

**Victorian Health Promotion Foundation
(VicHealth)**

Submission:

**Austalian Human Rights Commission
National Inquiry into Sexual Harassment
in Australian Workplaces**

December 2018

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Executive Summary and Recommendations

VicHealth (the Victorian Health Promotion Foundation) is based in Melbourne and works to improve the health and wellbeing of all Victorians. We focus on five health imperatives and draw on cutting-edge innovation methodologies to inform policy, programs and practice at the local and global level.

This submission is strongly informed by our health promotion expertise developed over 30 years and also by our **Gender Equality, Health and Wellbeing Strategy**, which recognises the critical influence of gender and gender equality on health and identifies four action areas:

1. Invest in and support the adoption of evidence-based approaches to achieve gender equality
2. Harness the collective influence of our partners to build cross-sector action and leadership to advance gender equality
3. Be an exemplar and model the organisational approaches and practices that we ask of others
4. Contribute to state and national action to prevent violence against women.

In relation to the **Terms of Reference** for the National Inquiry into Sexual Harassment in Australian Workplaces, VicHealth has provided this submission to address the following elements of the Inquiry:

- *The prevalence, nature and reporting of sexual harassment in Australian workplaces;*
- *The drivers of workplace sexual harassment;*
- *Existing measures and good practice being undertaken by employers in preventing and responding to sexual harassment, both domestically and internationally the impacts on individuals and business of sexual harassment, such as mental health, and the economic impacts such as workers compensation claims, employee turnover and absenteeism; and*
- *Recommendations to address sexual harassment in Australian workplaces¹.*

In the first section of this submission we discuss **the extent and nature of sexual harassment** in Australia based on most recent survey data and also discuss the context for this data including gender inequalities, sexism, community attitudes and social norms as a critical aspect of the environments in which sexual harassment occurs.

In the second section of this submission we discuss the evidence relating to **the drivers of sexual harassment**, with a view to understanding sexual harassment within a violence against women/gender-based violence framework. We describe the key driver of sexual harassment in workplaces as gender inequality, and subsequently describe the key action to prevent and reduce sexual harassment as the promotion of gender equality.

In the third and fourth sections of this submission we describe some of the **promising approaches to primary prevention of sexual harassment** – that is, stopping harassment before it starts – within the context of public health methodologies. We discuss VicHealth’s partnership activity in relation to these methodologies and then outline three complementary techniques for prevention: Behavioural insights, Bystander approaches and Managing backlash and resistance.

¹ Australian Human Rights Commission <https://www.humanrights.gov.au/our-work/sex-discrimination/projects/national-inquiry-sexual-harassment-australian-workplaces>

In the final section of this submission we discuss the potential to **build and sustain national efforts for the primary prevention of sexual harassment** for the long-term, in order to achieve measurable reductions in the prevalence of sexual harassment at the population level.

Recommendations

Following the evidence presented in this submission, VicHealth recommends that:

1. Sexual harassment is framed as **gender-based violence/violence against women** with significant impacts on health and wellbeing.
2. The **key driver** of sexual harassment is gender inequalities; that is, unequal distribution of power and resources between women and men in the workplace and beyond, which is influenced by social norms, social practices and social structures.
3. The **key action** to eliminate sexual harassment is to build gender equality in all aspects of life.
4. The **public health approach** offers a range of viable and promising strategies to build gender equality in the workplace. Current and previous VicHealth programs have demonstrated the potential for multiple and mutually reinforcing public health strategies at the population level to contribute to prevention of sexual harassment.
5. **Behavioural insights** offers a valuable tool for shaping effective and measurable change in the workplace. Current VicHealth programs will provide new evidence to support changing social norms, unconscious bias, rigid gender stereotypes and gender role models.
6. **Bystanders** are a key potential group to mobilise in the prevention of sexual harassment. Current VicHealth programs will provide new insights into bystander action against sexual harassment and its drivers
7. The management of **backlash and resistance** is critical in promoting gender equality and preventing sexual harassment.
8. Prevention is an emerging and distinct area of work and may be strengthened by the establishment of a **national, centralised function** to coordinate consistent, evidence-based delivery of prevention policies and programs and to conduct robust monitoring and evaluation.

About VicHealth

VicHealth is a pioneer in health promotion. We work with partners to discover, implement and share solutions to the health problems facing Victorians. We seek a Victoria where everyone enjoys better health and wellbeing.

VicHealth is the champion of health for all Victorians. We work to keep people healthy, happy and well – preventing chronic disease and keeping people out of the medical system.

VicHealth seeks to achieve sustainable improvements in the health and wellbeing of all Victorians. To do this we ensure our work achieves impact at a range of levels, from individual and community intervention through to policy and institutional change.

[VicHealth's Action Agenda](#) has defined five key goals for 2013-2023, in areas with the largest potential to reduce disease and deliver the greatest measurable benefits for the health of all Victorians. VicHealth is committed to these five strategic imperatives that have the greatest potential to reduce disease burden and bring about the greatest measurable health gains. These are:

1. Promoting healthy eating
2. Encouraging regular physical activity
3. Preventing tobacco use
4. Preventing harm from alcohol
5. Improving mental wellbeing.

As we progress towards these goals, VicHealth will focus our efforts on three critical areas, where the underlying drivers of health often intersect: gender, youth and community.

Our work is guided by the evidence and also currently by our objectives in the areas of:

- [Gender Equality, Health and Wellbeing Strategy 2017-2019](#)
- [Mental Wellbeing Strategy 2015-2019](#).

With 30 years' experience working with our partners to tackle complex health problems, VicHealth is uniquely qualified to confront the rising burden of chronic disease. Using fresh ideas and focusing on translating evidence into practice, we aim to fast track good health for all Victorians.

