



Australian Government

Comcare

SYSTEMS FOR RESPECT

Interventions to reduce
workplace sexual harassment

Rapid review
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The following is a summary of the latest available research and does not reflect an official Comcare position or policy. It is intended to assist employees and employers with general advice.

Executive summary

Workplace sexual harassment (WSH) is a pervasive issue that affects all industries and locations in Australia (Australian Human Rights Commission (AHRC), 2021b). One in 3 Australian workers reported experiencing sexual harassment at work in a recent survey (AHRC, 2022). The Australian Government has addressed the issue in several significant ways, including through the National Inquiry into Sexual Harassment in Australian Workplaces in 2020 and the release of the *Safe Work Australia Model Code of Practice on sexual and gender-based harassment* in 2023.

In light of these changes, Australian workplaces need practical, evidence-based guidance on short- and long-term solutions for building their capability to address and prevent WSH. The aim of this rapid literature review is to provide employers and Persons Conducting a Business or Undertaking (PCBUs) with a summary of relevant evidence regarding the effectiveness of workplace approaches and interventions to prevent and reduce WSH.

Method

A systematic electronic search of the literature was conducted using the Web of Science and EBSCOhost databases by one researcher in March-August 2023. The initial search yielded a total of 11,562 articles, which through a systematic screening and review process were filtered down to 14 relevant studies on WSH.

Results

The 14 studies were grouped into 4 thematic categories of interventions aiming to reduce WSH:

1. Multi-pronged interventions
2. Training interventions (online and in-person)
3. Policy interventions
4. Bystander interventions

Multi-pronged interventions

Four studies examined multi-faceted interventions to reduce sexual harassment in the workplace. The combination of interventions examined in the studies was not the same, but all studies examined more than one intervention. The effects of some types of WSH training were examined in all studies and internal policies were examined in 3. Other intervention types included having a complaints system for reporting offensive behaviour, leaders who modelled respectful behaviour, and resources for discussion and resolution. Two of the studies looked at the effectiveness of complaints systems.

Training interventions

The most frequently examined interventions were those that involved training and/or some other type of educational activities. Six studies examined training and educational interventions and found a range of positive effects on a range of outcomes, including improvements in knowledge of WSH, increases in confidence and skills to respond and report WSH, trust in leadership and less unwanted sexual conduct. The studies also suggested that where the content is right, both in-person and computer-administered training can have positive effects.

Policy interventions

The second most frequently studied intervention type was WSH policies. In some cases, the presence of internal WSH policies led to positive outcomes and at times it was associated with negative or no outcomes. In some instances, WSH complaints increased when policies were first implemented and where they were more comprehensive. This is likely a positive outcome as the introduction of new mechanisms to address WSH can enable victims and witnesses to come forward and deal with the issue. Zero-tolerance policies were associated with more reporting of WSH than when a policy was less specific or not in place. However, some of the findings suggested that having a policy in place alone was not enough to reduce the incidence of WSH, particularly in instances of masculine and hierarchical work cultures. Taken together, the results suggest that comprehensive, clear policies have the potential to increase workers' understanding and reporting of WSH; however, policies are much more likely to be effective in instances where the organisational culture condemns WSH and supports workers across all levels to address it. Similarly, complaints processes were more likely to be effective when workers believed that the complaint would be taken seriously and investigated, the offensive behaviour was discussed with the perpetrator, appropriate action was taken, the complainant's privacy was respected, and they were kept informed about progress.

Bystander interventions

Bystander interventions overall were found to be limited in preventing further harassment or redressing harm, but there are important factors that can facilitate their effectiveness. Bystander responses that are immediate and more assertive are most effective at preventing and redressing WSH.

Practical implications

The reviewed evidence suggests that a multi-level approach to prevent and address WSH is needed in the workplace. Workplaces need to provide a strong infrastructure made of comprehensive policies and efficient complaints systems to decrease the incidence of WSH, including protection for staff and bystanders from retaliation for reporting WSH. Organisational leaders need to model and enforce anti-harassment and gender-equal values and behaviours and wide-reaching training and education needs to be encouraged for all workers to build their capability to understand, recognise and respond to WSH.

Introduction

Workplace sexual harassment (WSH) is a pervasive issue that affects all industries and locations in Australia (Australian Human Rights Commission (AHRC), 2021b), with the Fifth National Survey on Sexual Harassment in Australian Workplaces reporting that one in 3 workers has experienced sexual harassment at work (AHRC, 2022). The concerning prevalence of workplace sexual harassment has attracted a number of inquiries and legislative changes in recent years, including the National Inquiry into Sexual Harassment in Australian Workplaces and the launch of its *Respect@Work* report in March 2020, and the release of the *Model Code of Practice on sexual and gender-based harassment* published by Safe Work Australia in December 2023.

