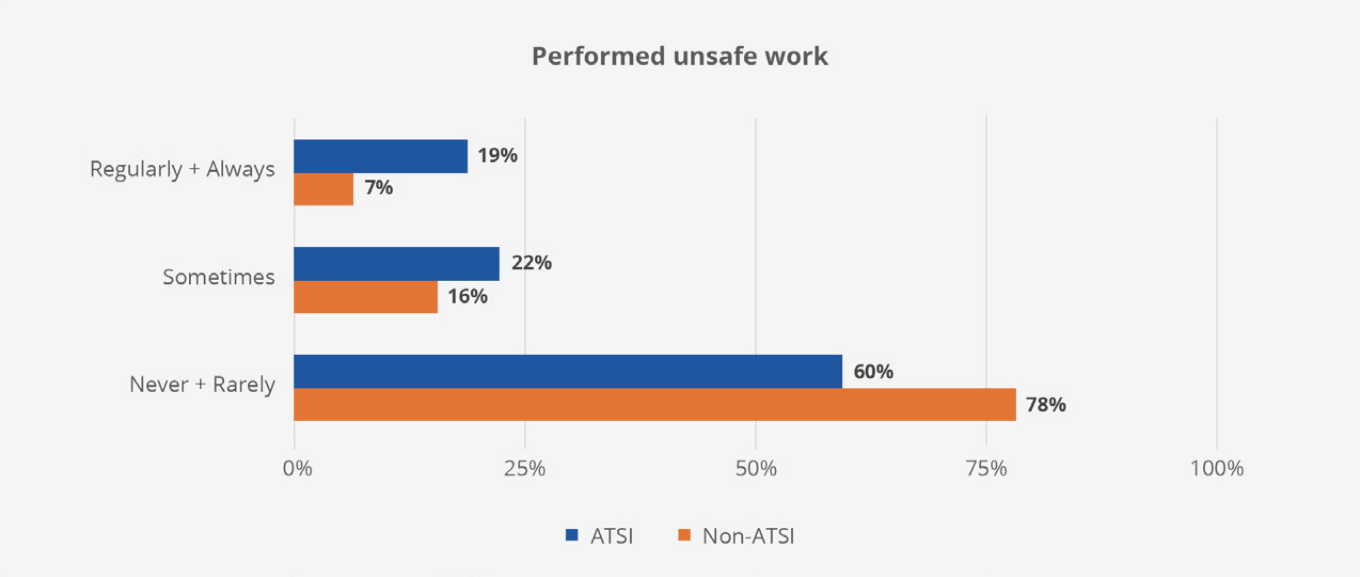

Figure 43. Performed unsafe work in last 12 months ATSI 2025

Perform work in an unsafe work environment

ATSI workers were more likely to report performing work in an unsafe environment in the previous 12 months (37% at least sometimes vs 21% non-ATSI).

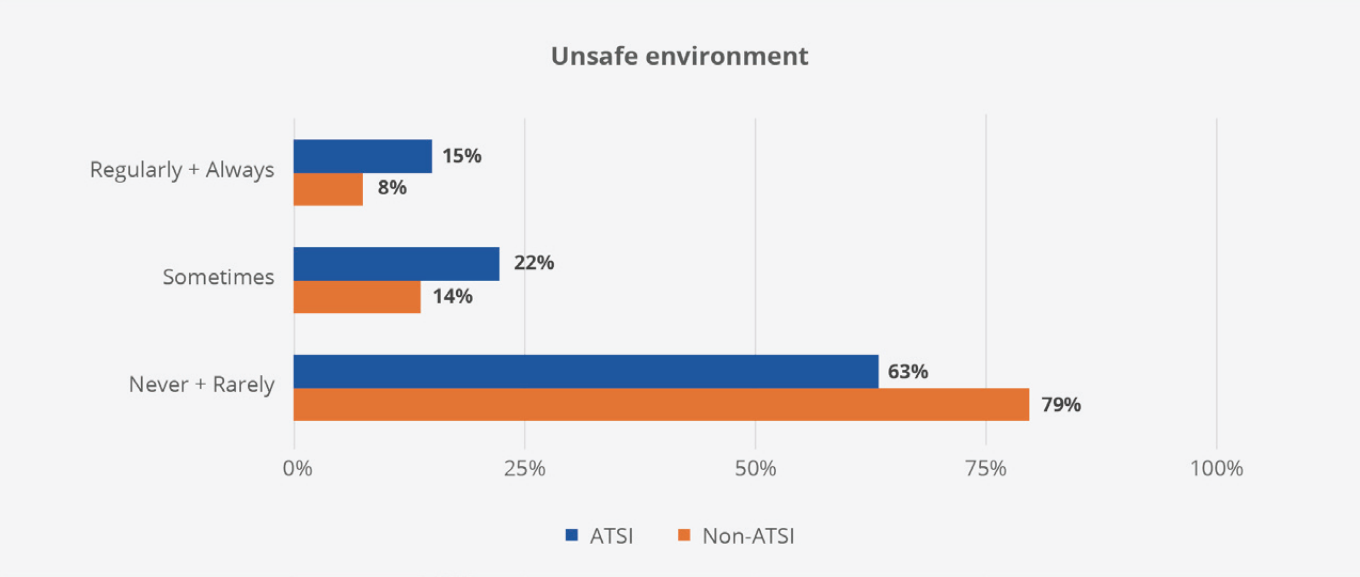

Figure 44. Unsafe environment in last 12 months ATSI 2025

EXPOSURE TO SELECTED PHYSICAL INJURY RISK FACTORS

Noisy work

ATSI workers were more likely to report noisy work in the previous 12 months (58% at least sometimes vs 39% non-ATSI).