For more information visit www.vichealth.vic.gov.au

1. Evidence of the problem: Sexual harassment, health and wellbeing

VicHealth recognises and for the purposes of this submission adopts the AHRC **definition** of sexual harassment:

- Sexual harassment is any unwanted or unwelcome sexual behaviour, which makes a person feel offended, humiliated or intimidated and can take various forms.
- Sexual harassment is not interaction, flirtation or friendship which is mutual or consensual.
- Sexual harassment is a type of sex discrimination².

VicHealth welcomes the findings of the Australian Human Rights Commission fourth national survey on sexual harassment in Australian workplaces published in 2018³. We note the key survey findings demonstrating the high prevalence of sexual harassment and pointing to areas for action in responding to and preventing this problem, including:

- 71% of Australians have been sexually harassed at some point in their lifetimes
- More than four in five (85%) Australian women and over half (56%) of Australian men over the age of 15 have been sexually harassed at some point in their lifetimes
- 23% of women in the workforce have experienced sexual harassment in the last 12 months as well as 16% of men
- Almost one quarter (23%) of women have experienced actual or attempted rape or sexual assault in their lifetimes and nearly one third (31%) have experienced unwelcome requests or pressure for sex or other sexual acts
- Rates of sexual harassment were highest among people aged 18-29, with three in four people (75%) in this age group having experienced sexual harassment over the course of their lifetimes
- Perpetrators of workplace sexual harassment are overwhelmingly male
- Rates of workplace sexual harassment are notably high in some industries
- Those who were sexually harassed at work were likely to say the behaviour was common in their workplace, or say they were aware of others in the workplace being sexually harassed
- Fewer than one in five people (17%) made a formal complaint in relation to sexual harassment and many of those that made a complaint had a negative experience as a result
- More than one-third of people (37%) have witnessed or heard about sexual harassment of another person in their workplace and only one in three (35%) of those took action to prevent it or reduce harm. Since the 2012 survey the proportion of people who had witnessed or heard about sexual harassment has increased substantially, however of those who had witnessed or heard about it the proportion who took action has significantly declined in the current survey.

VicHealth acknowledges that this survey reveals both men and women in Australia are currently experiencing a high level of sexual harassment in the workplace, and likely beyond. While women are more likely to have experienced sexual harassment than men, the rates of sexual harassment against men are unacceptably high. The survey also reveals that the vast majority of perpetrators of workplace sexual harassment are male. Based on this we recognise that sexual harassment is a form

² Australian Human Rights Commission <https://www.humanrights.gov.au/publications/sexual-harassment-code-practice-what-sexual-harassment>

³ Australian Human Rights Commission 2018 *Everyone's Business: Fourth national survey on sexual harassment in Australian workplaces*. Australian Human Rights Commission, Sydney.

of gender-based violence, and it follows that prevention strategies will need to address gender as a fundamental element. Gender-based violence encompasses violence against women, which usually includes family/domestic violence, sexual assault and stalking.

Throughout this submission we refer to the evidence base for prevention of violence against women and we recognise that the current prevalence rates of violence against women are an important part of the context for understanding the prevalence of sexual harassment.

We recognise that the primary prevention strategies designed to create social change toward stopping males perpetrators from ever using violence against female victims may also be effective in stopping male perpetrators from ever using violence against male victims. An example of this is ‘Tomorrow Man’⁴, a program that supports healthier masculinities and expressions of male gender. However we acknowledge that further research and development is required for prevention strategies aiming to reduce violence against men.

VicHealth also recognises that while the National Sexual Harassment Survey has provided valuable knowledge to inform policy and programs, further investigation may be required to establish the differential impacts of sexual harassment on people of different backgrounds and different positions of power, for example arising from cultural/ethnic background, position in the workplace, socio-economic status and employment security.

The Australian Bureau of Statistics **Personal Safety Survey 2016**⁵ found that women aged 18 years and over were more likely to experience sexual harassment in their lifetime than men. Women were also more likely than men to have experienced sexual harassment in the 12 months prior to the survey.

The survey found that approximately 1 in 2 women (53%) has experienced sexual harassment by a male or female perpetrator during their lifetime, while an estimated one in four men (25%) had experienced sexual harassment by any person throughout their lifetime. Women were more likely to experience sexual harassment by a male perpetrator than a female perpetrator.

The survey also found that young women aged 18-34 were more likely to have experienced sexual harassment compared to other age groups. Other research has also indicated that younger workers in Victoria are at heightened risk of being exposed to sexual harassment. This research found that experiences of unwanted sexual advances were more likely in the context of precarious employment arrangements – compared to full-time, permanent employment – and also found that these experiences disproportionately affect young women.⁶

VicHealth recognises the role of social norms and conditions in influencing the prevalence of sexual harassment, including the attitudes of the general community towards sexual harassment and violence against women more generally. As discussed in later sections, community attitudes have been identified among the factors contributing to the prevalence of violence against women, mainly through their influence on broader social norms and cultures.

⁴ <https://www.tomorrowman.com.au/>

⁵ Australian Bureau of Statistics 2016, Personal Safety Survey 2016
<http://www.abs.gov.au/ausstats/abs@.nsf/mf/4906.0>

⁶ LaMontagne, A.D., et al., *Unwanted sexual advances at work: variations by employment arrangement in a sample of working Australians*. Australian and New Zealand Journal of Public Health, 2009. **33**(2): p. 173-179.

The **National Survey of Community Attitudes to Violence against Women 2017**⁷ found that there is a significant proportion of the community that do not yet support gender equality and also many in the community whose beliefs are inconsistent with research and with women's experiences. The survey is the fourth of its kind and found that while overall Australians' attitudes to violence and to gender equality are improving over time, there are some areas in which Australians' knowledge and attitudes are worsening. In relation to sexual harassment and gender equality, there were concerning trends such as:

- 50% of Australians believe many women mistakenly interpret innocent remarks or acts as being sexist
- 40% of Australians believe women exaggerate the problem of gender inequality
- Over 40% believe that many women who say they were raped led the man on and then had regrets
- Among attitudes condoning violence against women, the highest level of agreement was with the idea that women use claims of violence to gain tactical advantage in their relationships with men
- Many in the community do not understand the nature or requirement of mutual sexual consent 1 in 5 Australians would not be bothered if a male friend told a sexist joke about women
- Over 20% of Australians think women find it flattering to be persistently pursued even if they are not interested.