The *Sex Discrimination Act 1984* (Cth) defines sexual harassment as “an unwelcome sexual advance, or unwelcomed request for sexual favours or other unwelcome conduct of a sexual nature in which a reasonable person would have anticipated the possibility that the person harassed would be offended, humiliated and/or intimidated”. WSH can take place as an isolated, one-off incident (e.g., one-off inappropriate physical contact including unwelcome touching or hugging) or can consist of behaviours that are repeated over time (e.g., repeated sexualised comments about a person’s appearance or clothing). Very serious acts of WSH, such as sexual assault, may constitute criminal offences (Safe Work Australia (SWA), 2023). WSH can take place in a worker’s usual workplace, but also at a number of other locations where work is undertaken, such as a worker’s home when teleworking, a client’s location, in worker accommodation, during work trips, conferences, workshops and other work-related activities, and over the phone, email or online (SWA, 2023).

The pervasiveness of WSH stretches beyond Australian borders with studies conducted in other high-income countries reporting a prevalence between 20 per cent and 50 per cent (UN Women and International Labour Organization (ILO), 2019). Despite being high, these figures are likely to be an underestimate as WSH is often not reported due to fear of retaliation, lack of knowledge on how to report it and insufficient reporting mechanisms. The negative effects of WSH manifest at the personal, interpersonal, team and organisational levels. Individuals who have been subjected to WSH may experience increased feelings of irritation, anger, fear, stress and humiliation (ILO, 2005), a loss of confidence and self-esteem, tearfulness and mood swings (SWA, 2023). These feelings can lead to depression, which is 2 to 5 times more common among workers who experience WSH (Gale et al., 2019). Responses to WSH can also manifest as physical injuries such as headaches, loss of appetite, fatigue and illnesses such as cardiovascular disease, musculoskeletal disorders and immune deficiency (SWA, 2023). Workers who experience WSH also tend to have lower job satisfaction, diminished commitment to work and decreases in productivity, which translate into turnover and productivity loss at the organisational level.

While WSH is present across all locations and industry types, there are certain groups of workers who are more vulnerable to it. Globally, women are more likely than men to be victims of WSH, and certain work sectors including domestic and informal workers, as well as workers in public-facing roles (e.g., in health care and customer service) are more exposed to it (UN Women and ILO, 2019). In the Australian contexts, in addition to those listed above, groups that are more vulnerable to WSH include Aboriginal and Torres Strait Islander workers, LGBTIQ+ workers, new and younger workers, workers from culturally and linguistically diverse backgrounds, migrant workers, workers in insecure work, workers with a disability, and those who do not conform to traditional gender stereotypes (SWA, 2023).

The *Respect@Work* report (AHRC, 2020) outlined key recommendations that sparked the proposal and implementation of legislative changes in Australian workplaces. In December 2022, the *Anti-Discrimination and Human Rights Legislation Amendment (Respect at Work) Act 2022* (Cth) came into effect to amend the *Sex Discrimination Act 1984* (Cth) and the *Australian Human Rights Commission Act 1986* (Cth). The *Respect at Work Act* introduced multiple changes including the introduction of a new positive duty on employers and persons conducting a business or undertaking (PCBUs) to take reasonable and proportionate measures to eliminate, as far as possible, certain discriminatory conduct, including sexual harassment in a workplace context (AHRC, n.d.).

The *Respect@Work* report (AHRC, 2020) acknowledges that tackling WSH requires a holistic approach that stretches beyond the workplace and addresses the root causes of gender inequality and violence against women. Appropriate actions must be taken by governments, organisations and individuals across different workplaces, homes, educational institutions and other places where people meet and socialise. The report recommends using evidence-based, effective approaches to preventing sexual harassment, such as taking a whole-of-community approach to address different aspects of the problem in multiple settings, encouraging bystander action, engaging men and boys in prevention, monitoring and evaluating primary prevention initiatives, and dealing with resistance to prevention efforts, to name a few. More specific to the workplace, the report recommends preventative actions in the areas of leadership, risk assessment and transparency, culture, and knowledge (AHRC, 2020). Strong leaders need to display values and actions that condemn WSH and there needs to be a greater focus on identifying and assessing risks associated with WSH. The organisational culture needs to be one of trust and respect to minimise the risk of WSH occurring and in the event that it does mechanisms are needed to deal with it promptly and appropriately. Finally, improving knowledge of WSH and how to prevent it and respond to is through training and education is an important approach for showing the employer's commitment to the issue.

Academic literature on preventative and intervention approaches to WSH also captures a number of commonly used initiatives, such as training, internal policies, and reporting mechanisms, but generally reports that the evidence is weak or limited (Diez-Canseco et al., 2022; UN Women and ILO, 2019). Training, which generally aims to improve knowledge about WSH and related issues, raise awareness of internal policies and procedures, change attitudes, and build skills to respond, is a commonly used intervention in many workplaces. The majority of studies that have examined the effectiveness of internal policies and training report that they improve awareness of WSH and in some cases also strengthen skills to address the issue (Diez-Canseco et al., 2022). Prevention techniques that encourage bystander action have shown some effectiveness in preventing and reducing WSH, but such initiatives work best when implemented together with broader organisational development strategies (AHRC, 2020).