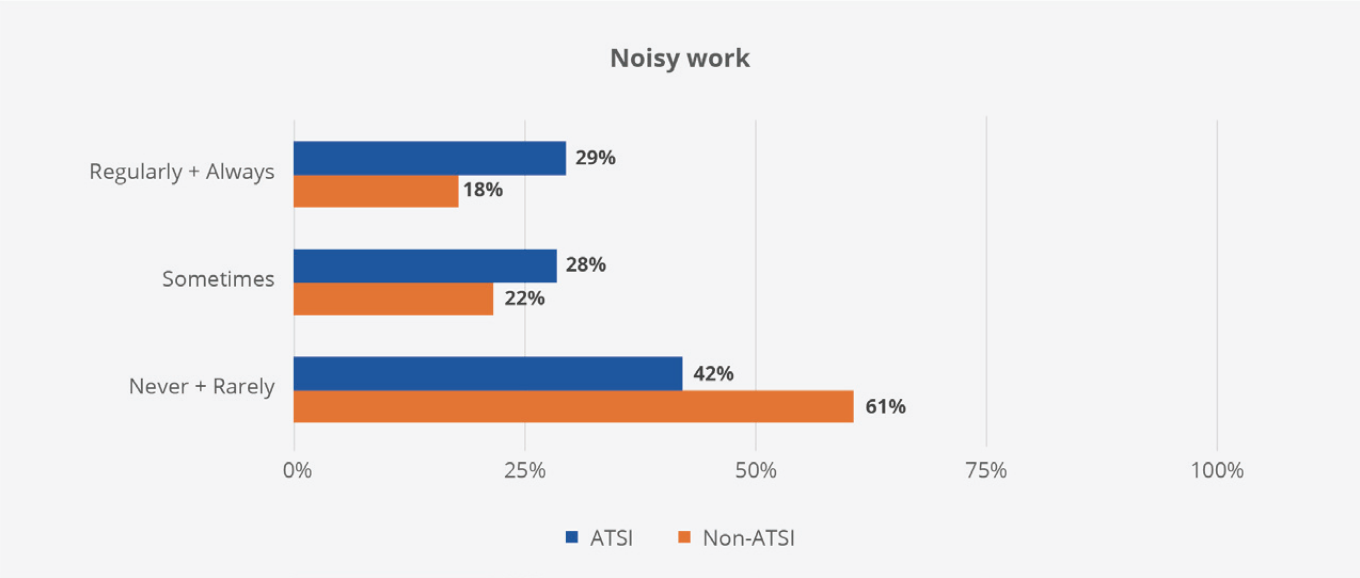

Figure 45. Noisy work in last 12 months ATSI 2025

Manually push or lift heavy items

ATSI workers were more likely to report performing manual tasks in the previous 12 months (53% at least sometimes vs non-ATSI 44%).

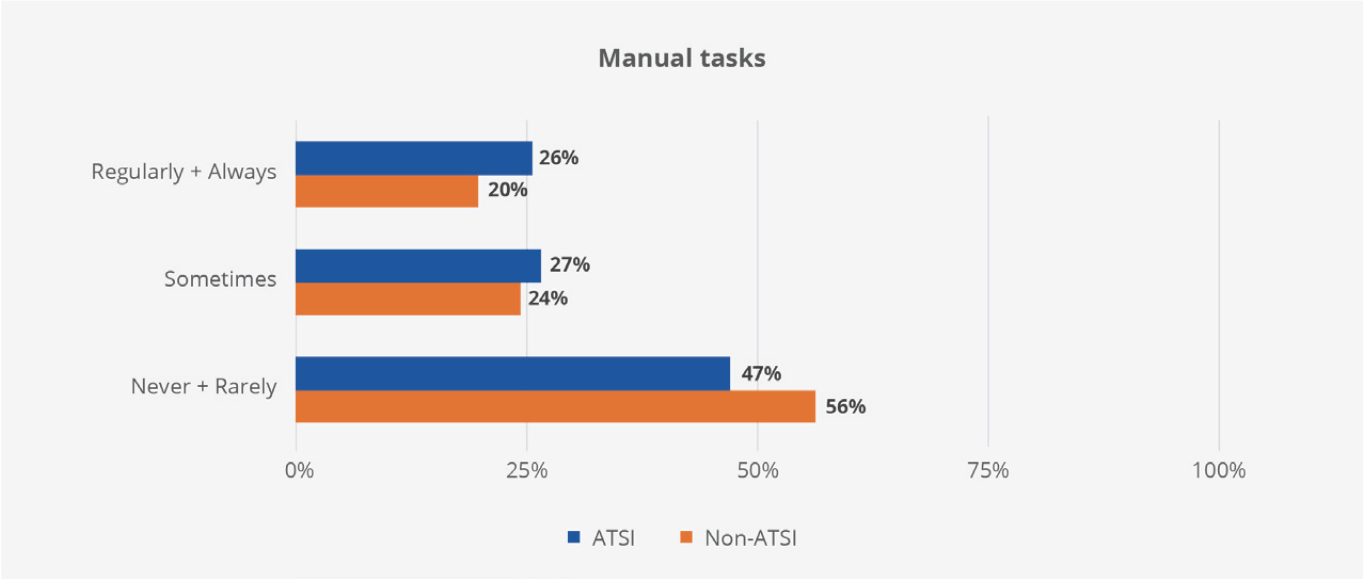

Figure 46. Manual tasks in last 12 months ATSI 2025

Repetitive work that may lead / has led to ongoing pain or disability

ATSI workers were more likely to report performing repetitive tasks in the previous 12 months (51% at least sometimes vs non-ATSI 39%).

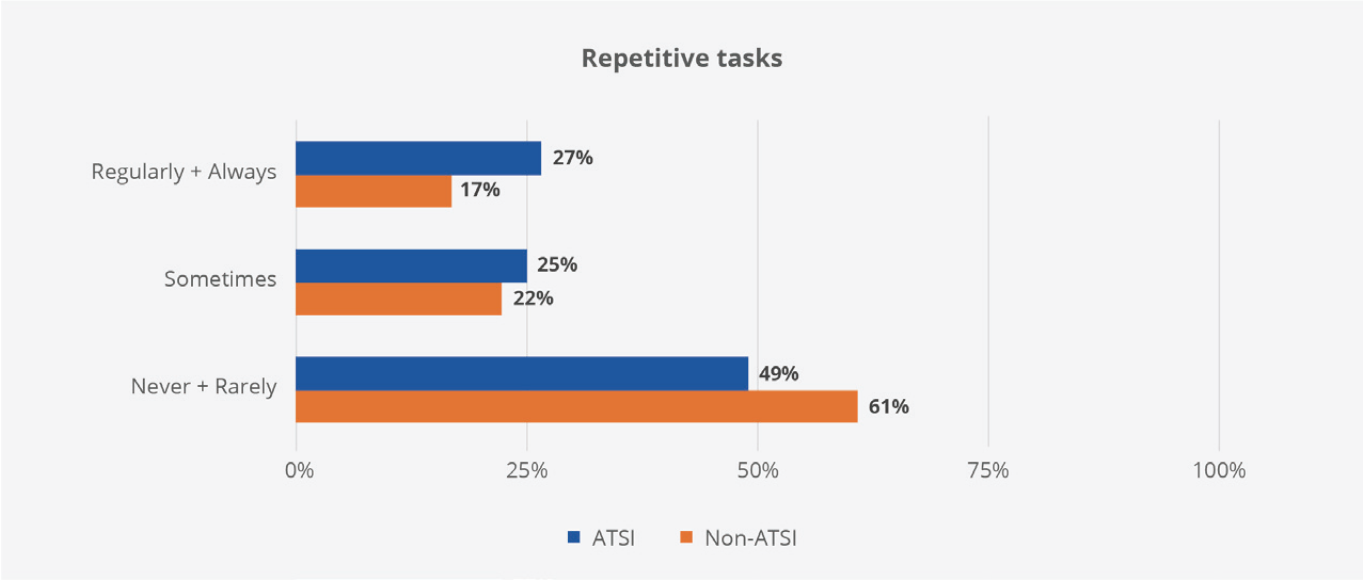

Figure 47. Repetitive tasks in last 12 months ATSI 2025

SECTION E: EMPLOYER COMPLIANCE AND WORKER ENGAGEMENT

SNAPSHOT

In 2025 there was an encouraging increase in those who reported that there was as much importance placed on mental health hazards as physical, and that health and safety is placed ahead of service, production and output.

