

**WESTERN SYDNEY
UNIVERSITY**



Vice-Chancellor's GENDER EQUALITY FUND Final Report 2023

**Exploring Health Sciences students
perspectives on issues surrounding
gender, identity and violence**

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Recommendations

This survey findings yielded five recommendations:

No	Recommendation	Details
1	Upskill WSU staff in foundations of prevention of violence against women (VAW), including response	Implement at least 12-15 hours of training for staff in underlying social conditions of gender inequality and intersecting forms of oppression including the impacts of colonialism, ableism and homophobia / transphobia.
2	Embed VAW education in School of Health Sciences (SoHS) curriculum	<p>The Australian Universities Accord has recommended embedding violence against women (VAW) prevention work across university curriculum.</p> <p>Adopt a coordinated approach to teaching about VAW across the programs within SoHS and other related health focused-programs across the university. This should comprise clearly outlining and linking concepts of gender equity and VAW. It should also comprise detailed and nuanced teachings on various types of violence and the varied impact this has on different types of women (including transgendered women). Teaching should also cover 'non-physical' and less recognisable types of violence (emotional abuse and coercive control). This recommendation would require consultation with SoHS Executive.</p>
3	Embed Intersectional approaches to prevention curriculum	<p>Content related to VAW must consider the intersecting identities of women and others who may experience violence. Prevention literature recommends an intersectional approach is built into programs (Our Watch, 2021). For that to happen, all involved must understand intersectionality in theory and practice.</p>

No	Recommendation	Details
4	Better prepare students to recognise and respond to VAW in everyday life and in professional practice.	<p>Upskill students in practical realities of recognising violence in their everyday life. Incorporate this into content on campus and professional placement settings.</p> <p>There was agreement from students that concepts of domestic violence and gender equity are addressed in the curriculum, however they felt unprepared to recognise and respond to VAW at the coal face, in every life (professional and personal life contexts). Students may have a lack of awareness of the warning signs / symptoms / signals of VAW in victims (students unable to read / detect / identify / intuit from interpersonal communication / interactions with people in their professional practice, communities or LGAs that someone might be experiencing violence or abuse).</p>
5	Longitudinal study to examine how the attitudes of health science students towards gender, identity and violence change over time	<p>Follow the progression of a group of SoHS students from enrolment to graduation (and possibly into early stages of their career) and measure how attitudes change along their academic journey (baseline: year 1 session 1 to end point: year 3 session 2). Run surveys (e.g. repeated measures) together with interviews and / or focus groups and track student views, attitudes, values, beliefs and knowledge about gender, identity and violence, including awareness of and ability to address these themes in personal and professional contexts. Link the findings with known data on this topic (NCAS) to evaluate WSU's progress. Seek funding from SoHS Theme Champion grant to undertake this study.</p>
6	Expand and adapt this methodology and complete similar studies tracking	<p>Regular surveys of all WSU students will support the measurement of how WSU is meeting their obligations in adopting an institution wide approach to reducing VAW and gender-based violence (GBV) across the university in line with the National Action Plan (Department of Education, 2024a).</p>

No	Recommendation	Details
	attitudes across the Schools at WSU.	

Executive Summary

Violence against women (VAW) in Australia is currently at alarming levels impacting one in three women in Australia. The impacts of this are broad-reaching and have ongoing negative health impacts for the survivors, their immediate families and society. Health professionals are critically important for supporting individual survivors, but also for recognizing systemic inequities and drivers of violence.

The School of Health Sciences (SoHS) at Western Sydney University currently has over 4000 students enrolled in various courses. Academics undertake the important task of preparing future health professionals across diverse front line allied health professions including paramedicine, occupational therapy, physiotherapy, podiatry, speech pathology and recreation therapy among others. At present, there is limited data on students' attitudes in the SoHS about VAW and little to guide prevention work. This study aims to capture attitudes of health students related to gender, identity and violence and use this information to inform prevention interventions and initiatives specific to WSU.

An anonymous online survey was conducted with undergraduate students in the SoHS at Western Sydney University. Seventy responses were collected and analysed. Student respondents were mostly female and mostly believed that addressing VAW is an important part of health professional practice and that it's an important issue to address in Australia.

A total of seven key findings were identified along with six recommendations (detailed on pages 3-4) that can be implemented at WSU.

Summary of Key Findings

- **Finding 1:** Students who responded mostly agreed that addressing violence against women is an important part of the practice of health professionals and should not necessarily be left to specialist teams.
- **Finding 2:** While students agreed their university course within the SoHS covered concepts of gender equity and domestic violence, most students disagreed that their course had prepared them to respond to VAW.
- **Finding 3:** Students mostly agreed that VAW was a problem in Australia, however when they were asked about their own local areas or communities, there was far less agreement, with respondents not sure or disagreeing.
- **Finding 4:** Most student respondents held favourable attitudes towards women based on the questions from the National Community Attitudes Survey (Coumarelos et al., 2023), this is not surprising given the high proportion of women respondents.
- **Finding 5:** Most respondents agreed that VAW intersects with other known identities and potential disadvantages including women with disabilities, women of colour and queer women.
- **Finding 6:** There were discrepancies from some students about who could be considered 'a woman' in discussion of issues related to VAW.
- **Finding 7:** Responses were not representative of all students within the SoHS, due to low engagement with the survey. This absence may highlight the importance of engaging those who may not see this as their issue.

Itemised Budget Expenditure

Total funded amount \$4,958.50

Date	Activity / Item	Cost (GST incl.)
30/11/2023	Research assistant employed to assist with: putting survey on Qualtrics; collection of data from the survey; analysis of quantitative and qualitative data from the survey; and write up of the draft results report in preparation for team review.	80 hours at HEW 5.1 = \$4,958.50
Total expenditure:		\$4,958.50

Research Report

Introduction and Background

Violence against women and children globally is currently at an alarming level with 1 in 3 women having experienced physical or sexual violence (Li et al., 2023). The role of health professionals is critically important in supporting both survivors and perpetrators of sexual violence in their future practice (Scriver & Kennedy, 2016). They may also play a key role in gendered violence initiatives designed to prevent violence (Yagiz et al., 2020). Specific targeted interventions may support pre-service health professionals (health sciences students) in understanding and responding to gendered violence and violence against women. To develop, implement and evaluate such initiatives and programs, it is critical to develop a baseline understanding of health sciences students' attitudes towards gendered violence. This study has set out to measure and describe these attitudes to inform future targeted work.

Literature Review

Violence against women (VAW) is a global widespread problem (Li et al., 2023). It is broadly defined as any act which results in physical, sexual or mental harm to a woman (WHO, 2024). VAW also comprises economic and emotional abuse and coercive control (Sardinha et al., 2022). This definition comprises acts of violence themselves, as well as the threat or coercion of such acts (WHO, 2024). VAW is complex and can comprise a range of things including

sexual violence, intimate partner violence and domestic violence (Mannell et al., 2022; Sardinha et al., 2022).