In light of the intensive focus and new legislation to prevent and reduce WSH, Australian workplaces need practical, evidence-based guidance on short- and long-term options for building their capability to eliminate WSH. This rapid review aims to outline the available evidence regarding the effectiveness of workplace approaches and interventions to prevent and reduce WSH. It aims to provide employers and PCBUs with a range of options for dealing with this persistent issue.

Methodology

This rapid review included both primary research studies and evidence syntheses to examine the effectiveness of different types of interventions and approaches to reducing workplace sexual harassment. The protocol for this rapid review was not registered on any database.

Electronic search and article selection

A systematic electronic search of the literature was conducted using the Web of Science and EBSCOhost databases by one researcher in March-August 2023. EBSCOhost gave access to 4 databases: Academic Search Premium, CINAHL Complete, Medline Ultimate and Business Source Complete.

The following 5 search terms were used to identify workplace approaches and interventions to prevent and reduce sexual harassment:

- (workplace sexual harassment AND prevent*)
- (sexual harassment OR gender-based harassment) AND work* AND prevent*
- (sexual harassment OR gender-based harassment) AND risk assessment, sexual harassment AND (program OR policy OR intervention) AND work*
- (sexual harassment OR gender-based harassment) AND (risk assessment OR risk mitiga*).

A screening tool was developed to assist with assessing whether articles met the inclusion criteria. Studies were included if they were: published between 2010 and 2023; conducted in a workplace context similar to Australia, such as the USA, UK, Canada, New Zealand and West Europe; and published in English.

Publications that were not research based, such as opinion pieces and commentaries, and those that did not provide any evidence on the effectiveness of interventions and approaches to prevent and/or reduce WSH, were excluded. Systematic, rapid and narrative reviews that offered synthesised evidence on the effectiveness of different interventions were included as the objective of this review was to gain an understanding of a wide range of approaches in different workplaces.

Data extraction and analysis

The initial search yielded a total of 11,562 articles. The selection process entailed removing duplicates and screening the titles and abstracts, with 773 duplicates removed and 9,947 articles screened out during this process. A total of 965 articles were uploaded to Abstrackr – a free online screening tool – for screening with a further 33 duplicates removed in Abstrackr during this process. A total of 932 abstracts were screened. The majority of the articles were screened by one reviewer with 35 per cent screened by one of 2 additional reviewers to identify the rate of agreement. Out of 328 articles that were double screened, 36 conflicts were identified, suggesting an 89 per cent agreement rate. Conflicts were resolved via discussion. A total of 80 articles were screened in full, with 10 per cent of these double-screened to check for accuracy. Zero conflicts were identified during the double screening, suggesting a 100 per cent agreement rate for this stage. The process is detailed in the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) consort diagram in Figure 1.