There is little change from 2023 for key general health and safety measures. At least one in ten respondents report that basic requirements, e.g. safety training, are not adequate to perform work safely.

From 2023 to 2025 there has been a statistically significant decrease in the percentage of workers who don't know how to report a mental health injury or risks to mental health. This is the only improvement across the years for worker engagement.

Young workers have higher negative responses than other age groups.

All other measures continue to show that many workers are not engaged around health and safety at work. As in previous waves about 1 in 5 respondents report that:

- they are not consulted about issues or changes which may affect health and safety (e.g. new chemicals, machinery, rosters or staffing arrangements)
- their workplace does not involve workers in decision-making about the work they do
- no regular communication between workers and management about health and safety issues
- sick or injured workers are pressured by management to return to work before they are ready
- workers do not know how to report a mental health injury or risks to mental health.

EMPLOYER COMPLIANCE WITH GENERAL HEALTH AND SAFETY MEASURES

WSH survey respondents are asked a set of questions pertaining to general management of health and safety. There has been minor variation for most questions across the four waves of the survey.

But, encouragingly in 2025, more respondents agreed that their employer placed as much emphasis on mental health hazards as physical hazards and that they put health and safety ahead of service, production, or output. Both changes are statistically significant.

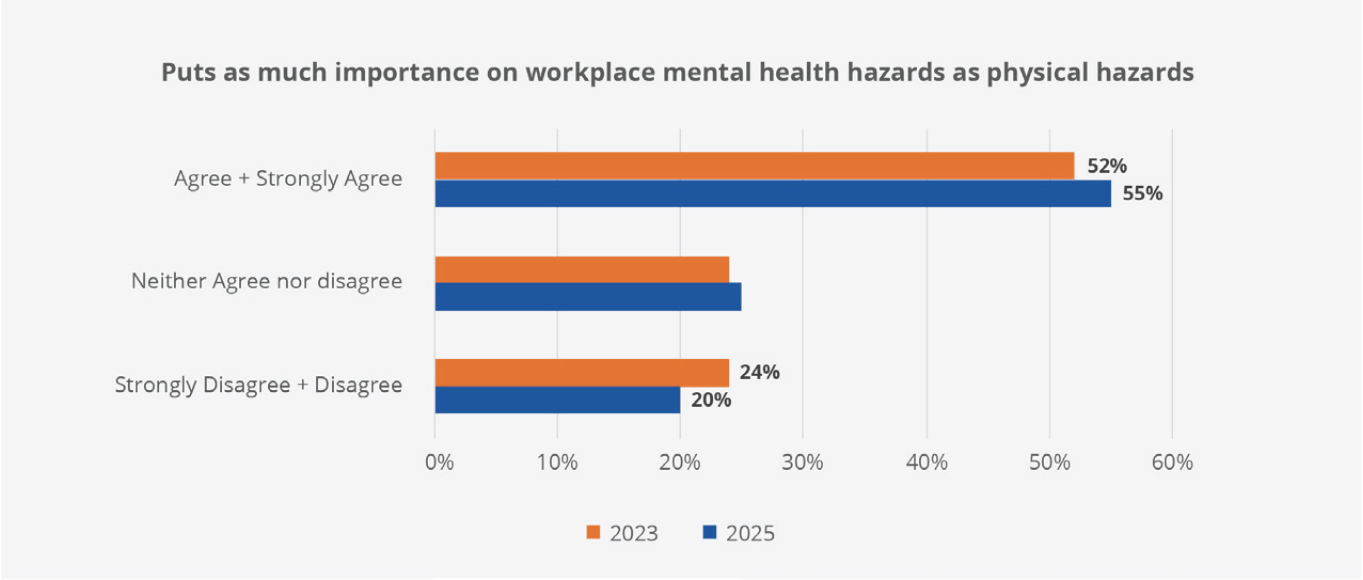

Figure 48. Importance mental health hazards and physical hazards, 2025

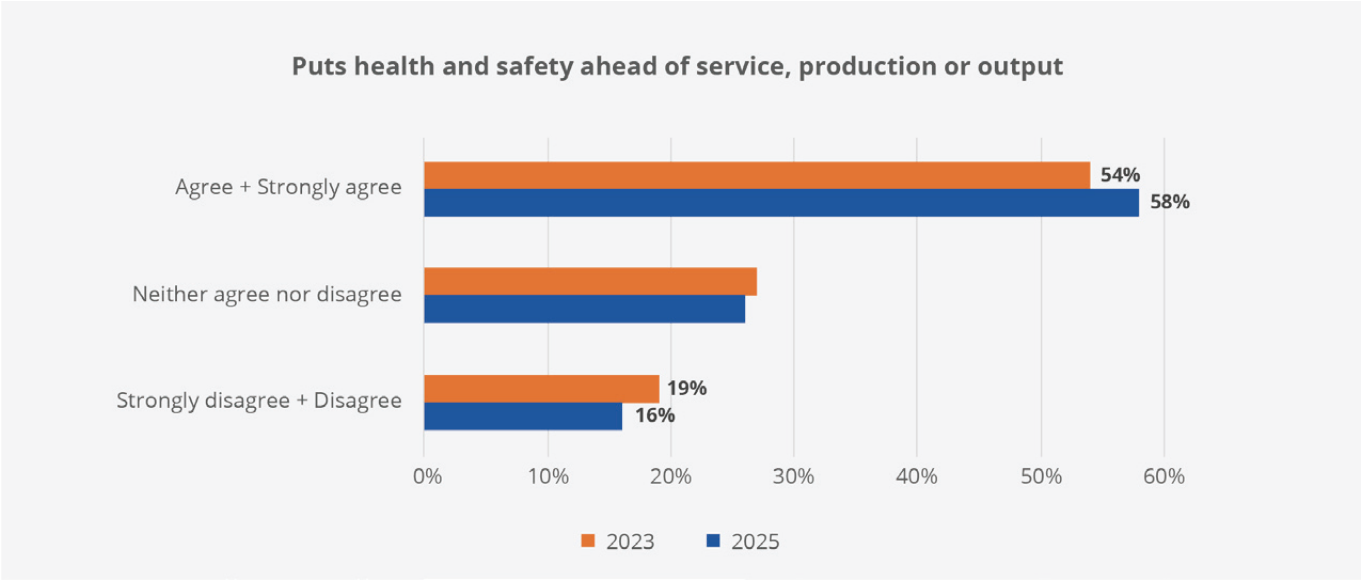

Figure 49. Puts health and safety ahead of service, production, or output, 2025

Additionally, fewer respondents disagreed with the statement that the employer regularly inspects for health and safety hazards.

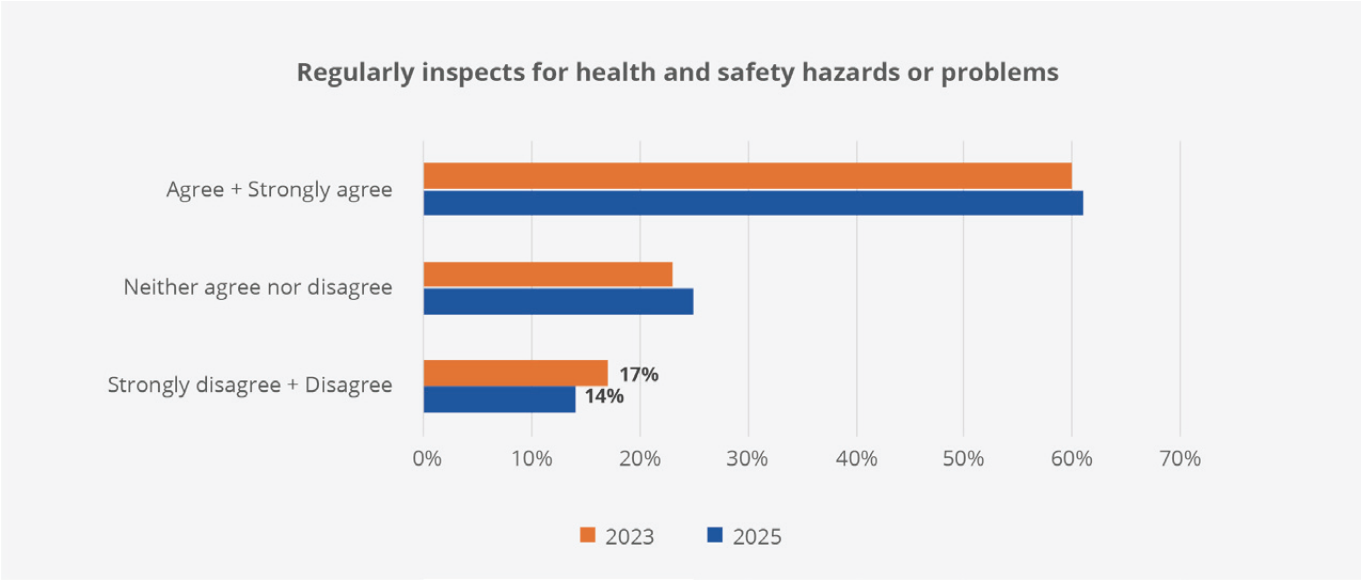

Figure 50. Regularly inspects 2023, 2025.

THE KEY INDUSTRIES

Across three waves of data, the increase in the number of respondents agreeing that their workplace puts as much emphasis on mental as physical hazards is shown in the key industries of Administrative and professional services, Health and social assistance and Education.

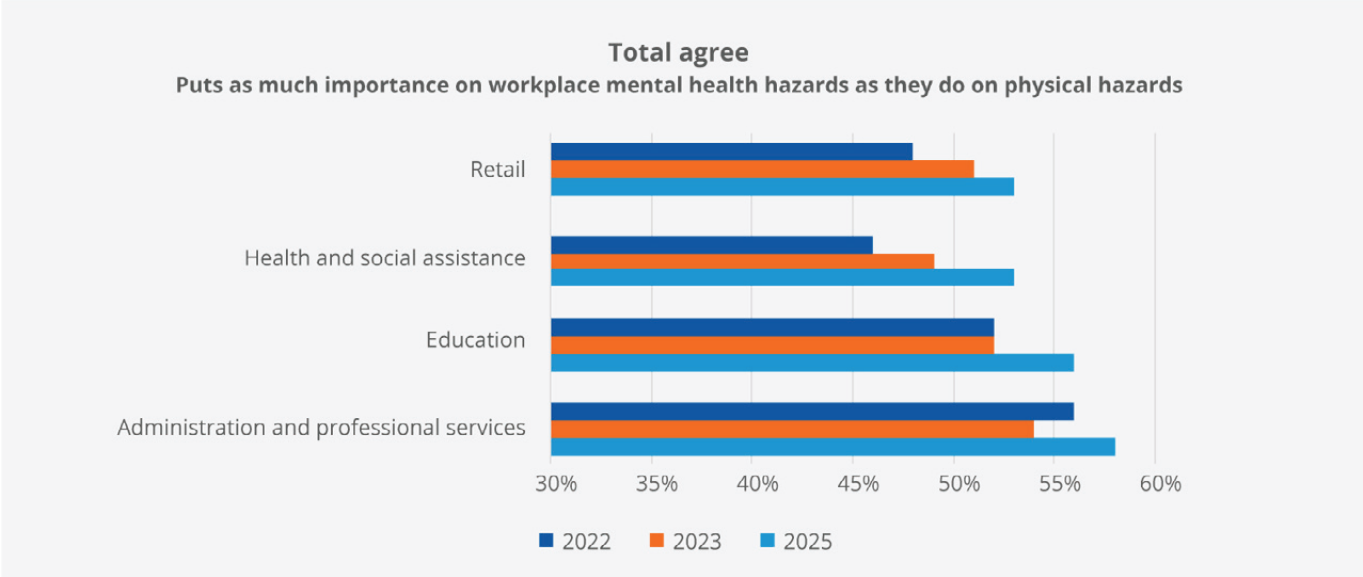

Figure 51. Puts as much importance on workplace mental health hazards as they do on physical hazards

For the 2025 key industries, except for Public services, there has been an increase in those who agree that their workplace puts health and safety ahead of service, production, or output.