In relation to bystanders, the national survey identified that over three-quarters of Australians (76%) would be bothered by a male friend telling a sexist joke, however only 45% of those would take action in response. A further 13% would like to act but wouldn't know how, and 18% would feel uncomfortable but not act. The National Survey reports point out that this means Australians often underestimate the extent to which their peers would support them if they took action in response to sexism. It also suggests that strategies to increase the visibility of peer support and to increase people's knowledge about what to say and do in response to sexism would be valuable in increasing bystander action.

Overall the Survey results indicate that there is still significant effort required to engage all Australians in the move toward gender equality, and that changing attitudes will be an important strategy to consider in shaping social norms and culture that promote gender equality and subsequently help to reduce rates of sexual harassment.

In regards to the **cost and impact of sexual harassment**, there is some research confirming that sexual harassment has specific and far-ranging impacts for the individual and for society on the whole.

- It is first a foremost a violation of human rights and is against the law⁸;
- Sexual harassment and exposure to sexism more broadly has a significant health and wellbeing impact especially for women, with some research suggesting that sexist organisational climate and gender harassment may have similar negative effects on

⁷ Webster, K. et al 2018 *Australians' attitudes to violence against women and gender equality. Findings from the 2017 National Community Attitudes Survey towards Violence Against Women*. ANROWS, Sydney.

⁸ Victorian Equal Opportunity and Human Rights Commission

<https://www.humanrightscommission.vic.gov.au/discrimination/sexual-harassment>

women's well-being as more individualised victimisation such as sexual coercion and unwanted attention⁹.

- As an aspect of violence against women, sexual harassment is believed to contribute to an economic cost of approximately \$21.7 billion per year in Australia including costs borne by the individual, by organisations, by services and by governments¹⁰.
- Sexual harassment impacts on workforce participation, thereby limiting economic participation and security especially for women and hence sexual harassment has recently been framed as an economic issue¹¹.

VicHealth recognises that the National Inquiry will draw on economic modelling to investigate the cost of sexual harassment in workplaces and more broadly¹², and commends the acknowledgement that sexual harassment has significant costs for the individuals affected for also for organisations, government and society.

While this early research indicates the significant impact of sexual harassment as an element of violence against women, further research is needed to examine sexual harassment in more detail:

- The impact of sexual harassment on workforce participation especially for women and how this interacts with other barriers to workforce participation;
- The differential impacts of sexual harassment on women of different backgrounds and different positions of power, for example arising from cultural/ethnic background, position in the workplace, socio-economic status and employment security;
- The long term impact of sexual harassment on health, in particular mental health effects arising from sexual harassment and sexism more broadly.

RECOMMENDATION #1: Sexual harassment is framed as **violence against women/gender-based violence** with significant impacts on health and wellbeing.

⁹ Sojo, V. E., Wood, R. E., & Genat, A. E., 2016, Harmful workplace experiences and women's occupational well-being: A meta-analysis. *Psychology of Women Quarterly*, 40(1), 10-40.

¹⁰ Pricewaterhouse Coopers, Our Watch and VicHealth, 2015, *A High Price to Pay: The economic case for preventing violence against women*, PwC, Melbourne.

¹¹ <https://www.theguardian.com/australia-news/2018/jun/23/liberal-party-feminist-kelly-odwyer-sexual-harassment-is-an-economic-issue>

¹² <https://ministers.pmc.gov.au/odwyer/2018/national-inquiry-workplace-sexual-harassment>

2. The drivers of sexual harassment in the workplace

VicHealth recognises sexual harassment as a form of gender based violence/violence against women and as such recognises that many of the drivers of and underlying factors contributing to sexual harassment overlap with those of violence against women more broadly. We recognise that sexual harassment is perpetrated against both men and women, however the vast majority of perpetrators of sexual harassment are male and moreover the experiences of men and women as victim/survivors of sexual harassment is markedly different¹³.

Sexual harassment should be viewed as gender-based violence, and more broadly, ‘gender’ should be viewed as a critical aspect within the frameworks and strategies that are developed to respond to and prevent sexual harassment.

The most current Australian framework for conceptualising and designing action to address violence against women is *Change the Story: National Framework for the Prevention of Violence against Women and their Children in Australia*¹⁴. This framework identifies that violence against women is primarily driven by gender inequality and describes the four **gendered drivers** of violence against women which manifest in both the public (workplace, politics, leadership) and private (family, home, relationships) spheres of life:

1. Condoning of violence against women
2. Men’s control of decision-making and limits to women’s independence
3. Stereotyped constructions of masculinity and femininity
4. Disrespect towards women and male peer relations that emphasise aggression.

The national framework builds upon the VicHealth Framework Preventing Violence Before it Occurs, published in 2007, which also identified that the key driver of violence against women is unequal power and resources between men and women. Inequalities between women and men are influenced by social norms, social practices and social structures which are all changeable and can be addressed through evidence-based actions.

Subsequently the national framework identifies key actions to prevent violence against women with the overarching goal of promoting and normalising gender equality in public and private life. These actions are discussed in the next section.

It is in this context that **attitudes** are understood to be a driver of violence including of sexual harassment. Through their influence on social norms and also on individuals’ beliefs and behaviours, attitudes can contribute to violence against women by:

- Leading to the perpetration of violence – e.g. men who hold violence-supportive attitudes are more likely to perpetrate or say they would perpetrate violence;
- Influencing victims’ responses to the experience of violence – e.g. influencing whether or not they disclose or report violence, or seek help;
- Influencing the response of friends, family, services, professionals and bystanders to violence – e.g. resulting in less empathy and support for victims;

¹³ Australian Human Rights Commission 2018 *Everyone’s Business: Fourth national survey on sexual harassment in Australian workplaces*. Australian Human Rights Commission, Sydney.