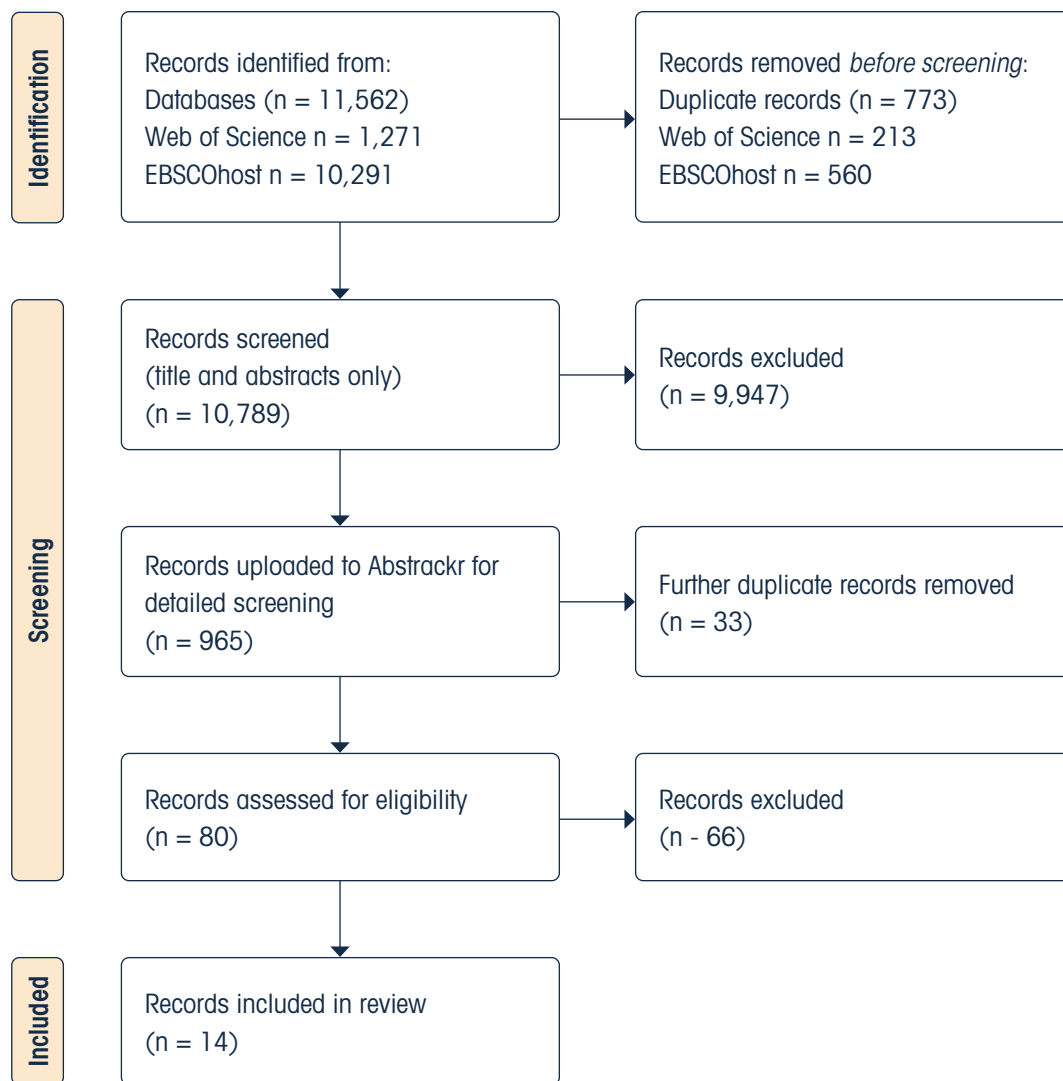


Figure 1: PRISMA Diagram illustrating study identification, screening and selection

Results

Fourteen studies that reported on interventions and other tangible approaches to preventing and reducing workplace sexual harassment were included for full review and analysis. Both primary studies and evidence syntheses were included. The studies were published between 2002 and 2023 and 9 of them were conducted in the USA, 3 were multi-country, one was from the Netherlands and one from Australia. Most studies used an observational design (including cross-sectional, longitudinal and case study designs; n=8), followed by quasi-experimental designs (n=3); systematic reviews, meta-analyses, and other synthesis types (n=2), and experimental designs (n=1).

Studies were classified into 4 thematic categories according to the type of workplace intervention or other tangible approach that they examined and/or evaluated:

- multi-pronged interventions to reduce WSH (n=4);
- policies to reduce WSH (n=3);
- training (n=6); and
- bystander interventions (n=1).

Multi-pronged interventions

Four studies examined multi-faceted interventions to reduce sexual harassment in the workplace. Two of them were conducted in the USA and 2 included multiple countries. One study used a case-study design to examine interventions in real-time, while another did so retrospectively. Two articles were narrative or systematic reviews of multiple studies. The combination of interventions examined in the studies were not the same, but all studies examined more than one intervention. The effects of some type of training and educational activities aiming to reduce WSH were examined in all studies and internal policies were examined in 3. Other intervention types included having a complaints system for reporting offensive behaviour, leaders who modelled respectful behaviour, and resources for discussion and resolution.

Three of the 4 studies reported at least some sort of positive effect of WSH training (Buchanan et al., 2014; Jinq & Yazdanifard, 2015; Diez-Canseco et al., 2022). Jinq and Yazdanifard's review (2015) found that both instructor-led and computer-based learning helped participants improve their handling of WSH incidents, along with cognitive and skills improvements. Diez-Canseco and colleagues' systematic review (2022) identified 5 implementation studies that showed positive effects of WSH prevention training, including increased knowledge and awareness of WSH. However, they found no difference between training delivered in-person and on computers. Common topics covered during training included the definition and types of WSH, how to identify WSH, and manage and address a situation in which it arises.

Two of the studies looked at the effectiveness of complaints systems (Buchanan et al., 2014; Jinq & Yazdanifard, 2015). Jinq and Yazdanifard (2015) found that workplaces with formal complaints systems had a lower incidence of WSH and were more likely to provide training on the issue. Buchanan et al. (2014) offered more nuanced findings on what features of a complaints system are likely to be more effective, including taking the complaint seriously and investigating it, discussing the offensive behaviour with the perpetrator, taking action, respecting the complainant's privacy, and keeping them informed about progress.

Having internal policies in place that specify obligations around reporting and grievance procedures was found to be effective in 2 of the reviews (Diez-Canseco et al., 2022; Jinq & Yazdanifard, 2015). The narrative review reported findings indicating that bystanders are more likely to assist victims in the reporting of WSH if the organisation has fair procedures in place (Tseng, 2014, as cited in Jinq & Yazdanifard, 2015), while the systematic review (Diez-Canseco et al., 2022) found a range of positive and negative outcomes associated with having WSH policies in place, including: a zero-tolerance policy was more likely to lead to the reporting of WSH than when a less specific or no policy was in place; the implementation of WSH policies led to an increase in WSH complaints; and the existence of WSH grievance procedures was associated with women's diminished access to management positions in organisations where men held more positions of power.

Discouragingly, one longitudinal study (Fried et al., 2012) found that WSH at a medical school persisted over 13 years despite the introduction of numerous policies, reporting mechanisms, educational activities, and resources.