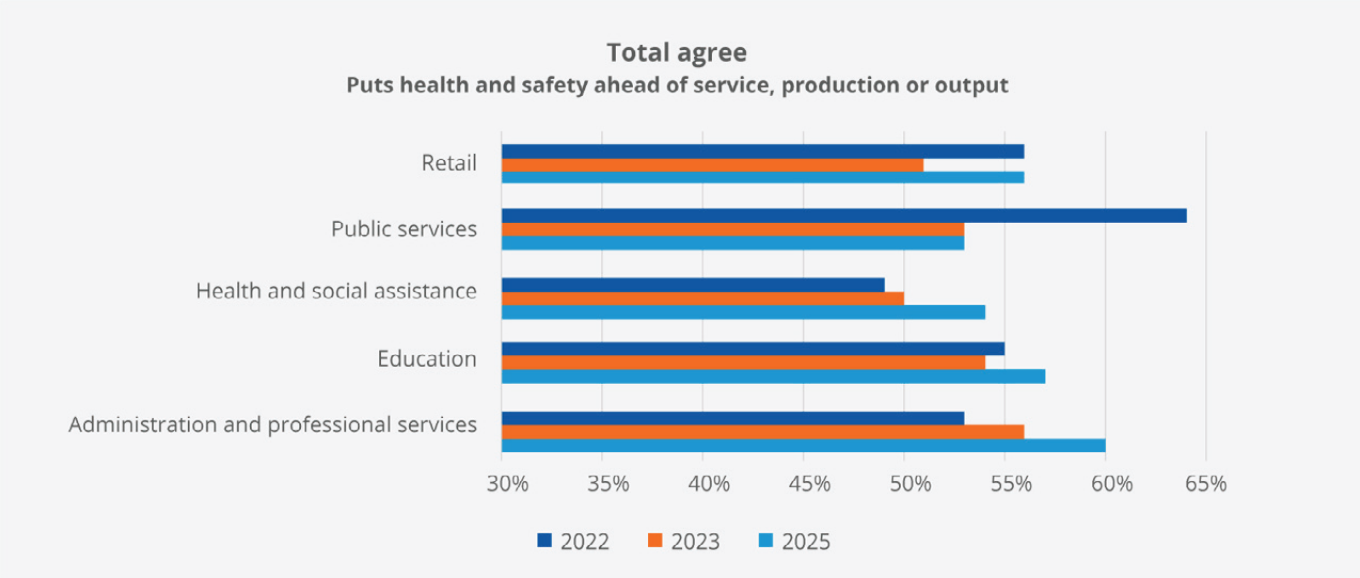

Figure 52. Health & safety ahead of service, production or output, Industries 2022, 2023, 2025

2025	Admin & prof services	Const.	Edu.	Health & social	Manuf.	Public services	Retail
Puts as much importance on workplace mental health hazards as physical hazards							
Total disagree	17%	20%	21%	22%	17%	24%	20%
Neither	25%	28%	24%	25%	24%	23%	27%
Total agree	58%	52%	56%	53%	60%	54%	53%
Puts health and safety ahead of service, production, or output							
Total disagree	12%	15%	15%	19%	16%	19%	19%
Neither	27%	24%	28%	27%	18%	27%	25%
Total agree	60%	61%	57%	54%	66%	53%	56%
Regularly inspects for health and safety hazards or problems							
Total disagree	14%	12%	12%	14%	13%	13%	16%
Neither	24%	26%	25%	24%	21%	23%	26%
Total agree	62%	62%	63%	62%	67%	64%	59%
Fixes health and safety problems promptly							
Total disagree	10%	13%	13%	14%	10%	14%	13%
Neither	25%	23%	24%	22%	20%	27%	27%
Total agree	65%	64%	63%	63%	70%	59%	59%

Table 18. General safety measures 2025

EMPLOYER COMPLIANCE AND CULTURE

	2023	2025
Has clear health and safety policies and procedures		
Total disagree	9%	8%
Neither	15%	17%
Total agree	76%	74%
Complies with its own health and safety policies and procedures		
Total disagree	10%	10%
Neither	18%	19%
Total agree	71%	71%
Fixes health and safety problems promptly		
Total disagree	14%	12%
Neither	23%	24%
Total agree	63%	64%
In order to perform work safely, Enough information		
Total disagree	13%	12%
Neither	21%	21%
Total agree	66%	67%
In order to perform work safely, Appropriate tools		
Total disagree	9%	8%
Neither	16%	19%
Total agree	74%	73%

	2023	2025
In order to perform work safely, Sufficient safety equipment (e.g. PPE)		
Total disagree	8%	8%
Neither	17%	19%
Total agree	75%	73%
In order to perform work safely, Sufficient training		
Total disagree	16%	15%
Neither	20%	20%
Total agree	64%	65%
In order to perform work safely, Clearly assigned responsibilities		
Total disagree	13%	11%
Neither	17%	20%
Total agree	70%	69%

Table 19. General employer compliance 2023, 2025

WORKER ENGAGEMENT

The WSH survey uses ten questions to assess worker engagement.

From 2023 to 2025 there has been a statistically significant decrease in the percentage of workers who **don't know how** to report a mental health injury or risks to mental health. This is the only improvement across the waves for worker engagement.

Other measures continue to show that many workers are not engaged around health and safety at work. As in previous waves about **1 in 5** respondents report that:

- they are **not** consulted about issues or changes which may affect health and safety (e.g. new chemicals, machinery, rosters or staffing arrangements)
- their workplace **does not** involve workers in decision-making about the work they do
- **no** regular communication between workers and management about health and safety issues
- sick or injured workers **are pressured** by management to return to work before they are ready
- workers **do not** know how to report a mental health injury or risks to mental health.

One in 6 report that workers are:

- pressured by management **not to raise** health and safety issues
- workers are intimidated or bullied by management as a result of raising health and safety issues
- workers (including casual, contract or agency workers) are **not trained** on health and safety.

And there are still 1 in 10 respondents who report that:

- workers **are not** comfortable raising health and safety concerns with management at work
- workers **do not** know how to report a physical injury or safety issue.

There are no differences between genders on these measures, however for many measures young workers continue to face difficulties. Over one in five young workers don't know how to report mental health issues.