¹⁴ Our Watch, ANROWS & VicHealth 2015 *Change the Story: A shared national framework for primary prevention of violence against women and their children*. Our Watch: Melbourne.

- Shaping the response of policy-makers and community to the issue of violence against women – e.g. influencing the extent to which community members believe violence against women is a problem and support policy-makers to take action to address it¹⁵.

Attitude measures can also be utilised as a means to assess progress towards preventing and addressing violence against women, and therefore the measurement of attitudes is an important consideration in the design and evaluation of programs to prevent and address sexual harassment.

VicHealth recognises that there is significant evidence available to understand the nature and prevalence of sexual harassment, as well as significant and sufficient evidence available to inform prevention strategies. However, further research is required to:

- Further understand whether there are specific drivers of sexual harassment that are distinct from the drivers of other forms of gender-based violence
- Further understand where the drivers of sexual harassment overlap with the drivers of other forms of gender based violence (such as family violence or public violence between men) in order for prevention strategies to potentially target a range of behaviours
- Further understand how the rates of sexual harassment in Australia compare to rates in other, similar countries and the contextual factors that may influence these rates here and overseas.

Recommendation #2: The **key driver** of sexual harassment is gender inequalities; that is, unequal distribution of power and resources between women and men in the workplace and beyond, which is influenced by social norms, social practices and social structures.

¹⁵ Webster, K. et al 2018 *Australians' attitudes to violence against women and gender equality. Findings from the 2017 National Community Attitudes Survey towards Violence Against Women*. ANROWS, Sydney.

3. Preventing sexual harassment: Promising practice and emerging evidence

VicHealth recognises the establishment of the Sex Discrimination Act 1984 (CTH) as a key legislative framework to address sexual harassment and other forms of sex-based discrimination in the workplace and beyond.

However we also recognise that legislative reform alone has been insufficient to produce significant social change – indeed, the prevalence of sexual harassment in Australian workplaces has strongly persisted despite the Act being introduced over 30 years ago.

Within its 15-year history of addressing violence against women – including sexual harassment – as a public health issue, VicHealth has invested in a wide range of programs and partnerships to reduce the prevalence of violence against women through a ‘primary prevention’ approach.

“Prevention focuses on the population as a whole, and the range of settings in which gender relations and violent behaviour are shaped, to address factors leading to or protecting against VAW... (by building) social structures, norms and practices that protect against VAW and/or reduce the risk of it occurring” (UN Women¹⁶)

Research has established that the most effective strategy to prevent violence against women is to build gender equality at all levels; that is to:

“Promote and normalise gender equality in public and private life.”¹⁷

VicHealth recognises that as an essential feature of universal prevention strategies, gender equality action is required across a range of mainstream **settings**, such as workplaces, sports, arts, justice and legal, education and media settings. The prevention of violence in one specific setting (such as workplaces) requires changes in the social norms, structures and practices in that setting; but conversely, change in one setting is more likely to be achieved and sustained where there are parallel and consistent changes occurring across multiple settings. In other words, the achievement of change in workplaces will require significant activity both within and outside workplaces.

In order to plan and prioritise investment in the context of this strategy VicHealth has drawn on **public health frameworks** which offer a range of strategies and proven methodologies. There are seven key methodologies identified in public health literature as being effective to create population-level impact. These methodologies have proven effective in addressing other significant health and social issues, in particular where they have been executed simultaneously across the community and with a sustained base of investment. These methodologies can be applied to the primary prevention of sexual harassment in workplaces and are most likely to be effective when delivered simultaneously across settings and communities, and are described below:

- *Direct participation programs* – to increase individuals’ skills, attitudes and knowledge about gender equality and respectful relationships.

¹⁶ UN Women 2015 *A Framework to Underpin Action*, UN Women, Geneva.

¹⁷ Our Watch, ANROWS & VicHealth 2015 *Change the Story: A shared national framework for primary prevention of violence against women and their children*. Our Watch: Melbourne.

- *Organisational and workforce development* – to create environments that model, promote and facilitate respectful and equitable gender relations.
- *Community strengthening* – to mobilise and support communities to address VAW and actively engage in action to build gender equality.
- *Communications and social marketing* – to raise awareness of gender inequality and VAW and address attitudes, behaviours and social norms that contribute to these problems.
- *Advocacy* – to build collective activity and mobilisations to raise awareness and to encourage governments, organisations, corporations and communities to take action.
- *Legislative and policy reform* – to ensure laws and regulations complement strategies to build equitable gender relations, and to reorient policy approaches across government to address the social determinants of violence and of equality.
- *Research, monitoring and evaluation* – to underpin activity in the areas above by informing action, improving the evidence and knowledge base for future planning and enabling efforts to be both effectively targeted and monitored.

In this section we describe a selection of relevant programs that have been tried and tested by VicHealth and partners in relation to the above methodologies. Overall they illustrate how the public health approach offers viable and promising strategies to build gender equality in the workplace (and beyond).

Direct participation programs

- [Equal Footing](#)– This toolkit assists leaders and staff in medium-large workplaces to plan action on gender equality. It is unique in providing an entry point for workplaces to commence dialogue and refine concepts, without requiring significant financial commitment or technical expertise. The toolkit was tested in several industries including human resources, hospitality and finance through the provision of practical resources, training and sustainability planning.