Table 1: Studies reporting multi-pronged interventions to reduce workplace sexual harassment

Authors	Country	Purpose of study	Sample/setting	Design	Main findings in relation to WSH
Buchanan, Settles, Hall, & O'Connor (2014)	USA	To examine best practices in system-level interventions to reduce sexual harassment in the workplace using data from the U.S. Armed Forces; to examine the role of organisational leadership, sexual harassment policies and training on the reduction of sexual harassment and related outcomes	Participants; 9,725 military women; Completed 2002 survey titled "Status of the Armed Forces Surveys: Workplace and Gender Relations"	Case study/ observational study	<p>Complaints system: Complainants were more satisfied when the offensive behaviour was discussed with the perpetrator, the complaint was investigated, no one encouraged them to drop the complaint, their complaint was taken seriously, and when action was taken. Among those who formally reported their SH, overall satisfaction with the outcome was associated with positive perceptions of the reporting process, including being kept informed about complaint progress and privacy respected.</p> <p>SH training: Training to counter SH was viewed as more effective when it defined SH; provided information about policies, procedures, and consequences; and allowed individuals to feel safe to complain about harassment.</p> <p>Role of leadership: Women reported experiencing less SH when they felt that leadership was working to stop SH and modelled respectful behaviour. They were also more satisfied with the outcome of their SH complaint, viewed the SH training as more effective, felt that SH was less of a problem than in the past, and that in the military occurred less frequently than a few years ago.</p>
Jinq & Yazdanifard (2015)	Multi-country	To review evidence on the percentage of workplace SH victims, society's stance on SH, characteristics of victims, criterion for judging SH, influences of SH perceptions and for the intention of SH intervention, consequences of SH on victims and the effects of implementing training and policies in organisations	25 journal articles on WSH	Narrative review	<p>Complaints system: Organisations with a formal complaints system had less SH behaviours and were more likely to provide workshops on SH, diversity and related issues (Hertzog et al., 2008).</p> <p>WSH policy: Bystanders are more likely to help victims report SH if the company can deal with the situation fairly (Tseng, 2014).</p> <p>SH training: Both instructor-led and computer-based training showed positive effects. In one study (Campbell et al., 2013), workshop approaches included lecturing, discussion and examples of situation. Experimental group's knowledge was significantly better than control group. Another study (Preusser et al., 2011) employed instructor led training and computer-based training used presentation, notes and participant discussion. Both training types helped participants improve their handling of SH incidents. Instructor led training also improves participants' cognitive and skills, and computer-based training improved their cognitive, skills, affective and preference scores.</p>

Authors	Country	Purpose of study	Sample/setting	Design	Main findings in relation to WSH
Diez-Canseco, Toyama, Hidalgo-Padilla & Bird (2022)	Multi-country (mainly USA and other high-income countries)	To outline available evidence regarding the prevention of depressive symptoms among workers through policies and interventions that are effective in preventing WSH	24 articles on association of depression and WSH; 15 articles on policies and interventions to prevent WSH	Systematic review, meta-analysis, narrative synthesis	<p>Overall: There is limited evidence regarding the effectiveness of policies and training to prevent WSH, mostly focused on improvements in workers' knowledge and attitudes about WSH.</p> <p>WSH policy: Grievance procedures for WSH are associated with diminished access of women to management positions in settings where men hold more positions of power (Dobbin & Kalev, 2019). Zero-tolerance policy increases the likelihood of reporting WSH, compared to a less specific policy or no policy (Jacobson & Eaton, 2018). WSH complaints were higher in workplaces with after WSH policies were implemented (Ridenour et al., 2017; Shapiro et al., 2014) and where policies were more comprehensive (written statement, grievance procedures, training, etc.) (De Haas et al., 2010).</p> <p>SH training: Quantity of training and the interaction between quantity and recency are only modest predictors of increased sensitivity to identify WSH (Buckner et al., 2014). The number of pre-training and post-training activities (e.g., needs assessment and refresher sessions) is associated with the perceived success of the training, but this association was significant only when the perceived reason to conduct the training was related to improving the workplace, instead of legal compliance. A greater number of post-training activities was associated with a lower perceived frequency of WSH reports (Perry et al., 2010).</p> <p>Five implementation studies (see section 3.4 of Diez-Canseco et al., 2022) showed that WSH prevention training had an impact on specific outcomes, such as increased knowledge and awareness about WSH. Increased self-confidence, self-efficacy and preparedness were recorded among workers who attended training aiming to provide specific skills to manage WSH scenarios. One study found the unintended effect of training reduced the intention to confront the perpetrator. No differences were found between in-person and computer-based training.</p>

Authors	Country	Purpose of study	Sample/setting	Design	Main findings in relation to WSH
Fried, Vermillion, Parker, & Uijtdehaage (2012)	USA	To examine the incidence, severity and sources of perceived SH over a 13-year period during which numerous policies, safe reporting mechanisms, resources for discussion and resolution, and educational activities for faculty and residents were instituted	Students at School of Medicine, UCLA (n=1,946) from 1996 to 2008	Longitudinal survey collecting quantitative and qualitative data	Data was categorised into 4 periods, delineated by milestone institutional measures to eradicate mistreatment. The pattern of incidents categorized as mild, moderate, or severe remained across the 4 study periods. Students most frequently identified residents and clinical faculty as the sources of mistreatment. Despite a multipronged approach across a 13-year period to eradicate medical student mistreatment, it persisted.