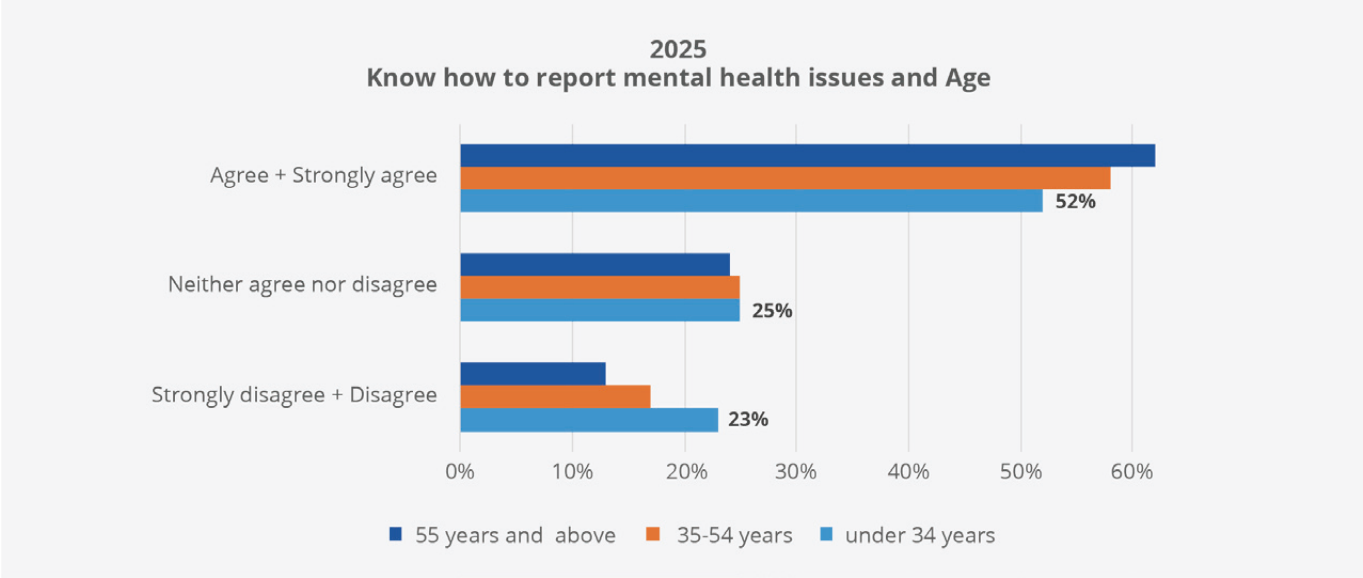

Figure 53. Know how to report mental health issues and age, 2025.

Given the high number of young workers reporting mental injuries this is particularly concerning.

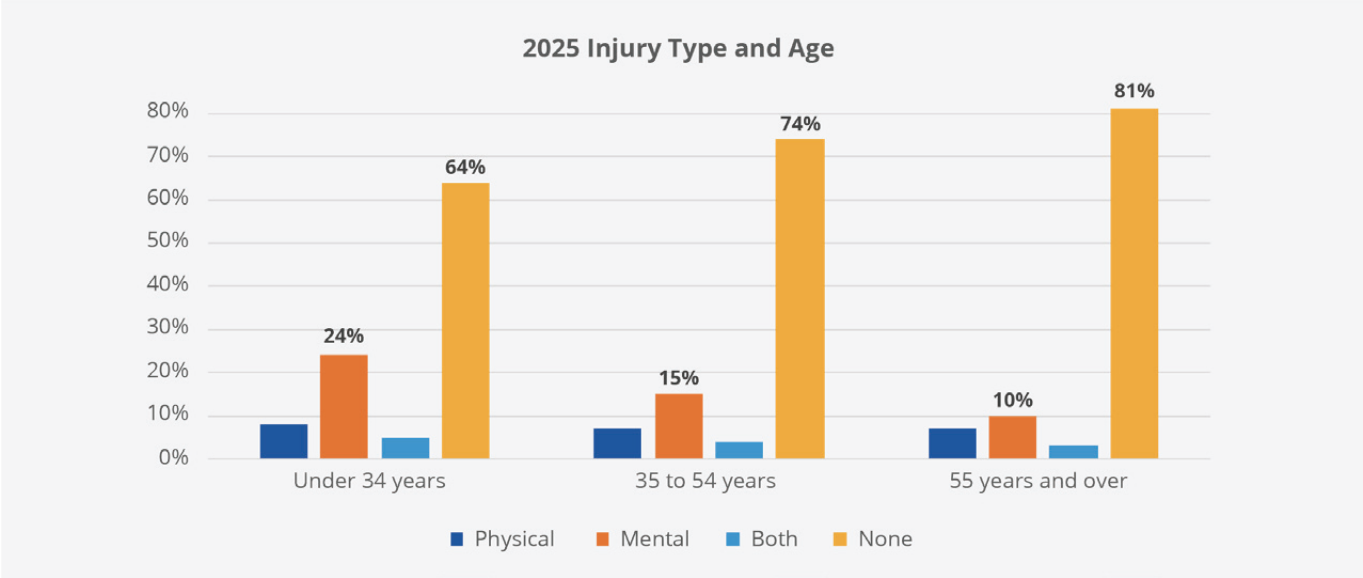

Figure 54. Injury type and age, 2025

Other measures where younger workers perform poorly are listed below. These results are consistent with previous waves of the WSH survey.

2025	Under 34 years	35 to 54 years	55 years and above
Disagree that workers know how to report physical hazard	17%	9%	9%
Disagree that there is regular communication between workers and management about health and safety issues	20%	17%	16%
Agree that workers are pressured by management not to raise health and safety issues	23%	17%	10%
Agree that workers are intimidated or bullied by management as a result of raising health and safety issues	21%	16%	12%
Agree that my workplace involves workers in decision-making about the work we do	47%	51%	54%

Table 20. Worker engagement age 2025

SECTION F: HEALTH AND SAFETY REPRESENTATIVES

SNAPSHOT

Health and safety laws (OHS Act Victoria and WHS Act in the other states and territories) allow for the election of Health and Safety Representatives for groups of workers. The process for election is prescribed in law, as are the arrangements for access to training for HSRs to assist them in performing their functions.

The process, in law, requires an agreement between management and workers regarding the group of workers to be represented by HSR(s). As shown below the level of awareness regarding this is low (don't know - one in three). However, between 2023 and 2025 there was a statistically significant increase in respondents who reported that there was an agreement between workers and management.