Published: 2015

Downloads: 1,600

Organisational and workforce development

- [Increasing gender equality in sport settings](#) – To get more Victorians active, VicHealth’s strategic approach focuses on making physical activity participation part of everyday living, and competitive and social sport. Our partners include state and regional sporting associations, community clubs, local councils and some national sport organisations and elite teams.
 - [Physical Activity, sport and walking: VicHealth’s Investment Plan 2014-2018](#) has had an emphasis on environmental and organisational change to support increased physical activity amongst girls and women.
 - Following on from this, the VicHealth [Physical Activity Strategy 2018-2023](#) To increase the number of Victorians who are physically active, with a focus on children (5-12 years), young people (12-17 years) and women and girls.
- [Influencing leadership and cultural change in sports settings](#) – VicHealth aims to increase representation of women on the governing bodies of sporting organisations with which we partner. Our aim is that by 1 July 2019, selected sport and recreation organisations in receipt of VicHealth funding will be required to have a minimum of 40% self identified females on the

governing body. In addition sport bodies funded by VicHealth make a commitment to achieving gender balance on public panels, improving gender representation in public facing imagery and promoting equitable use by women and girls of the organisation's facilities.

- Professional training and capacity-building in prevention of violence against women – Short courses for cross-sector practitioners and leaders to build skills and knowledge in the design, delivery and evaluation of prevention programs. During 2009-2017 VicHealth designed and delivered professional training in the areas of preventing violence against women, increasing bystander action and leadership in prevention. The courses reached professionals in a range of non-specialist sectors such as local government, business, education and workplaces. The courses have now been integrated to leading agencies in Victoria such as Domestic Violence Resource Centre Victoria.

- Creating Healthy Workplaces: Y Respect Gender organisation-wide program – In partnership with YMCA Victoria, this 3-year program aimed to improve gender equality in the workplace through a whole-of-organisation. Key strategies included leadership engagement, program and service re-development, increasing women in leadership and external advocacy for gender equality.

Published: 2012

Downloads: 100

- Moving to Action Bystander Resources – A range of multimedia and training tools to build workplace capacity to encourage bystander action. Workplaces tend to adopt bystander approaches within a wider gender equality strategy and the tools are designed to strengthen existing activity and to engage people in addressing sexism.

Published: 2015

Downloads/VIEWS: 1,300

- (En)countering resistance – This resource provides a broad framework to plan for, for, recognise and respond to resistance to gender equality action in organisations as a key strategy in achieving change. It is unique in distilling the research literature into accessible concepts and practical steps toward managing resistance in mainstream workplaces.

Published: 2017

Downloads: 650

- Victorian Workplace Mental Wellbeing Collaboration – The Collaboration is a tripartite partnership between VicHealth, WorkSafe Victoria and SuperFriend and aims to promote positive mental wellbeing in Victorian workplaces. This includes helping workplaces to create positive and supportive work cultures and environments by focusing on organisational leadership and encouraging workplaces to implement positive mental wellbeing strategies that enhance existing policies and processes. The Collaboration provides networking events and an online resource centre for workplace leaders across sectors.

Commenced: 2014

Downloads: 17,500

Participants: 1300 professionals

- [Our Watch Workplace Equality and Respect Project](#) – This project, funded by the Victorian Office for Women, developed and tested a package of evidence-based standards and tools to support workplaces to take action to prevent violence against women, in partnership with a variety of workplaces across Australia. VicHealth contributed to this project through the Project Advisory Group.
- VicHealth internal organisational development activity – As a key aspect of our [Gender Equality, Health and Wellbeing Strategy](#) VicHealth is committed to moving towards best practice as an organisation and walk-the-talk on gender equality. For example we have implemented progressive Parental Leave Policy and Family Violence Leave Policy, as well as guidelines for appropriate social media use and grievance resolution that adhere to best practice. Further information is available on request.

Community mobilisation and strengthening

- [Generating Equality and Respect \(GEAR\) whole-of-community Program](#) – This 4-year program enabled delivery of multiple prevention programs and campaigns in one local area with a strong program leadership provided by two local agencies in partnership and with multiple dedicated staff. It is unique in adopting a ‘saturation’ approach, with prevention programs delivered across settings (workplace, council, education, youth) in one place complemented by social marketing and collaboration with local agencies and community leaders.

Published: 2016

Downloads: 1,000

Communications and social marketing

- [This Girl Can](#) – In partnership with Sport England and the Victorian Government VicHealth’s campaign aims to empower women and girls to be more physically active. The campaign features a diversity of real Australian women instead of professional athletes or models as a means to address the body image and stereotype-related barriers to women getting more active. The campaign has enabled one in seven (more than 285,000) Victorian women to get moving to date and will continue into 2019.

Advocacy

- [Survivor advocates media training](#) – This project sought to increase the visibility and voice of survivors in media reporting of violence against women. Initial activities included training and capacity-building for survivors as well as training and resources for journalists. The project has been sustained and scaled up through partner organisations at the state and national level including the Our Watch [National Media Engagement Strategy](#). VicHealth’s internal evaluation report showed that survivor advocacy has had a significant impact on policy and program development in Victoria. Furthermore, survivor advocacy was identified as a prevention strategy in itself especially in the media context, as well as an element that can be integrated into other prevention strategies such as organisational development.

Legislative and Policy Reform

- [Change the Story - National Framework for the Primary Prevention of Violence against Women and their Children](#) – In 2015 Our Watch, VicHealth and ANROWS published Australia's first national framework for primary prevention of violence against women. The framework draws on an international evidence base and articulates the key drivers of violence against women, the key actions to address it and the strategies, settings and techniques for prevention. The national framework builds upon the VicHealth Framework *Preventing Violence Before it Occurs*, published in 2007, and both provide a planning foundation for policy makers and programmers to build evidence-based prevention activity.