SH=sexual harassment; WSH=workplace sexual harassment

Training interventions

Six of the identified studies focused on the effects of different types of training and educational activities to reduce WSH, including workplace training programs, short workshops and a conference session. Five studies were from the USA and one was multi-country. One study used a quasi-experimental design while the others were observational studies, using methods such as the administration of pre- and post- intervention surveys. The studies spanned a range of workplaces and professions, including atmospheric scientists, managers, US Air Force cadets, social service employees, conference delegates and university faculty and residents. The studies report a range of weak and strong positive changes associated with WSH training. WSH training improved knowledge and the ability to recognise WSH (Fischer et al., 2021; Buckner et al., 2014; Russell et al., 2023; Campbell et al., 2013), increased confidence and skills to respond to and report WSH (Russell et al., 2023), increased engagement with the subject matter (Jennings et al., 2022), increased trust in leadership (Fischer et al., 2021), and led to less unwanted sexual contact (Griffin et al., 2021). While some of the multi-pronged interventions reported in the first category examined the differences in effectiveness between online and in-person training, the studies in this category did not examine these factors.

Table 2: Studies reporting training interventions to reduce workplace sexual harassment

Authors	Country	Purpose of study	Sample/setting	Design	Main findings in relation to WSH
Fischer, Bloodhart, Rasmussen, Pollack, Hastings, Marin-Spiotta, Desai, Schwarz, Nesbitt, & Hence (2021)	USA	To investigate the perceptions, attitudes, and experiences of field researchers regarding sexual harassment	Atmospheric scientists working on large interagency and intercommunity networks supporting 4 major field campaigns (n=451)	Observational; pre and post intervention survey	Training attendees reported that it provided them with helpful resources to address harassment, helped them know what to do if harassment happened to them or others, made them more comfortable working on the team, and gave them more trust in leadership.
Buckner, Hindman, Huelsman, & Bergman (2014)	USA	To examine the efficacy of SH training programs and more specifically whether training quantity (i.e., cumulative training hours), training variety (i.e., the number of training methods employed), and training recency (i.e., the elapsed time since training) predict a manager's ability to (a) accurately identify sexual harassment and (b) recommend an appropriate response	Managers (n=209)	Cross-sectional design; online survey using different SH scenarios; completion of Sexual Harassment Identification and Appropriate Response Questionnaire	Training increased sensitivity to SH – especially for practising managers – but was associated with decreased accuracy in identification of SH. No relationship was found among the predictor variables and manager accuracy in recommending an appropriate response.
Griffin, Williams, Travis, Tharp (2021)	USA	To test the effectiveness of a small group intervention designed to prevent unwanted sexual contact among cadets	Cadets in the US Air Force Academy (n=832)	Case control trial. Pre and post intervention assessment	The intervention group reported significantly less unwanted sexual contact than those in the control group.

Authors	Country	Purpose of study	Sample/setting	Design	Main findings in relation to WSH
Russell, Sanders, Nofziger, Fogarty, McDaniel, Rosenberg, Fiscella, & Naumburg (2023)	USA	To design and test the effectiveness of SH and gender bias (GB) training that is in-person, active, and directed toward skills development in a university family medicine department	Family Medicine Department faculty and residents (n=50)	Pre and post survey, focus groups	All differences between perceived pre and post confidence and skills were statistically significant, including skills related to recognising, responding to and reporting SH and GB. The largest changes were in recognising GB and confidence in reporting both SH and GB.
Campbell, Kramer, Woolman, Staecker, Visker, & Cox (2013)	USA	To evaluate a one-hour workshop that followed best practice recommendations and adult learning principles using job-related scenarios to improve SH prevention knowledge	Service, military and social service sector employees in rural northeastern Missouri (n=80: intervention n=44; control n=36)	Quasi-experimental design (non-randomised control group): pre and post completion of the Preventing Sexual Harassment for Employees Knowledge Quiz	Participants' overall sexual harassment prevention knowledge scores significantly increased from before to after the workshop and were significantly higher after the workshop than those of a control group.
Rietmeijer, Gaydos, Hawkins, Thurston, Blanchard, Cameron, & Lewis (2022)	Multi-country	To describe an activity held at an international scientific congress designed to advance SH prevention and report its outcomes to provide a promising model for other scientific communities	Delegates at an international conference with delegates from 61 countries (n=526)	Observational design: post-intervention survey (n=388); participant observation; thematic analysis of written materials	Thematic analysis domains included: emotional responses, barriers to speaking out, public health priorities, reframing narratives, allyship, moving the issue forward. The analysis of selected outcomes of this activity suggests that the plenary was successful in the engagement of congress attendees and had a meaningful and measurable impact on the plenary participants. (NB: survey results not reported in study.)

