



IN REPLY PLEASE QUOTE:

BH:AG

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27 February 2019

Ms Kate Jenkins  
Sex Discrimination Commissioner  
Australian Human Rights Commission  
Level 3, 175 Pitt St, Sydney NSW 2000  
GPO Box 5218, Sydney NSW 2001  
[SH.Inquiry@humanrights.gov.au](mailto:SH.Inquiry@humanrights.gov.au)

Dear Ms Jenkins

## RE: National Inquiry into Sexual Harassment in Australian Workplaces

Thank you for the opportunity to provide input into your Inquiry. The New South Wales Nurses and Midwives' Association (NSWNMA) is the registered union for all nurses and midwives in New South Wales. Membership comprises of those who perform nursing and midwifery work at all levels including management and education. This includes registered nurses and midwives, enrolled nurses and assistants in nursing (who are unlicensed).

Eligible members of the NSWNMA are also deemed to be members of the New South Wales Branch of the Australian Nursing and Midwifery Federation (ANMF). Our role is to protect and advance the interests of nurses and midwives and the nursing and midwifery professions. We are also committed to improving standards of patient care and the quality of services in health and aged care services.

This response to the Inquiry will provide an overview of the NSWNMA's approach to the issue of sexual harassment, a brief overview of the sexual harassment-related issues raised by members of the Association over a 5 year sample period, a summary of findings of a recent study of violence in nursing and midwifery in NSW and our recommendations.

The Association conceptualises sexual harassment as a part of a broader continuum of occupational violence and aggression and our approach to the issue reflects the

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work health and safety (WHS) risk management framework. It is the NSWNMA's expectation that facilities shall develop and distribute policies and procedures, provide suitable and adequate resources for the management of WHS matters, and provide supervision, instruction, training and communication for all workers. Facilities shall provide, maintain and review a proactive health and safety system which requires the systematic identification and reporting, assessment and elimination, or where this is not reasonably practicable, the minimisation and review of workplace health and safety hazards. The provision of an Employee Assistance Programme (EAP) and Workers Compensation and Injury Management programmes that meets legislative requirements shall also be maintained.

The Association has examined our records of all issues raised by our members for a 5 year period between 01/01/2013 and 31/12/2018. Over this period, 112,219 individual matters were raised with the Association and of these 110 or less than 0.1% included reference to sexual harassment. As indicated by our recent survey research, we believe that sexual harassment is underreported by our members who generally only contact the Association if they are dissatisfied with the handling of the matter by management or if they require assistance responding to allegations against them. Only a couple of issues were raised concerning sexual harassment by patients whereas we believe that patients and their families and friends are responsible for most of the violence, including sexual harassment committed against nurses and midwives.

The vast majority of the reports we have received involve harassment between co-workers (other nurses or workers such as porters), and the issues were distributed evenly amongst members who were alleged to have been perpetrators and those who complained of being the victims of harassment. Most of the issues raised occurred in residential aged care facilities while less than 20% of issues raised occurred in large metropolitan hospitals. Complaints generally described unwelcome attention of a sexual nature or inappropriate remarks. There is evidence among these issues of inadequate responses from management where formal complaints of harassment were lodged. Further, the high proportion of issues raised in private sector facilities such as nursing homes (where membership density is generally low) indicates that these facilities are less likely to have effective systems for minimising risks and management of complaints.

This low level of reporting in our databases contrasts with the high level of sexual harassment reported in a recent survey of members of the NSWNMA, conducted in collaboration with Dr Jacqui Pich (University of Technology, Sydney) on violence in nursing and midwifery. This cross sectional study used an online survey formulated to examine the experiences of respondents who have experienced violence from patients and/or their relatives. The study is based on a sample size of 3612 responses and sexual harassment was considered as part of a continuum of behaviours from verbal abuse and threats through to physical assaults.

An overview of the findings relevant to this inquiry:

- Sexually inappropriate behaviour in the previous six months was reported by 25% of respondents.
- The use of social media (5%) and taking of photographs (9%) in order to harass was reported by 14% of participants.
- 29% of participants reported inappropriate physical contact.
- 13% reported inappropriate sexual conduct.
- 2% or 35 survey respondents indicated that they had experienced a sexual assault in the previous 6 months.

The Association has reviewed and supports the recommendations provided to this Inquiry by Unions NSW. Violence against nurses and midwives is a complex matter of huge concern to NSWNMA. We look forward to reviewing the Commission's findings in terms of sexual harassment. If you require more information in regard to this submission please contact Angela Garvey [REDACTED] at this office.

Yours sincerely

[REDACTED]

**BRETT HOLMES**

General Secretary

NSW Nurses and Midwives' Association