Research, evaluation and monitoring

- [Evaluation in primary prevention of violence against women](#)
 - [Trends in evaluation: Practice papers](#) – These discussion papers articulate the key issues and challenges in evaluation in the context of preventing violence against women. The papers contribute unique and relevant knowledge to the field of evaluation in prevention and health promotion more broadly, with a focus on participatory and learning-oriented approaches to evaluation research.
 - [Evaluation guide for funders, evaluators and partners](#) – This paper provides guidance for funders and leading partners to orientate their evaluation strategies towards evidence-building within prevention.
 - [A concise guide to evaluating primary prevention projects](#) – This toolkit was developed in partnership with practitioners and describes the key steps for planning and executing evaluation strategies in the context of prevention. It is complementary to the guides developed for funders and leading partners and enables practitioners to collect and manage program data in ways that enable clear and accurate reporting of program outcomes specifically in the context of building gender equality.

Published: 2013

Downloads: 500

- [Evaluation & Knowledge translation](#) – VicHealth's investment reflects a significant commitment to building evidence and translating knowledge about what works in prevention. As described above our program investments are evaluated within a strong conceptual framework and program reports are generally coupled with accessible tools and resources for practitioners and leaders to utilise in their areas of work. For example, the [Respect Responsibility and Equality report](#) describes the outcomes and learnings of 5 prevention projects and was accompanied by videos, tools and detailed implementation guides.

VicHealth recognises that at the level of organisations and also the population as a whole, these methodologies are unlikely to be effective in reducing rates of sexual harassment if they are implemented in isolation or as a stand-alone, one-off action. For example, in relation to the 'organisational development' methodology (above), a single initiative such as workplace equality training does not constitute a sufficient prevention strategy nor does it fulfil the methodology.

Research has established that training and capacity-building may be an important element of organisational development for gender equality however training alone or as an isolated strategy is unlikely to produce change. A recent meta-review identified that most diversity programs with a focus on training are actually failing to produce positive results and may in fact be worsening decision-making and attitudes in relation to diversity, including in the area of gender¹⁸.

Moreover, no single activity within a workplace is likely to be effective in achieving real change; rather, research shows that, workplaces must adopt **whole-of-organisation approaches** and implement a range of actions at a range of levels simultaneously in order to achieve change¹⁹. A recent rapid review of what works to prevent sexual harassment identified that a combination of strategies is required to address sexual harassment and highlighted the following key components of a successful workplace intervention to prevent and respond to sexual harassment:

1. Leadership commitment
2. Policies, planning and strategies
3. Workplaces practices and norms
4. Training, learning and capacity²⁰.

At the population level, the necessity of a **comprehensive, multi-level approach** arises from the fact that the drivers and causes of sexual harassment are complex and are deeply embedded at the level of individuals, communities/organisations and society at large. Therefore prevention methodologies should be adopted to address the drivers at all these levels, as a means to achieve change at the population level.

This is evident from other long-term public health initiatives such as tobacco reduction and HIV AIDS prevention, where reductions have been achieved at the population-level only through multiple, mutually-reinforcing strategies delivered over several decades and with high-level coordination and secure funding²¹. This is discussed further in the final section of this submission.

Recommendation #3: The **key action** to eliminate sexual harassment is to build gender equality in all aspects of life.

Recommendation #4: The **public health approach** offers a range of viable and promising strategies to build gender equality in the workplace. Current and previous VicHealth programs have demonstrated the potential for multiple and mutually reinforcing public health strategies at the population level to contribute to prevention of sexual harassment.

¹⁸ Dobbin, F & Kalev, A 2016 'Why Diversity Programs Fail' *Harvard Business Review July-August 2016* <https://hbr.org/2016/07/why-diversity-programs-fail>

¹⁹ Powell, A. Sandy, L. & Findling, J. 2015 *Promising practices in workplace and organisational approaches for the prevention of violence against women*, Melbourne, RMIT University.

²⁰ Campbell, H & Chinnery, S 2018 *What Works? Preventing and Responding to Sexual Harassment in the Workplace*. CARE International, Australia.

²¹ Kelleher, H. 2017 *Review of prevention and public health strategies to inform the primary prevention of family violence and violence against women*. State Government of Victoria, Melbourne.

4. Complementary techniques for prevention

In this section we describe three emerging techniques that are showing strong promise and should be considered as complementary to the public health strategies described earlier in this submission. The three emerging techniques are:

- i. Behavioural Insights
- ii. Bystander approaches
- iii. Managing backlash and resistance.

i. Behavioural Insights

The Behavioural Insights approach is gaining significant traction in a range of health and social policy areas in Australia. It is based on the simple notion that when we incorporate a more realistic model of human behaviour into our understanding and actions then we will get more effective solutions and can potentially do so at a lower cost²². The approach recognises that human behaviour and choices are influenced by a range of influences and factors and embeds this recognition in the design of programs and practices which are complementary to other public health strategies. The Behavioural Insights methodology is being applied to develop behaviour change strategies in a range of areas including gender inequality.

The Behavioural Insights approach is showing promise in the area of prevention in two ways.

- Firstly it allows for rapid testing, which can be valuable in a context where formal research and academic trials may take many years to provide insights and results. The TEST framework – *Target, Explore, Solution, Trial* – can enable rapid testing, learning and adaptation and has yielded results in a range of health areas.
- Secondly (in the context of gender equality) it enables the design of programs that explicitly account for or seek to target ‘unconscious bias’, which is now understood to be a significant barrier to organisational and workplace change and the progression of women more generally²³.

In 2016 VicHealth established its second 4-year Leading Thinkers in Residency initiative with a focus on gender equality and preventing violence against women. The residency is a joint collaboration between Professor Iris Bohnet and Dr Jeni Klugman, both leading global experts in Behavioural Insights and gender equality and currently bringing their expertise to Victoria. The residency is designed to connect these international thought leaders with policy makers and key local experts, with the aim of developing new thinking and enabling change towards better health and wellbeing²⁴.