HSR PRESENCE AND ELECTIONS

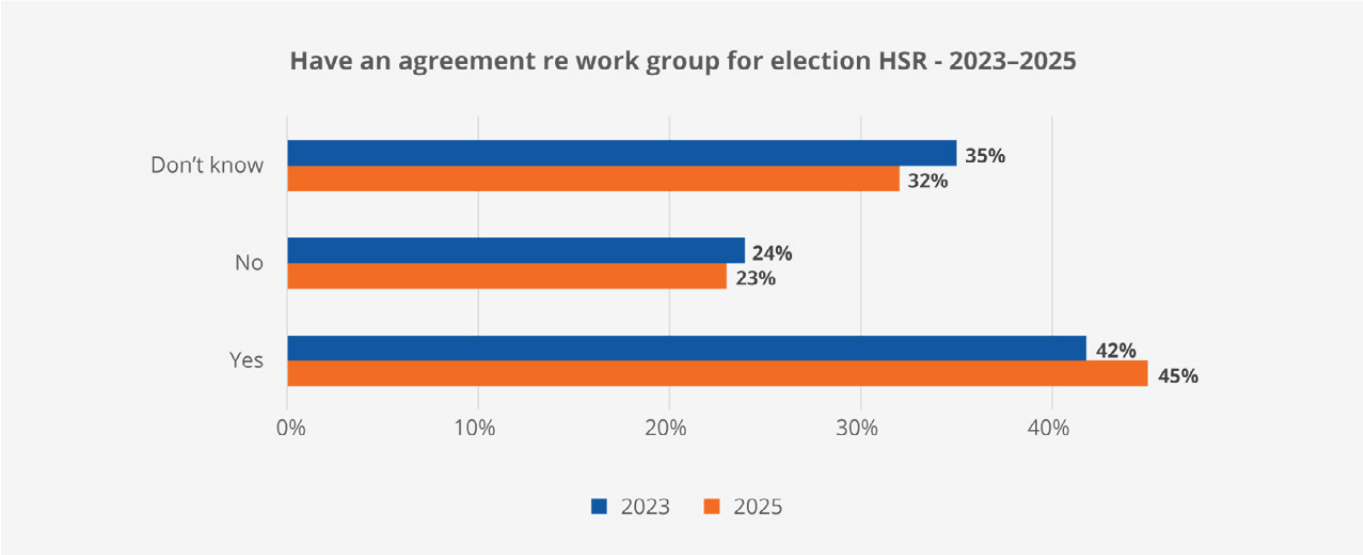

Figure 55. Agreement for HSR elections

There is a statistically significant increase in respondents who reported that HSRs were elected.

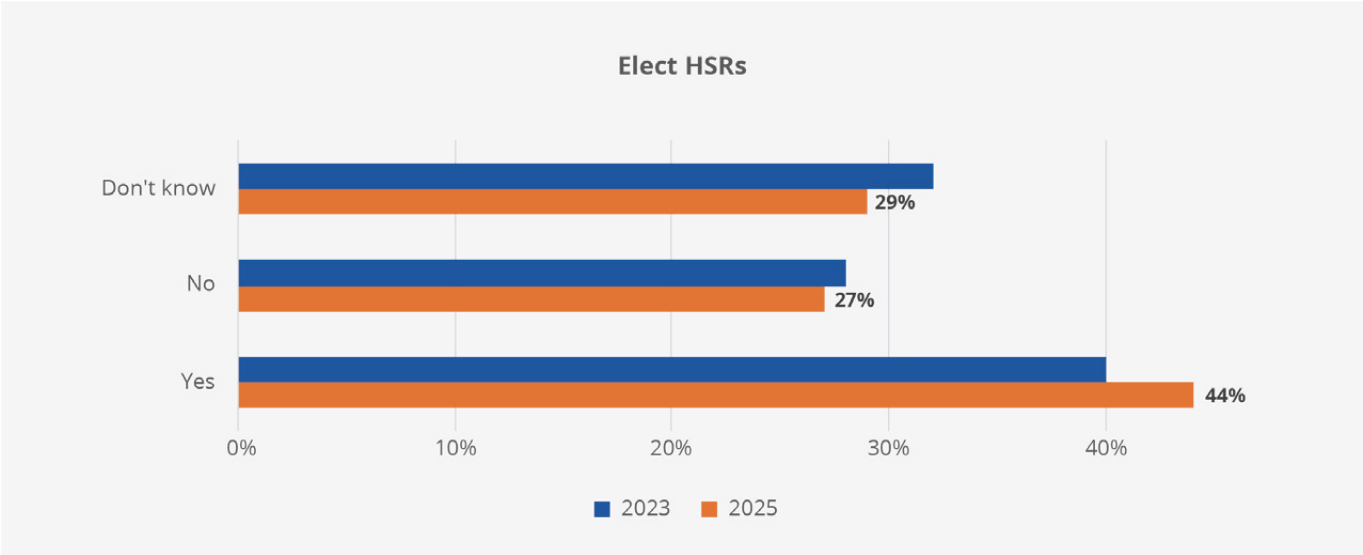

Figure 56. HSR elected

Who conducts HSR elections	2023	2025
Management	43%	43%
The union / union delegate	10%	12%
The workers	36%	35%
Others	1%	1%
Don't know	10%	8%

Table 21. Who conducts HSR elections 2025

WHY STOPPED BEING HSR

Why stopped being HSR	2023	2025
I took leave, left the job, or my role changed	43%	33%
Management eliminated or forced me out of the HSR role	6%	9%
My workplace did not implement any action or changes	8%	13%
I was not re-elected	9%	8%
It was too time-consuming / I was too busy	18%	19%
I chose not to continue because I did not have enough support / assistance to perform the role	15%	13%
I chose not to continue because I was concerned about backlash from my workplace or that it would harm my career going forward	10%	12%
It was too hard / difficult	7%	10%
I didn't want to do it anymore	20%	20%
Another reason (Please specify)	5%	5%
It was time to give someone else a turn / share the responsibility around	23%	25%

Table 22. Why ceased being HSR 2023, 2025

SECTION G: 2025 PROFILE OF RESPONDENTS

Characteristic	ABS	WSH 2025	WSH 2023	WSH 2022
Age (median)	39.5	39.9	40	39.9
Gender (female)	48%	48%	48%	48%
Personal income (median)	$74,100	$86,588	$75,520	$74,909
Union member	13%	25%	22%	24%
Insecure worker	20%	13%	18%	21%
Australian citizen	84%	91%	90%	90.3%
Born in Australia	65%	78%	76%	74.2%
LOTE at home	25%	13%	12%	9%
Person with a disability	12%	5%	3%	4.3%
LGBTQIA+	-	8%	8%	8.4%
Labour hire	2.3%	12%	10%	10.9%

Table 23. Demographics 2025

Data source: Census of Population and Housing, 2021, TableBuilder
Data source: Characteristics of Employment, 2014 to 2025, TableBuilder
Data source: Survey of Disability, Ageing and Carers 2022, TableBuilder
ABS data licensed under Creative Commons, see abs.gov.au/ccby