GB=gender bias; SH=sexual harassment; WSH=workplace sexual harassment

Policy interventions

Three studies examined the effects of internal policies to reduce WSH: 2 used observational design (surveys) and one used experimental design. Two were done in the USA and one in the Netherlands. A laboratory experiment found that a zero-tolerance policy was associated with the highest estimates of bystander reporting, especially in instances of moderate sexual harassment (Jacobson & Eaton, 2018). However, a study completed with the Dutch Police Force found no differences related to how comprehensive a policy was and suggested that a WSH policy alone may not be enough, particularly in male-dominated workplaces such as the one where the study took place (de Haas et al., 2010). Two of the studies also looked at the relationship between gender and the likelihood of experiencing and reporting WSH. The introduction of a WSH policy in the Dutch Police Force was associated with increases in WSH reports for men but remained the same for women (de Haas et al., 2010). A study with workers in a US federal agency found that women in leadership positions were more likely to experience WSH, but workers in workplaces with a fair complaints process were less likely to experience WSH (Tinkler & Zhao, 2020).

Table 3: Studies reporting policy interventions to reduce workplace sexual harassment

Authors	Country	Purpose of study	Sample/setting	Design and methods	Main findings in relation to WSH
de Haas, Timmerman, Höing, Zaagsma & Vanwesenbeeck (2010)	Netherlands	To evaluate the outcome of an SH policy in the Dutch Police Force.	Dutch Police Force. Survey in 2000 (n=6,387) and 2006 (n=4,296). Semi-structured interviews with 29 key personnel.	Observational design. Time series survey and semi-structured interviews.	No changes in experiences of SH for women, but SH reports increased for men between 2000 and 2006 (period when policies were introduced). No differences in SH reporting were found according to the attributed comprehensiveness of policies.
Jacobson & Eaton, (2018)	USA	To examine the effect of SH policies on SH outcomes at work, with a focus on differences between moderate and severe forms of SH.	Laboratory study with undergraduate students (Study 1: n=219; Study 2: n=101).	Experimental between-subjects design (randomly assigned to one of 6 conditions).	Participants in the zero-tolerance policy condition were more likely to intend to formally report the harassment to their organization than those in other conditions. This effect was especially strong for the moderate, or more ambiguous, sexual harassment scenario. However, there was not a significant difference in the overall likelihood of reporting between those in the standard policy condition and those in the no policy condition (Study 1). Those who read the severe harassment scenario were overall more likely to say they would formally report the harassment to their organization than those who read the moderate harassment scenario. A zero-tolerance policy leads to the highest estimates of bystander reporting, especially for instances of moderate sexual harassment. (Study 2)

Authors	Country	Purpose of study	Sample/setting	Design and methods	Main findings in relation to WSH
Tinkler & Zhao (2020)	USA	To examine whether women in leadership positions experience more SH and whether perceptions of policy effectiveness mitigate reports of SH.	US Federal agency workers. US Merit System Protection Board 2016 Merit Principles Survey (n=8,899).	Survey design. Secondary data analysis using binary logistic regression models.	Women in leadership positions—team leaders, supervisors/managers, and executives—are more likely to experience SH. Respondents who perceived their workplace to be committed to taking sufficient steps to prevent harassment, to have a fair discrimination complaint process, and to be one that treats minorities respectfully were significantly less likely to experience sexual harassment.

SH=sexual harassment; WSH=workplace sexual harassment

Bystander interventions

Only one of the identified studies (McDonald et al., 2016) focused on examining the involvement of bystander interventions. (Although Jinq and Yazdanifard (2015) in the multi-prong category also report on bystander interventions.) The study used an observational design and explored 74 accounts of WSH that occurred across a range of Australian workplaces. It found that a range of actors who are not the direct targets of WSH get involved – including those at work and outside of work – but their actions are frequently delayed, temporary, or ineffective, and despite the frequent involvement of bystanders, their interventions were limited in preventing further harassment or redressing harm. The authors suggested that bystander interventions could be more effective if immediate actions were more strongly promoted in the workplace, more assertive responses were made by those with high organisational influence (e.g., managers and HR personnel), and assurance of safety and protection from reprisals were mandated throughout the organisation.

Table 4: Studies reporting bystander interventions to reduce workplace sexual harassment

Authors	Country	Purpose of study	Sample/setting	Design	Main findings in relation to WSH
McDonald, Charlesworth & Graham (2016)	Australia	To examine the level and immediacy of bystander actions occurring in response to witnessing or hearing of SH in a range of workplace settings.	Workplaces across Australia. Targets of WSH (n=29) and formal complaints lodged with Australian Anti-discrimination Commissions (n=54).	Observational design. Telephone interviews with targets of WSH. Analysis of lodged SH complaints.	Despite the hidden nature of SH, there is significant involvement of actors who are not direct targets, but their actions are frequently delayed, temporary or ineffective. Responses to WSH by bystanders are often limited in preventing further harassment and/or redressing harm. Encouraging pro-social behaviours by bystanders appears to be a promising approach to the persistent problem of WSH.