While prevalence is currently reported at one in three women having experienced gendered violence in their lifetime, it's likely that these figures are under-reported, and the full extent of the problem may remain hidden (Li et al., 2023). Rates of violence vary across countries and range from 10% to over 50% of women experiencing some form of gendered violence (Mannell et al., 2022). Contextual factors can impact these varied experiences of violence with some factors making violence more likely. These include women in lower income countries, those who are married or co-habiting with a partner at a younger age, those with more children, or women who experienced violence during their own childhood (Mannell et al., 2022). VAW is also more prevalent within societies where violence is normalised generally and where gendered patriarchal or masculine norms are reinforced (Mannell et al., 2022). Values which are problematic in perpetuating VAW include those which privilege men's power and entitlement to women and where women are subordinated and subject to negative and harmful stereotypes about their roles (WHO, 2022).

The negative impacts of VAW are widespread and significant. Survivors can experience trauma and mental health concerns because of violence (ANROWS, 2020). Damaging consequences of VAW and sexual violence can include post-traumatic stress disorder or bodily harm (Li et al., 2023). VAW also has implications for the well-being of children, through the negative impacts on parenting roles of women who experience violence (ANROWS, 2020; WHO, 2024). This is of particular concern given that the experiences of violence during childhood are a risk factor for experiencing or perpetuating violence as an adult (Mannell et al., 2022), creating a problematic generational cycle of ongoing violence.

The widespread harm caused by VAW goes beyond the impact on individuals who experience it. VAW has been highlighted as a critical human rights issue by the World Health Organisation, who have highlighted its wide-reaching negative impacts (WHO, 2022). There is a substantial economic and social cost of VAW for communities and governments globally (Sardinha et al., 2022). This loss is realised through lost income, increased expenditure accessing health and legal services, loss of business productivity, decreased quality of life and decreased community engagement of survivors (Duvvury et al., 2023).

Initiatives to address violence can take many different forms. Initiatives support the prevention of violence before it occurs, as well as initiatives to support appropriate responses to VAW once it occurs. Given the high prevalence of VAW and the resultant physical and mental health impacts, the role of health professionals in preventing, addressing and responding to violence is critically important (Li et al., 2023).

VAW can be preventable through changes brought about by evidence-informed approaches (Department of Education, 2024a; WHO, 2022). To build this evidence base and inform national prevention policy, Australia's National Research Organisation for Women's Safety (ANROWS) has been conducting attitudinal research triennially since 2009 through its National Community Attitudes Survey (NCAS), which aims to gather critically important information on community understanding of and attitudes towards VAW as well as attitudes towards gender inequality (Coumarelos et al., 2023). The survey data allows information gathering on the extent to which Australians may accept or reject problematic attitudes towards gender inequality and VAW. Attitudinal data of the style gathered by NCAS is important as it allows identification of the social context of sexual and gendered violence (Our Watch, 2021; Webster et al., 2018). This then informs the development of interventions to address sexual and gendered violence which are considered best practice when they are informed by and designed for specific social contexts (Flood et al., 2021; Our Watch, 2021; UN Women, nd).

The recent Universities Accord Report and related initiatives require universities take a whole-of-institution approach to VAW referred to as gender-based violence (GBV). Universities are required to take whole-of-institution approaches to preventing gender-based violence, support students impacted by GBV, gather and report on whole-of-institution data, and “explicitly consider and address the needs of different student and staff cohorts and the intersectionality of these needs” (AG 2024, p12), The Action Plan Addressing Gender-based Violence in Higher Education (Action Plan) preceding the National Code identifies “Teaching and Learning [as a site for promoting] gender equality, respect, diversity and inclusion” (AG 2024 p11). This research tool and report is expected to play a key role in a university’s ability to achieve expected regulatory requirements (Department of Education, 2024a).

Within universities, evidence informed approaches have been implemented with success. *Educating for Equality*, Our Watch’s evidence-informed universities VAW prevention

approach (2019) proposes a multi-level education approach and has been implemented in several universities. Similarly, the *Change the Course* report (Australian Human Rights Commission, 2017) included a recommendation that universities educate their communities on the drivers of VAW, following Our Watch's *Change the Story* (Our Watch, 2021). This has been a complex undertaking, not least as it takes 12-15 hours of education to change people's attitudes or behaviours (Flood et al., 2021). Prevention efforts are ongoing, with evidence of thousands of multi-level initiatives being implemented at WSU and other universities.

A key part of the multi-level approach required within universities has been the need to develop or improve ways to respond to violence and those impacted by it. WSU and others have promoted a 'no wrong door' approach in relation to ensuring staff and student leaders are adequately prepared to respond to disclosures of sexual harm. This approach is critically important given the importance of minimising the impact of harm experienced by a person who discloses that they have experienced violence. Ahrens et al. (2010) analysed the impacts of the ways in which disclosures of VAW / GBV are received. They found that survivors of VAW have better outcomes across multiple domains including health, study, wellbeing, employment and justice if their initial disclosure is experienced as supportive, affirming, responsive and patient (Ahrens et al., 2010). Within the university context, the Australian Human Rights Commission has specifically recommended support for university staff and students to respond to disclosures (recommendation 5), a national recommendation since 2017 (Australian Human Rights Commission, 2017).

In addition to prevention initiatives within health care, the World Health Organisation (WHO) has advocated for strengthening of health systems to respond to VAW and for the development and implementation of specific tools and guidelines for ensuring an effective health response (WHO, 2024). A key component of strengthening health systems is adequate pre-service training of health professionals in prevention of violence initiatives and addressing and responding to VAW in their future professional practice (WHO, 2022).

The Role of Health Professions Education:

Health professionals play a key role in educating and advocating for disadvantaged groups. It is important that they have the skills and knowledge to be able to do this in a way that is supportive, and this begins with appropriate education. The NSW Clinical Excellence Commission has highlighted the need to train practitioners that are person-centred in their

care, taking holistic consideration of social, societal, cultural, and psychological factors that may impact the individual. To be able to educate students to achieve this, we must first understand their current attitudes around gender and violence so that education programs will have the greatest impact.

Within WSU, students in the SoHS are well placed to progress and amplify the call for health-informed perspectives of sexual harm (sometimes referred to as a trauma informed approach). This is a current national trend including at the national tertiary level, and will be a central concept to the upcoming *Action Plan addressing gender-based violence in higher education* based on the recent Australian University Accord (Department of Education, 2024b). In addition, students in the SoHS play a central role in informing Western's whole of institution prevention efforts. However, to date there has been no attitudinal data collected from students in SoHS at Western Sydney University. Therefore, there is little to guide critical violence prevention initiatives, or specific curriculum development which may be used within the SoHS or adapted for use across the university.

The Present Study

While there is strong national data on attitudes towards sexual and gendered violence (Ferfolja et al., 2018; Flood et al., 2021; Webster et al., 2018) and indicative data on the student experience of sexual and gendered violence at both institutions (Australian Human Rights Commission, 2017; Ferfolja et al., 2018), attitudinal data at Western Sydney University is lacking.

As there is currently limited attitudinal data from health science university students, it is timely to explore knowledge and attitudes of health sciences students about violence against women, gender equality and the role of health professionals. Findings from this study are critically important for informing best practice to contextualize specific interventions and to overcome poor attitudes toward gender equity issues and gender-based violence. Findings yielded have application both within and outside of WSU.