In partnership with a range of sectors the residency will deliver a program of work to address four key behavioural drivers on gender inequality: social practices and social norms; unconscious/implicit bias; gender stereotypes; and role models. Our early investigations in this initiative have highlighted the demand for simple, accessible tools to produce small but significant shifts in workplace practices

²² VicHealth 2016 *Behavioural Insights and healthier lives*, Victorian Health Promotion Foundation, Melbourne.

²³ Bohnet, Iris 2016, *What Works: Gender Equality by Design*. Harvard University Press, USA.

²⁴ For more information see <https://www.vichealth.vic.gov.au/media-and-resources/publications/behavioural-insights-gender-equality>

and cultures. Following this, the areas in which the initiative will deliver formal trials in the following settings:

- In recruitment: New insights into the human mind can help organisations of all types design practices that combat biases in hiring, promotion and pay processes that discriminate against women;
- In the media: How women and men are portrayed can reinforce positive or harmful gender stereotypes. Big data analysis examining the frequency and type of reporting of gender in sport can offer insights into improved methods of reporting;
- In sports clubs: Given the key role sport and recreation play in strengthening communities, particularly in rural and regional Victoria, we are exploring ways to support efforts to improve the participation and leadership of women and girls²⁵;
- In universities: See next section on ‘Bystander approaches’.

VicHealth looks forward to sharing the results of these trials during 2019 and welcomes opportunities for partnership to strengthen the role of Behavioural Insights in advancing gender equality in Australia.

RECOMMENDATION #5: Behavioural insights offers a valuable tool for shaping effective and measurable change in the workplace. Current VicHealth programs will provide new evidence to support change social norms, unconscious bias and other environmental factors in the workplace.

ii. Bystander approaches

The potential of bystanders (i.e. witnesses) to take prosocial action on violence against women, and thereby reduce prevalence, has long been recognised and is currently the subject of extensive research and testing. Most recently the potential for bystander action to have a positive impact on the drivers and factors *influencing* violence against women – such as sexism, disrespect and poor attitudes towards women, and discrimination – has gained increasing traction. Bystander approaches have been highlighted for their potential to engage men and boys in particular.

In VicHealth’s early research in this area, it was established that while many people in the community may be able to recognise sexism and disrespect and are likely to feel uncomfortable about it and/or recognise its potential harm, too few had taken action in response to witnessing sexism. The main barriers to people taking positive bystander action were (a) their lack of knowledge or confidence about what to actually say or do, (b) their lack of confidence that their peers and others would support their actions²⁶. The National Survey of Community Attitudes in 2017 confirmed that Australians’ lack of knowledge or confidence about what to say or do in response to sexism is still a significant barrier to bystander action. The survey also showed that most in the community

²⁵ VicHealth 2017, *Behavioural Insights and gender equality*, Victorian Health Promotion Foundation, Melbourne.

²⁶ VicHealth 2012 *More Than Ready: Bystander action to prevent violence against women in the Victorian community*, Victorian Health Promotion Foundation, Melbourne.

(70%) are bothered by sexism, suggesting that if bystanders took more action they would in fact have the support of their peers and colleagues²⁷.

Building on this research, VicHealth has developed a range of tools and resources to enable organisations to encourage more positive bystander actions and to create cultures that support respect and equality²⁸. Most recently VicHealth has worked in partnership with the Victorian Office for Women and Behavioural Insights Team to conduct further research and identify what drives and encourages positive bystander action at the behavioural level²⁹. The next phase of this work is currently underway and involves testing innovative programs using behavioural design in universities and other settings³⁰. Early activity and testing has highlighted some initial insights and principles for the design of behaviour-oriented bystander programs. Following the completion of these trials in coming years we anticipate there will be stronger and more diversified evidence available to support the design and delivery of bystander approaches to prevention.

RECOMMENDATION #6: **Bystanders** are a key potential group to mobilise in the prevention of sexual harassment. Current VicHealth programs will provide new insights into bystander action against sexual harassment and its drivers

iii. Managing backlash and resistance

Backlash and resistance to change are a common phenomenon within all social change and public health initiatives³¹. VicHealth recognises there is significant potential for and various manifestations of backlash and resistance in the context of gender equality initiatives, and also recognises their potential to undermine or limit the achievement of gender equality objectives. Furthermore VicHealth recognises the need for evidence-based tools and strategies to prevent and manage backlash and resistance and has recently commissioned an evidence review in this field. The evidence review was conducted by Queensland University of Technology and identified that there are currently limited resources available to understand and effectively manage backlash and resistance. However based on the evidence available three strategies were proposed to underpin management of backlash and resistance:

1. Framing (or communication) strategies
2. Organisational strategies
3. Teaching and learning strategies
4. Individual strategies³².

²⁷ Webster, K. et al 2018 *Australians' attitudes to violence against women and gender equality. Findings from the 2017 National Community Attitudes Survey towards Violence Against Women*. ANROWS, Sydney.

²⁸ See for example <https://www.vichealth.vic.gov.au/search/moving-to-action-gender-equity-resource>

²⁹ For more information see <https://www.vichealth.vic.gov.au/search/bystander-research-project>

³⁰ This project was announced in March 2018, see <https://www.premier.vic.gov.au/stepping-up-in-the-prevention-of-family-violence/>

³¹ Kelleher, H. 2017 *Review of prevention and public health strategies to inform the primary prevention of family violence and violence against women*. State Government of Victoria, Melbourne.

³² Flood, M Dragiewicz M and Pease B, 2018, *Resistance and Backlash to Gender Equality: An evidence review*. Victorian Health Promotion Foundation, Melbourne.

Building on this, VicHealth recently published a summary resource providing guidance on strategies to respond to resistance to gender equality initiatives. The *(En)counter*ing resistance resource provides a high-level conceptual framework for planning for and managing resistance³³. VicHealth also commends the *Backlash and Buy-In* resource recently published by Male Champions of Change and Chief Executive Women as a critical tool for recognising and managing backlash in business organisations. However VicHealth recognises that there is still limited practical guidance available for mainstream organisations (across sectors such as workplace, education and sport) to manage backlash to gender equality and as such is currently developing more material for this purpose.