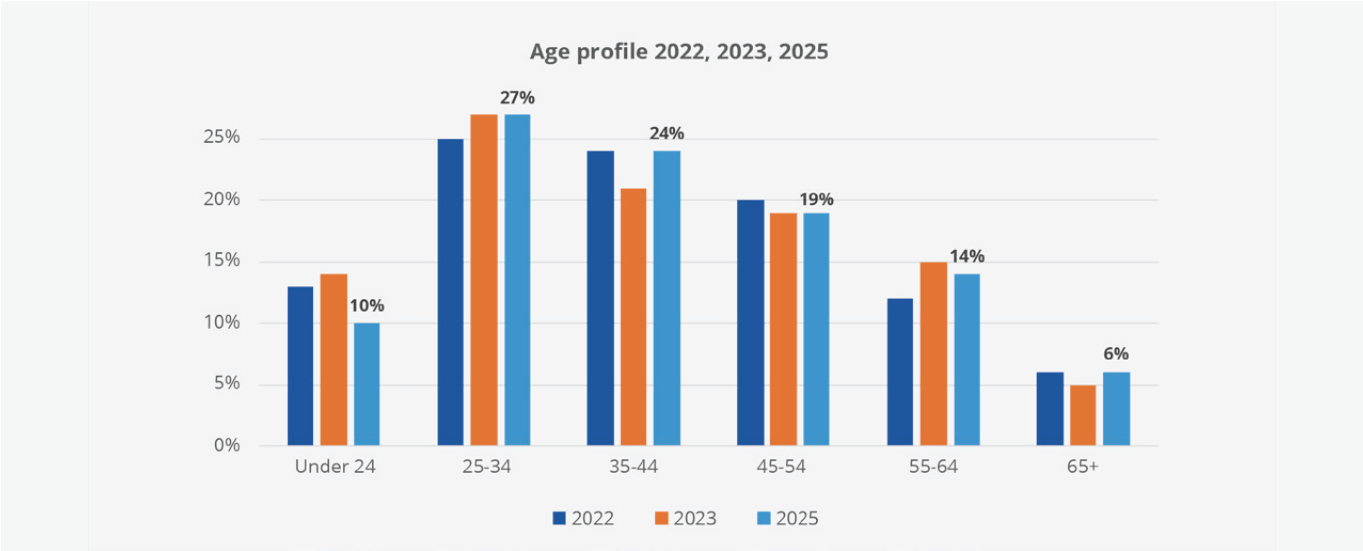

Figure 57. Age profile 2022, 2023, 2025

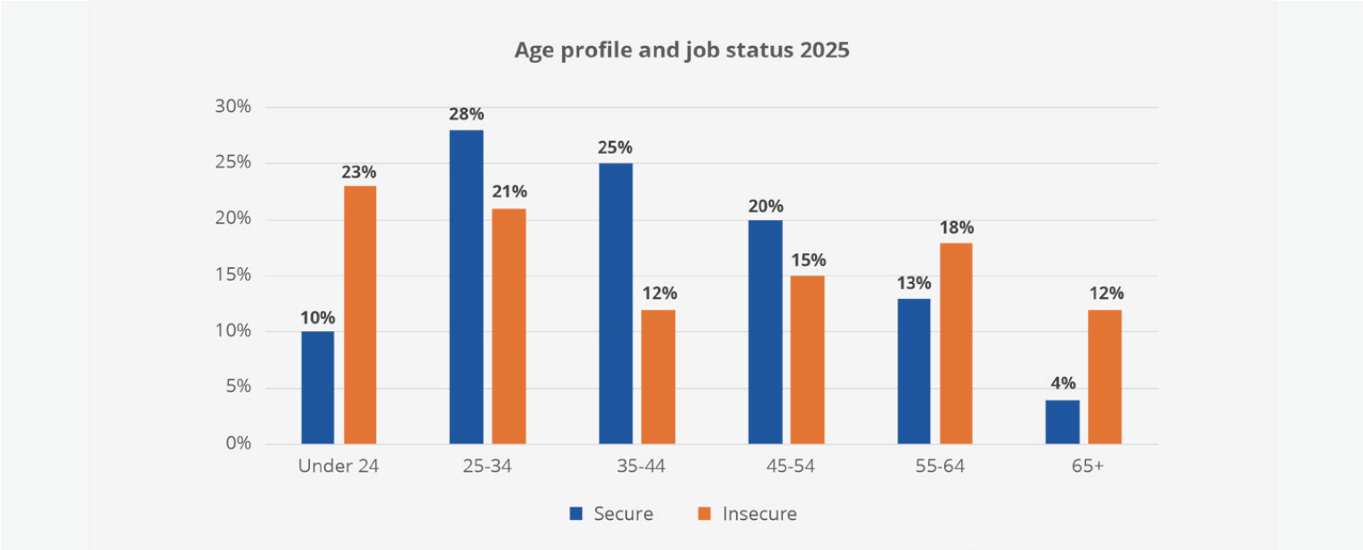

Figure 58. Age profile and job status 2025

WORKPLACE SIZE

	2022	2023	2025
1-10 workers	17%	15%	14%
11-20	9%	10%	9%
21-50	14%	11%	14%
51-100	11%	12%	13%
101-500	15%	18%	18%
500+	27%	30%	28%
Don't know	6%	4%	4%

Table 24. Workplace size 2022, 2023, 2025

UNION MEMBERSHIP

Highlighted industries are featured industries in 2025.

	I am currently a member of a union	I used to be a member of a union, but am not now	I have never been a member of a union
Administration and professional services	13%	25%	63%
Agriculture, forestry & fishing	19%	27%	55%
Community & disability services	28%	38%	33%
Construction	35%	26%	38%
Education	42%	26%	32%
Entertainment, arts & recreation	14%	27%	59%
Finance, banking & insurance	22%	31%	47%
Health and social assistance	35%	24%	41%
Hospitality, tourism & food services	12%	26%	63%
Manufacturing	25%	30%	45%
Media & communications	24%	34%	42%
Mining	24%	38%	38%
Property & other services	14%	22%	64%
Public services	36%	28%	36%
Retail	18%	30%	52%
Transport	30%	34%	36%
Utilities	29%	29%	42%
Warehousing & logistics	16%	40%	44%
Trades & trade assistants	15%	32%	52%
Total number	1137	1261	2103

Table 25. Union membership and Industries 2025

Australian
Unions

ACTU centre for health and safety

Australian Council of Trade Unions
Level 4, 365 Queen Street, Melbourne VIC 3000
1300 486 466
actu.org.au australianunions.org.au