Western Sydney University is a large metropolitan multi-campus university with a commitment to overcoming gendered violence within its community. WSU has been involved in an Our Watch prevention curriculum project (Upskilling Preservice professionals, UPP) in 2019 and 2022, and has an extensive range of health programs including medicine. Students

in the SoHS at WSU were chosen as they have been influenced by various prevention interventions, including recommendations under 'Change the Course' (Australian Human Rights Commission, 2017) and the 'Respect Now Always Program' (2017 – present). In addition, students within the SoHS were selected as a case study cohort, in part due to the Research Team's involvement with the 'Upskilling Preservice Professionals Pilot' facilitated by OurWatch from 2019-2022.

Aims

This study aims to capture attitudes of health students related to gender, identity and violence, and use this information to inform prevention interventions and initiatives which are specific to the university context to address and overcome issues related to gender identity and gender-based violence.

Specific research questions were:

- What are health students' knowledge of violence against women?
- What are health students' attitudes toward gender equality?
- What are health students' attitudes toward violence against women?
- What are health students' understanding of the role of health professionals and health professional education in relation to violence against women?

Methods

This research involved an anonymous cross-sectional survey. Participants were students enrolled in coursework degrees in the SoHS at WSU and were aged over 18 years. Following ethics approval, recruitment occurred at the school level and engaged with participants via messaging services and online collaboration tools. Announcements were placed on program level vUWS sites and flyers which contained links and QR codes for the survey were posted across campus. All advertisements led to a secure online Qualtrics (Qualtrics, 2020) platform where students were directed to: 1) a screening question (i.e. "Are you a student in the SoHS at Western Sydney University?"); 2) the Participant Information Sheet; and 3) consent check box, prior to the actual survey questions. The survey was open for 2 months, and students were given a minimum of five weeks to consider participation before follow-up reminders.

Survey items (refer Appendix A) captured student: 1) demographics; and 2) attitudes towards gender, identity and violence via four Likert and one 'yes' / 'no' question. These items were informed by the National Community Attitudes Survey (NCAS) and were designed to explore participants' understanding of the role of health professionals in addressing gendered violence; VAW; gender equity and attitudes; and personal observations and experiences of gender inequity in everyday life.

The required sample size for SoHS students at Western was 158 students. This was based on a population of 4,144 (comprising the total number of SoHS students enrolled) and a confidence interval of 80% or a 5% margin of error. Responses were analysed using SPSS and Excel. Descriptive statistics were used to characterise participants as well as their responses to the survey items. Open ended responses were analysed using qualitative content analysis (Hsieh & Shannon, 2005) to find categories in the data.

Location data was analysed using the Socio-Economic Indexes for Areas (SEIFA) Index of Relative Socio-economic Advantage and Disadvantage (IRSAD). IRSAD summarises information about the economic and social conditions of people and households within an area including relative advantage and disadvantage measures (Australian Bureau of Statistics, 2021).

Findings

PART ONE: Response Rate and Incomplete Responses

Data was collected over an eight-week period from Wednesday 6th September to Wednesday 1st November 2023.

Response Rate

The online survey was accessed by 105 SoHS students (see Table 1 below). Based on a total student population of 4,144 students, the survey response rate was 2.53%.

Of the 105 students who opened the survey link, 83 (79.0%) agreed to complete the survey (i.e., provided implied consent to participate), and 22 (21.0%) did not progress any further (i.e., abandoned the survey). This resulted in incomplete data (see Table 2).

Table 1: Screening and Implied Consent

Survey Question	N = 105 (%)
<u>Screening:</u> Are you a current student in the School of Health Sciences (SoHS) at Western Sydney University?	
Yes	105 (100.0)
No	0 (0.00)
Missing	0 (0.00)
<u>Implied Consent:</u> Do you agree to complete the survey?	
Yes	83 (79.0)
Missing	22 (21.0)

Incomplete Responses

Forty-one (39.0%) participants did not answer all the survey questions (see Table 2 below). All incomplete responses were recorded in Qualtrics. Responses were considered incomplete if the survey was commenced and no further action was taken by the respondent after a period of one week and a percentage of the total survey questions remained unanswered (e.g., an 85% progress rate meant that only 85% of the total survey questions were answered).

Table 2: Survey Completion Rates

Survey Completed	Progress Rate %	N (%)
Yes	100	64 (61.0)
No	<100	41 (39.0)
TOTAL	-	105 (100.0)

PART TWO: Characteristics of Survey Participants

Table 3 below describes the sample of SoHS students who participated in the survey.

Table 3: Demographic Characteristics

Characteristic	N = 70 (%)
Age - Mean (SD) ¹	25.14 (6.53)
<u>Gender Identity:</u>	
Woman	56 (80.0)
Man	11 (15.7)
Non-binary	3 (4.3)
<u>Primary language spoken at home:</u>	
English	56 (80.0)
Other ²	7 (10.0)
Arabic	3 (4.3)
Vietnamese	3 (4.3)
Spanish	1 (1.4)
<u>Home post code Quintiles³:</u>	
5 (Most Advantaged)	27 (38.6)
2	16 (22.9)
4	11 (15.7)
3	10 (14.3)
1 (Most Disadvantaged)	4 (5.7)
Missing responses	2 (2.9)

Notes:

1. One participant did not report age. Mean (SD) age calculation based on 69 (out of 70) responses.
2. Bengali (n = 2), Malayalam (n = 1), Assyrian (n = 1), Turkmen (n = 1), South Korea (n = 1) and Persian (n = 1).
3. Post code data reported as SEIFA IRSAD Quintiles for LGAs. Areas are ranked according to relative socio-economic advantage and disadvantage using Census data.

Table 3: Demographic Characteristics (Cont.)

Characteristic	N = 70 (%)
<u>Do you identify as an Aboriginal or Torres Strait Islander:</u>	
Neither	68 (97.1)
Both	1 (1.4)
Prefer not to say	1 (1.4)
<u>Enrolment status:</u>	
Local student	68 (97.1)
International student	2 (2.9)
International students - Years lived in Australia - Mean (SD)	3.00 (2.83)
<u>Degree enrolled:</u>	
Occupational therapy	22 (31.4)
Paramedicine	12 (17.1)
Physiotherapy	11 (15.7)
Podiatry	8 (11.4)
Speech Pathology	7 (10.0)
Health Sciences	5 (7.1)
Recreation Therapy	2 (2.9)
Public Health	2 (2.9)
Other ⁴	1 (1.4)
<u>Do you plan to work as a clinician in the professional area of your study:</u>	
Yes	62 (88.6)
Not sure	4 (5.7)
No - plan to transfer and work in a different professional area ⁵	3 (4.3)
No - I don't plan to work in healthcare	1 (1.4)

Notes:

4. Bachelor's Degree in Health and Physical Education Pathway to Secondary Teaching.
5. Forensic Science (n = 1), Podiatry (n = 1) and Medicine (n = 1).

Table 3: Demographic Characteristics (Cont).