SH=sexual harassment; WSH=workplace sexual harassment

Discussion

This review identified 14 studies that examined WSH and grouped them into 4 categories. Training and other educational activities were the most frequently studied intervention type with positive effects detected across a range of outcomes, including improvements in knowledge of WSH, increases in confidence and skills to respond and report WSH, trust in leadership and less unwanted sexual conduct. The studies also suggested that where the content is right, both in-person and computer-administered training can have positive effects.

The second most frequently studied intervention type was WSH policies, showing a range of positive and negative outcomes, including increases in WSH complaints. In some instances, WSH complaints increased when policies were first implemented and where they were more comprehensive. This is likely a positive outcome as the introduction of new mechanisms to address WSH can enable victims and witnesses to come forward and deal with the issue. Zero-tolerance policies were associated with more reporting of WSH than when a policy was less specific or not in place. However, some of the findings suggested that having a policy alone was not enough to reduce the incidence of WSH, particularly in instances of masculine and hierarchical work cultures. Taken together, the results suggest that comprehensive, clear policies have the potential to increase workers' understanding and reporting of WSH; however, policies are much more likely to be effective in instances where the organisational culture condemns WSH and supports a worker across all levels to address it.

Closely tied to policy effectiveness is the research on complaints systems, which found that complaints processes are more likely to be effective when workers believe that the complaint will be taken seriously and investigated, the offensive behaviour is discussed with the perpetrator, appropriate action is taken, complainants' privacy is respected, and they are kept informed about the progress of their case.

Finally, bystander interventions were found to be limited in preventing further harassment or redressing harm, but there are important factors that can facilitate their effectiveness. Bystander responses that are immediate and more assertive are most effective at preventing and redressing WSH. Additionally, bystanders are more likely to intervene when they believe that their organisation can deal with the situation fairly. Organisational culture and in particular workplace norms around the level to which an organisation is willing to tolerate gender-based harassment plays a key role in whether bystanders will feel comfortable to intervene and stand up to perpetrators of WSH. The proactive involvement of managers and senior staff is very important when aiming to change an organisational culture which tolerates WSH to one which enables bystander intervention and reporting.

Overall, the reviewed studies indicate that while single interventions, such as WSH training, may have a positive effect on single outcomes such as WSH knowledge and the confidence to report, their effectiveness is diminished when conducted in isolation, particularly in workplaces where the organisational culture overlooks gender-based harassment. A range of interventions, including comprehensive policies, complaints systems, and training need to be supported by strong leadership that models anti-harassment values and behaviours. Strong reporting and grievance systems that enable appropriate action to address WSH when it occurs and prevent it from happening in the future need to underpin organisational efforts to eliminate WSH. Modelling strong anti-WSH values and having effective complaints systems in place will not only facilitate worker knowledge and skills to identify WSH, but also equip them with the confidence to speak up and refer the matter to have it dealt with fairly and effectively.

Conclusion

Workplaces play an important role in the health and safety of its workers and are integral to addressing and preventing WSH. Aligning with the findings of the *Respect@Work* report (AHRC, 2020) that eliminating WSH requires a multi-level response which includes individuals, institutions, communities, government and many others working together to address the roots of gender inequality and violence against women, the practical implications stemming from this review suggest that a multi-level approach to prevent and address WSH is also needed in the workplace. Workplaces need to provide a strong infrastructure of comprehensive policies and efficient complaints systems to decrease the incidence of WSH, including protection for staff and bystanders from retaliation for reporting WSH. Organisational leaders need to model and enforce anti-harassment and gender-equal values and behaviours and wide-reaching training and education needs to be encouraged for all workers to build their capability to understand, recognise and respond to WSH.

Limitations

There were 3 main limitations in this review. The first was that due to limitations in Comcare's scientific literature subscriptions, only studies found on the Web of Science and EBSCOhost databases were included. This may have resulted in some relevant literature not being captured in this review. Secondly, all studies that included evidence on interventions and other tangible approaches to preventing and reducing WSH were included regardless of the rigour of the method. This was done to include a range of approaches from different work and country contexts and allow an insight into how other workplaces comparable to those in Comcare's jurisdiction address WSH. However, because study design was not an exclusion criterion, many of the included studies used an observational design and cannot infer causality. The third limitation is that evaluated interventions tend to be those that are easier to isolate and measure, often leaving out holistic approaches at the government and even organisational level. This review was conducted with the acknowledgement of the recommendations in the *Respect@Work* report which outlined that a holistic response that changes societal norms and practices, and facilitates gender equality, is needed to stamp out WSH. The evidence from the single interventions identified in this review needs to be considered in light of the other approaches that are needed to address and prevent WSH at the personal, interpersonal, team, community, organisational and societal levels.

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