The management of backlash and resistance should be viewed as a critical aspect of planning and implementation in the advancement of gender equality. Resistance is inevitable and can take various forms, and is best viewed as an opportunity to engage and further build universal support for gender equality within organisations. The successful management of backlash and resistance requires dedicated time and specific resources, within the context of multi-level organisational change methodologies as described earlier in this submission.

RECOMMENDATION #7: The management of **backlash and resistance** is critical in promoting gender equality and preventing sexual harassment.

³³ VicHealth 2018, *(En)counter*ing resistance: Strategies to respond to resistance to gender equality initiatives, Victorian Health Promotion Foundation, Melbourne.

5. Sustaining primary prevention into the future

The World Health Organization has documented the considerable potential to reduce violence against women including sexual harassment using a multifaceted health promotion approach.³⁴ This issue requires new approaches that complement existing knowledge and practice in behavioural change with knowledge of changing environments, communities, individuals and policies to create greater gender equality, respectful relationships and safer environments.

The success stories of tobacco control, road trauma and other public health approaches are encouraging, yet they also indicate the length of time and depth of activity that is required for prevention investment to create a population-level impact³⁵. It is important this timeframe is considered when undertaking activity to prevent violence against women including sexual harassment.

Currently there is a gap at the national level with regards to a centralised function to coordinate and enable evidence-based prevention strategies across States and Territories and across Australian communities. In addition, there is a gap at the national level with regards to a centralised function to monitor the delivery and impact of prevention strategies on prevalence of sexual harassment. This is likely to be limiting the scope, quantity and quality of prevention activity being delivered across States and Territories.

Research in relation to national public health strategies (such as tobacco control and HIV AIDS prevention) also supports this, highlighting that a centralised coordination function is associated with stronger achievements in health impact reduction and also associated with sustained resources and effort at multiple levels of the community in the long-term.

At the national level, the National Plan to Reduce Violence Against Women and their Children 2010-2022³⁶ requires all Australian governments to deliver activity across six outcome areas in order to reduce violence against women including domestic violence, sexual assault and stalking. Two of the national outcomes are focused on primary prevention:

- National Outcome 1: Communities are safe and free from violence
- National Outcome 2: Relationships are respectful.

The following agencies contribute to the prevention of violence against women at the national level, with most being funded directly under the National Plan:

- Our Watch – provides national leadership in the prevention of violence against women through programs and campaigns www.ourwatch.org.au
- ANROWS (Australia's National Research Organisation for Women's Safety) – fulfils national research agenda on violence against women including prevalence, impact, prevention and response measures www.anrows.org.au

³⁴ World Health Organization 2002, *Work report on violence and health*, World Health Organization, Geneva.

³⁵ Kelleher, H. 2017 *Review of prevention and public health strategies to inform the primary prevention of family violence and violence against women*. State Government of Victoria, Melbourne.

³⁶ COAG National Plan to Reduce Violence against Women and their Children 2010-2022
<https://plan4womenssafety.dss.gov.au/>

- Workplace Gender Equality Agency – supports implementation of workplace gender equality actions and reporting www.wgea.gov.au
- White Ribbon Australia – delivers programs and campaigns with a focus on engaging men in prevention of violence against women www.whiteribbon.org.au
- Commonwealth Department of Social Services – oversees delivery of a range of Women’s Safety initiatives including the National Plan to Reduce Violence against Women and their Children <https://plan4womenssafety.dss.gov.au/womens-safety-package/>.

However, **no single agency currently has the mandate or resources to coordinate, monitor and report on the delivery of primary prevention** strategies.

There is considerable scope to consider the establishment of a centralised function dedicated to coordinate and monitor the delivery of prevention activity in the area of sexual harassment, either as an additional function of the agencies listed above or as a separate independent mechanism.

A similar mechanism has recently been established in Victoria with a dedicated focus on prevention of violence against women and family violence. Following the Royal Commission into Family Violence, the Victorian Government recently passed the [Prevention of Family Violence Bill 2018](#) and established [Respect Victoria](#) as an independent statutory agency enshrined in law.

Respect Victoria has been established to coordinate and strengthen prevention activity across Victoria by ensuring prevention is implemented across Government in community in a consistent, evidence-based and coordinated way. Respect Victoria will also lead research and evaluation strategies and build alliances and collaboration to progress a prevention research agenda.

Respect Victoria as an agency is complementary, but separate to, the state-level infrastructure to coordinate response to and services for family violence and other forms of violence against women, however its purpose and resources are dedicated to *primary prevention*.

Respect Victoria is also complementary, but separate to, the systems that are established to deliver on gender equality in Victoria, such as the Victorian Office for Women within the Department of Premier and Cabinet and the proposed Victorian [Gender Equality legislation](#). The functions of the agency are also complemented by state-wide government-led strategies to drive other policy and community level action, including [Free from Violence](#), the ten-year primary prevention strategy and also [Safe and Strong](#), the Victorian gender equality strategy.

VicHealth recognises the potential for a similar function at the national level to strengthen prevention strategies and to contribute to the reduction of sexual harassment in the long term. The function may be added to the mandate of existing organisations that hold expertise in the area of prevention and also provide a strong interface with government, such as Our Watch and the Workplace Gender Equality Agency.

As is the case in Victoria, such a function would be further strengthened by the establishment of Commonwealth government-led strategies in the areas of prevention of sexual harassment and also in the area of improving gender equality.

RECOMMENDATION #8: Prevention is an emerging and distinct area of work and may be strengthened by the establishment of a **national, centralised function** to coordinate consistent, evidence-based delivery of prevention policies and programs and to conduct robust monitoring and evaluation.