Characteristics	N = 70 (%)
<u>Year started current course / degree</u>	
2020	19 (27.1)
2021	17 (24.3)
2022	16 (22.9)
2023	11 (15.7)
2019	4 (5.7)
2018	2 (2.9)
Missing response	1 (1.4)
<u>Planned year to graduate:</u>	
2024	30 (42.9)
2023	14 (20.0)
2025	10 (14.3)
2026	9 (12.9)
2027	6 (8.6)
2028	1 (1.4)
<u>Pathway taken to get to your degree:</u>	
Direct entry from Year 12 / equivalent	22 (31.4)
Non recent school leaver	14 (20.0)
N of years since last study (non-recent school leavers) – Mean (SD)	6.50 (3.32)
Transfer from another degree:	29 (41.1)
Health and Medical Sciences Degree ⁶	25
Other non-Health Degree	4
Other Pathway ⁷	5 (7.1)

Notes:

6. Disciplines included: Advanced Sciences; Health Services Management; Human Sciences; Nursing; Paramedicine; Psychology; Public Health; and Sport and Exercise Science.
7. Tertiary course (n = 1), TAFE (n = 1), transfer from another university (n = 1), non-recent school leaver (n = 1) and not stated (n =1).

Table 3: Demographic Characteristics (Cont.)

Characteristics	N = 70 (%)
<u>Highest University degree or level of school completed prior to current study:</u>	
High school degree or equivalent (e.g. HSC)	43 (61.4)
ATAR or other score – Mean (SD) ⁸	81.91 (10.16)
Vocational qualification such as Diploma or Certificate (e.g. TAFE)	16 (22.9)
Bachelor’s degree ⁹	6 (8.6)
Master’s degree ¹⁰	2 (2.9)
Other	2 (2.9)
High school certificate or less (year 10 or lower)	1 (1.4)
<u>N subjects enrolled in this semester:</u>	
4	34 (48.6)
3	18 (25.7)
2	13 (18.8)
1	3 (4.3)
5	1 (1.4)
Missing responses	1 (1.4)
<u>Clinical/professional/work placement undertaken during your degree:</u>	
Yes	48 (68.6)
If Yes – N of weeks of placement completed in total so far – Mean (SD)	10.04 (7.71)
No	22 (31.4)

Notes:

8. Three participants did not report ATAR scores. Mean (SD) ATAR or other score based on 40 (out of 43) responses.
9. Degree and institution: Bachelor of Health Science (Western Sydney U) (n = 2); Bachelor of Education Primary (Charles Sturt University) (n = 1); Bachelor of Psychology and Bachelor of Humans Sciences (Macquarie University) (n = 1); BSc and BAppSC Radiation Therapy (Hons) (both Sydney University) (n = 2); Bachelor degree (Macquarie University) (n = 2); and not stated (n = 1).
10. Degree and institution: Master of Education (Western Sydney U) (n = 1); and Master of Health Science (Western Sydney U).

A) Demographic characteristics

The mean age of participants was 25.14 years. Fifty-six (80.0%) women, 11 (15.7%) men and three (4.3%) non-binary participants responded to the survey. This is a higher proportion of females than the SoHS, which is 63% female (Western Sydney University, 2024). English (n = 56, 80.0%) was the primary language spoken at home, followed by other languages (n = 7, 10.0%) (e.g., Bengali, Assyrian), Arabic (n = 3, 4.3%), Vietnamese (n = 3, 4.3%) and Spanish (n = 1, 1.4%). Most (n = 68, 97.1%) participants did not identify as Aboriginal or Torres Strait Islander.

Across a total of 70 participants, 27 (38.6%) resided in a quintile five (most advantaged) post code. Over a quarter (n = 20, 28.6%) were from disadvantaged suburbs i.e., two quintile (n = 16, 22.9%) and one quintile (n = 4, 5.7%) (most disadvantaged) post codes.

B) Academic characteristics

Local students comprised the majority (n = 68, 97.1%) of participants. Two (2.9%) international students participated in the survey and had been living in Australia for three years on average.

Overall, the highest concentration of participants: started their degree in 2020 (n = 19, 27.1%) and planned to graduate in 2024 (n = 30, 42.9%); entered university directly from year 12 (n = 22, 31.4%) with a mean ATAR or other score of 81.91; and were enrolled in four subjects (n = 34, 48.6%).

Occupational therapy (n = 22, 31.4%), paramedicine (n = 12, 17.1%), physiotherapy (n = 11, 15.7%) and podiatry (n = 8, 11.4%) were the top four degrees represented. Health sciences (n = 5, 7.1%), recreational therapy (n = 2, 2.9%) and public health (n = 2, 2.9%) students were the least represented. Eighty-eight percent (n = 62) of participants also planned to work as clinicians in their professional area of study, and most (n = 48, 68.6%) had undertaken a clinical / professional / work placement for an average of 10.04 weeks.

PART THREE: Questionnaire Results

A) The role of Health Professionals in Addressing Gendered Violence

Seventy participants responded to questions developed by the research team designed to examine student perspectives regarding their future practice as a health professional. Participants were asked to rate the extent to which they agreed with six statements (see Figures A to F below).

Figure A

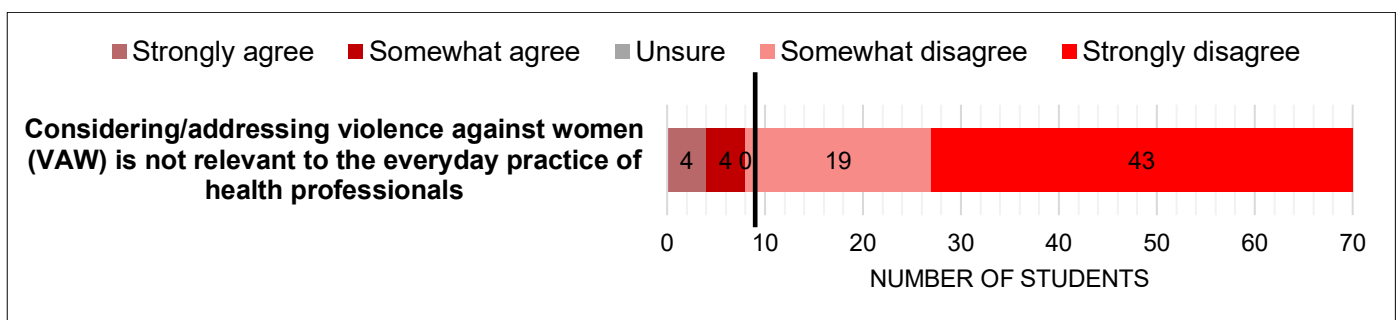


Figure B

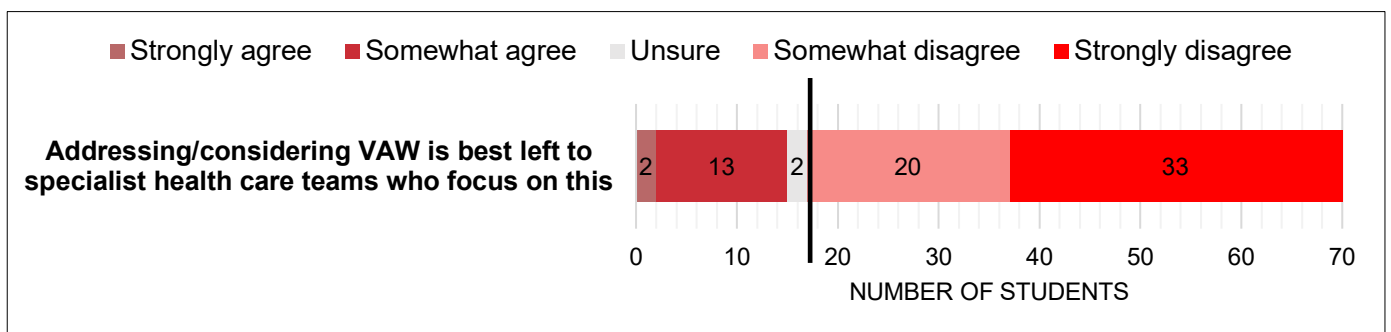


Figure C

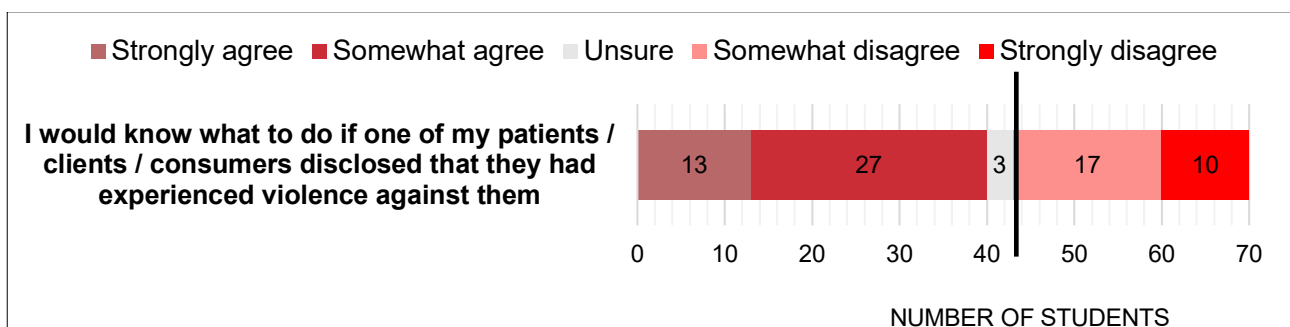


Figure D

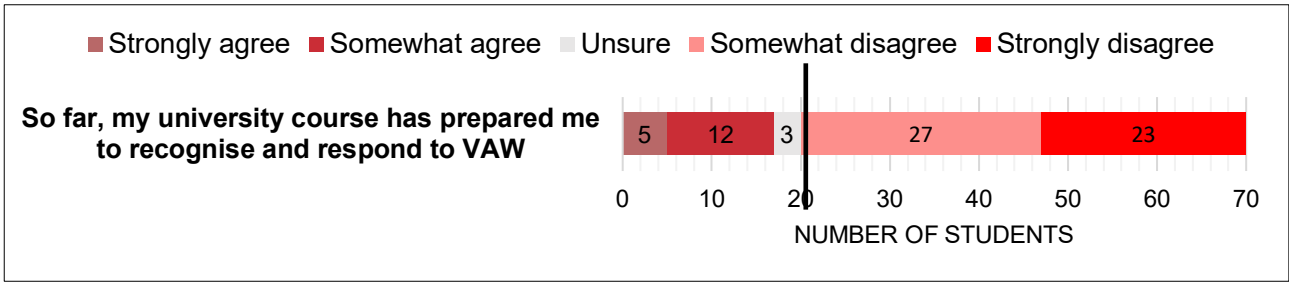


Figure E

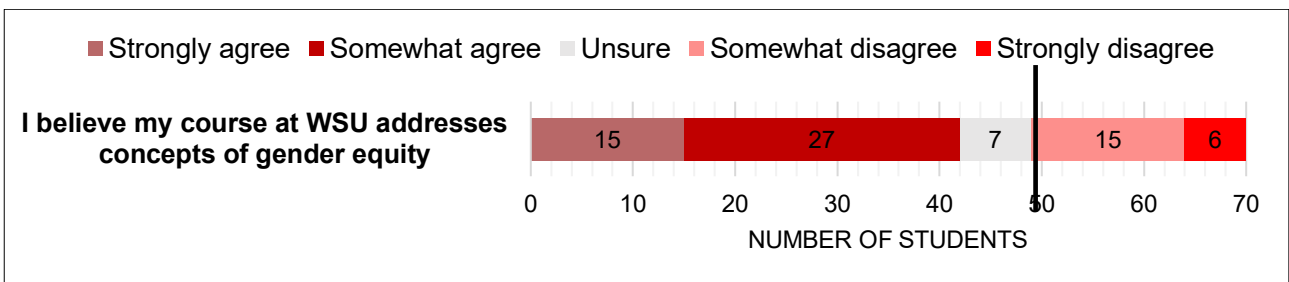
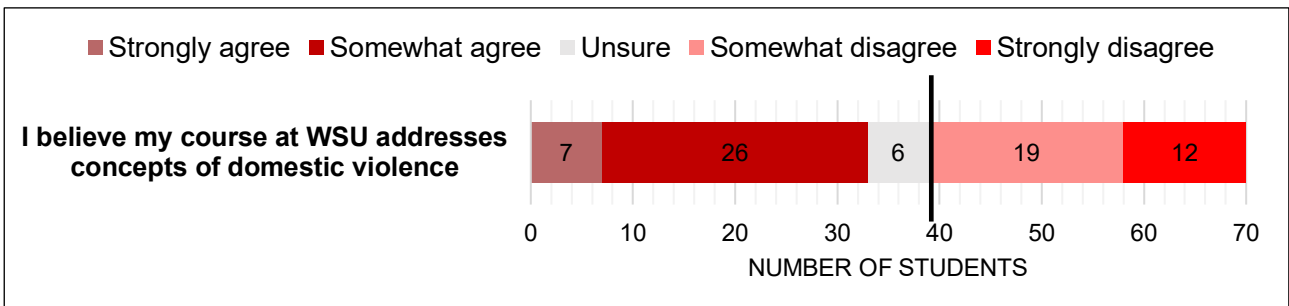


Figure F



Most participants considered that addressing violence against women is highly relevant to the everyday practice of health professionals (see Figure A), with only 15 (21.4%) out of 70 agreeing that this should be left to specialist teams (see Figure B). More than half (n = 40, 57.1%) agreed they would know what to do if one of their patients / clients / consumers had disclosed they had experienced violence against them (see Figure C).

Respondents were mostly in agreement that their course addressed concepts of gender equity (n= 42, 60.0%, see Figure E) and domestic violence (n = 33, 47.1%, see Figure F). However, close to 75% disagreed (n = 50, 71.4%, see Figure D) their university course has prepared them to recognise and respond to VAW.

B) Understanding Violence Against Women

Seventy participants responded to three questions lifted from the NCAS regarding VAW (see Figures G – I below). Participants rated the extent to which they agreed whether VAW is a problem in: Australia; the suburb/town where they live; and within communities they are a part of (e.g., student community, sporting community, faith community etc).

Figure G

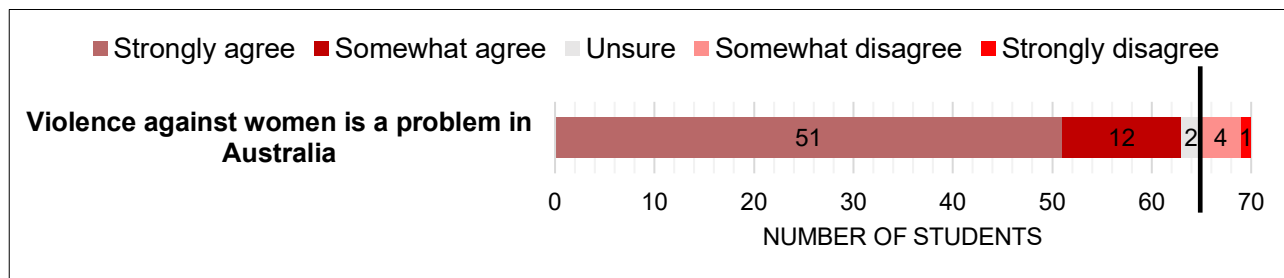


Figure H

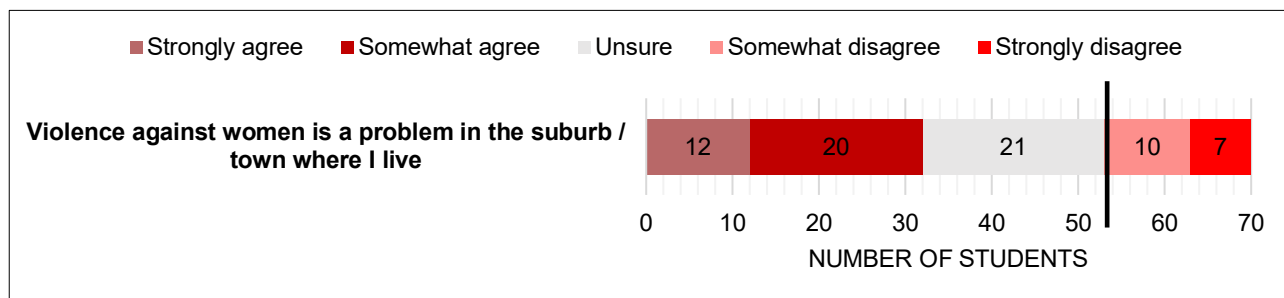
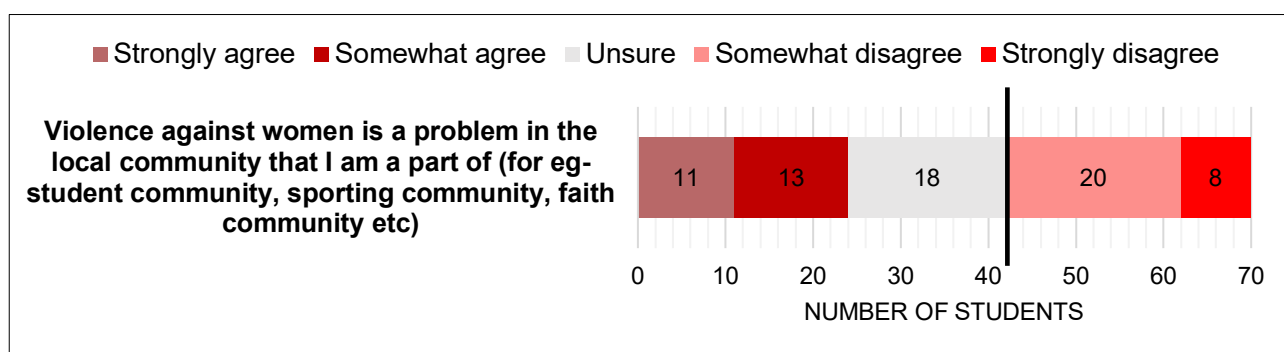


Figure I



There was collective agreement that at a national level VAW is a problem (see Figure G). Participants either strongly (n = 51, 72.9%) or somewhat agreed (n = 12, 17.1%) that VAW is a problem in Australia.

When considering the problem of VAW within their own suburbs / towns (see Figure H), 32 (45.7%) participants broadly agreed that VAW is a problem, however some were unsure (n = 21, 30.0%) or broadly disagreed (n = 17, 24.3%).

Conversely, 40% of participants (n = 28) broadly disagreed VAW is an issue in the local communities they are a part of (e.g., student community, sporting community, faith community etc) (see Figure I). Thirty-four percent (n = 24) broadly agreed and the minority (n = 18, 25.7%) were unsure.

C) Gender Equity and Attitudes from NCAS Survey

Sixty-six participants responded to 17 questions developed by the research team designed to explore topics including: women’s views about equity (see Figures J, K and L); leadership (see Figures M, N and O); traditional views about manhood (see Figures P and Q); traditional views about womanhood (see Figures R, S and T); relationship dynamics (see Figures U, V, W and X); and toxic masculinity (see Figures Y and Z). Participants were asked to rate the extent to which they agreed with the following statements:

Figure J

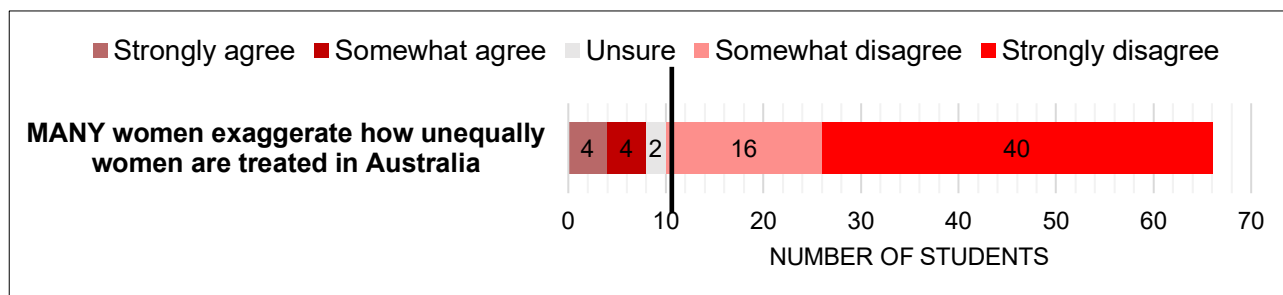


Figure K

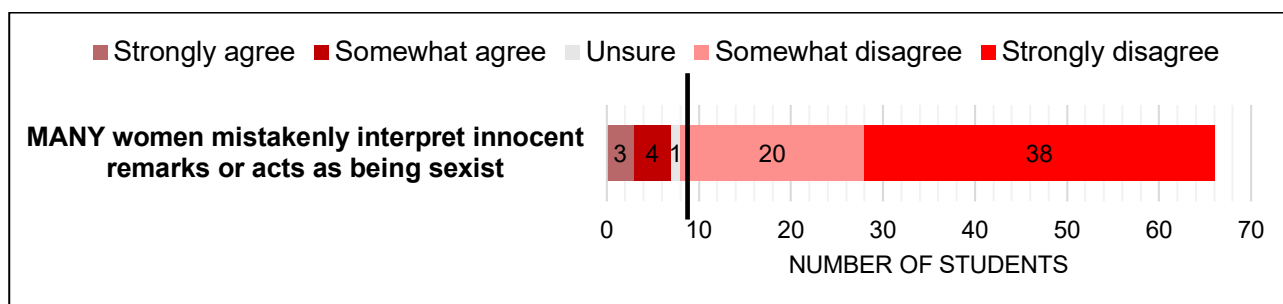


Figure L

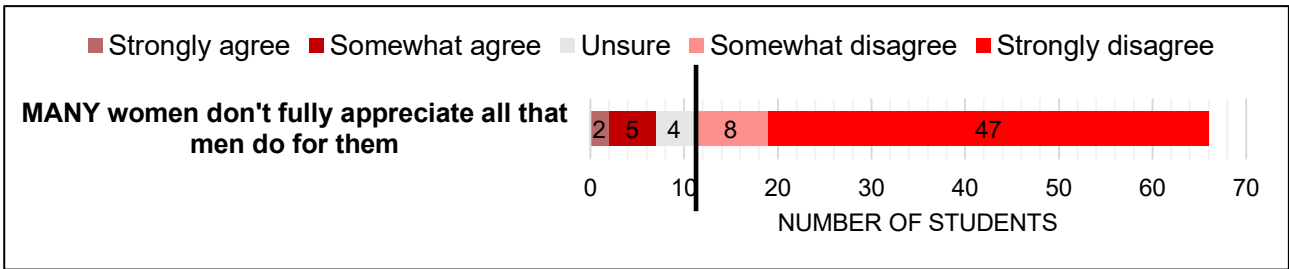


Figure M

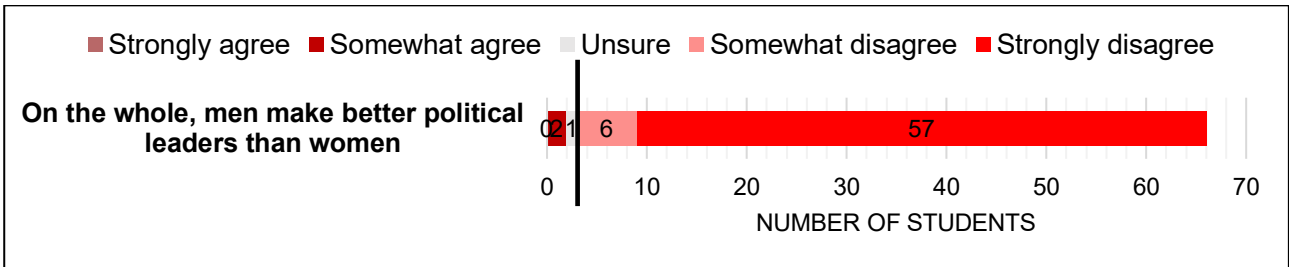


Figure N

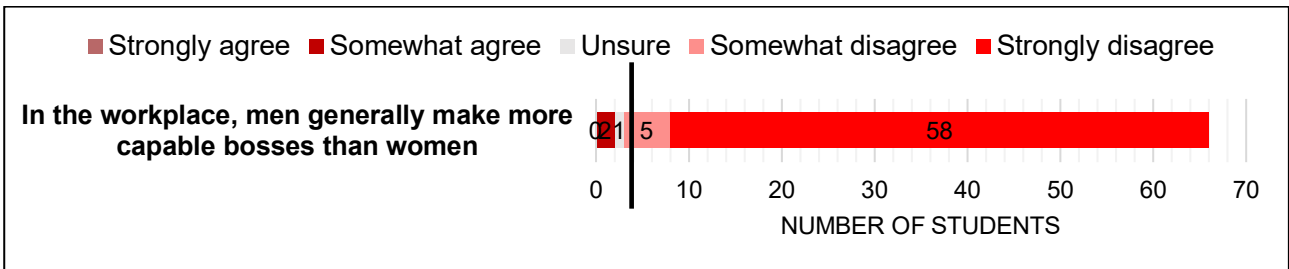


Figure O

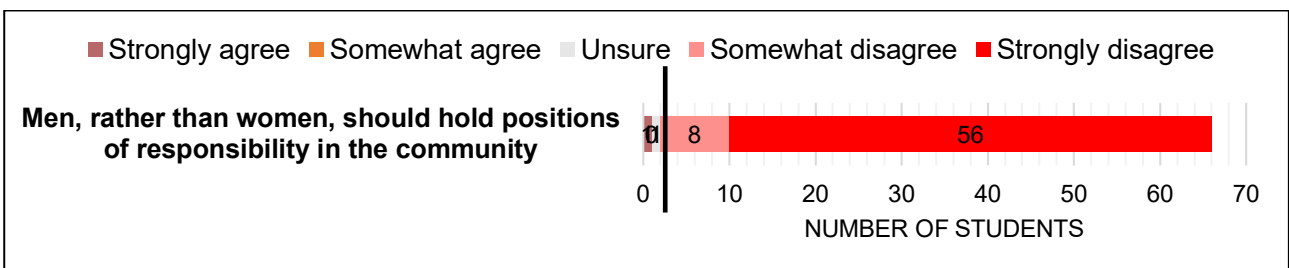


Figure P

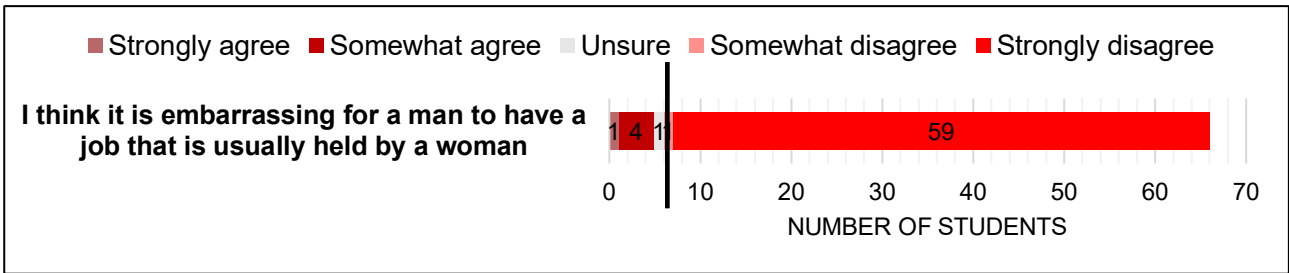


Figure Q



Figure R

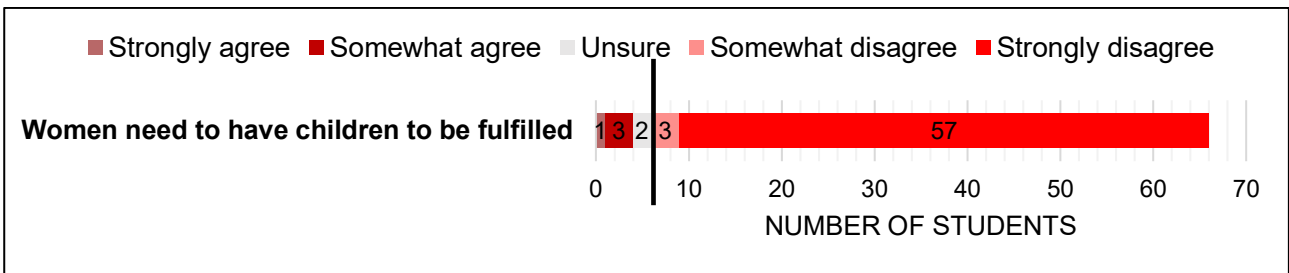


Figure S

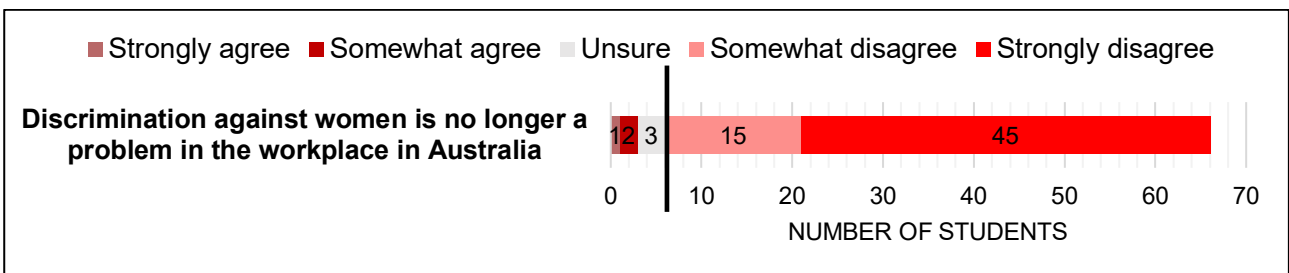


Figure T

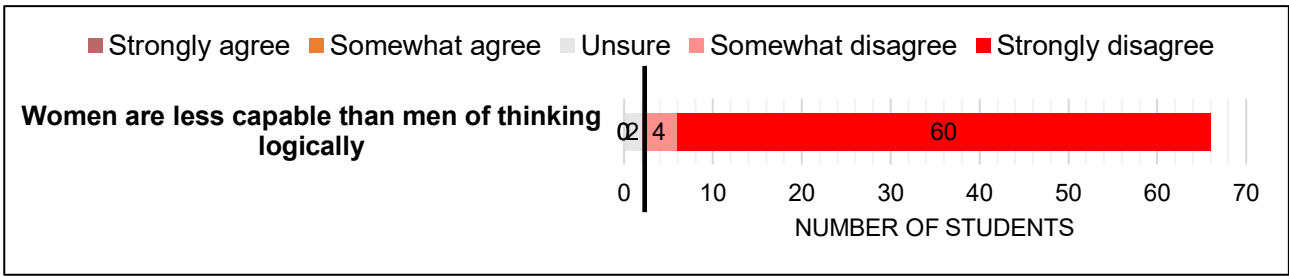


Figure U

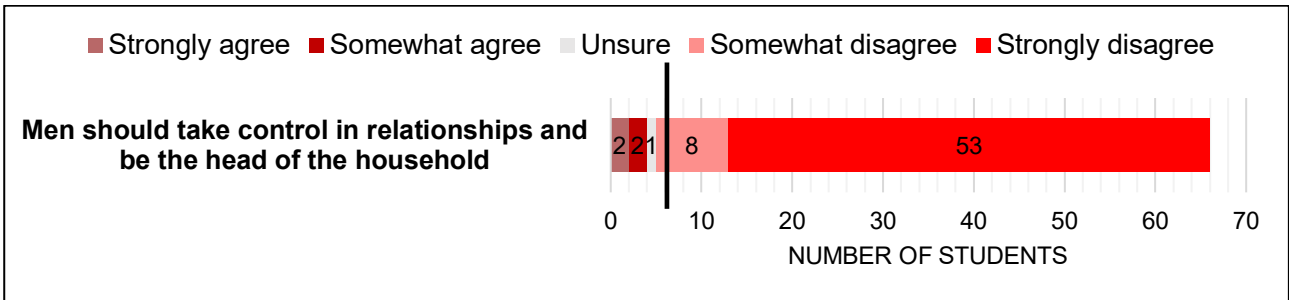


Figure V

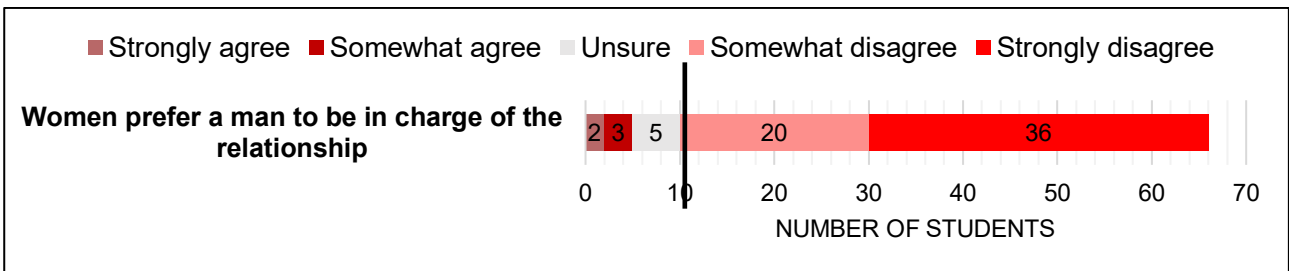


Figure V

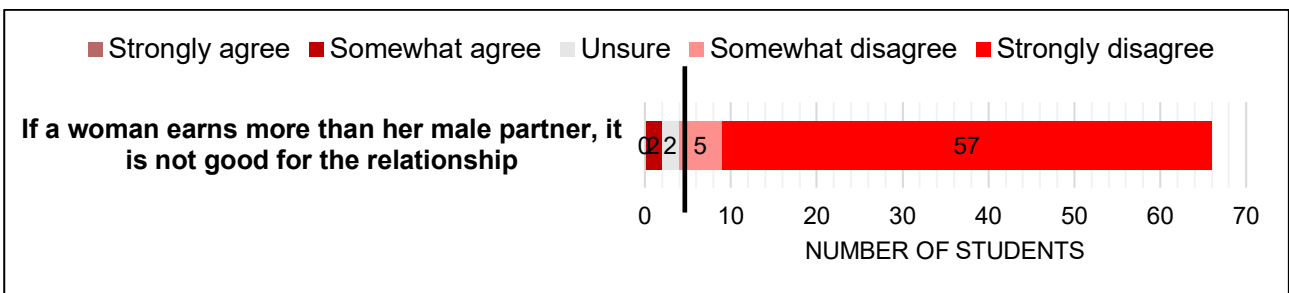


Figure X

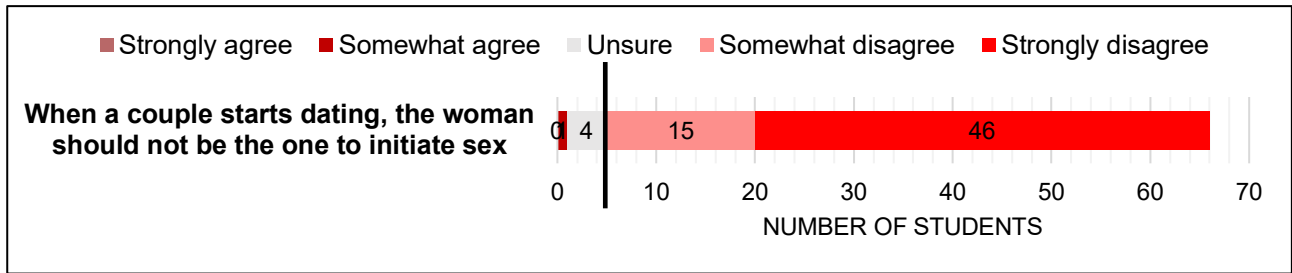


Figure Y

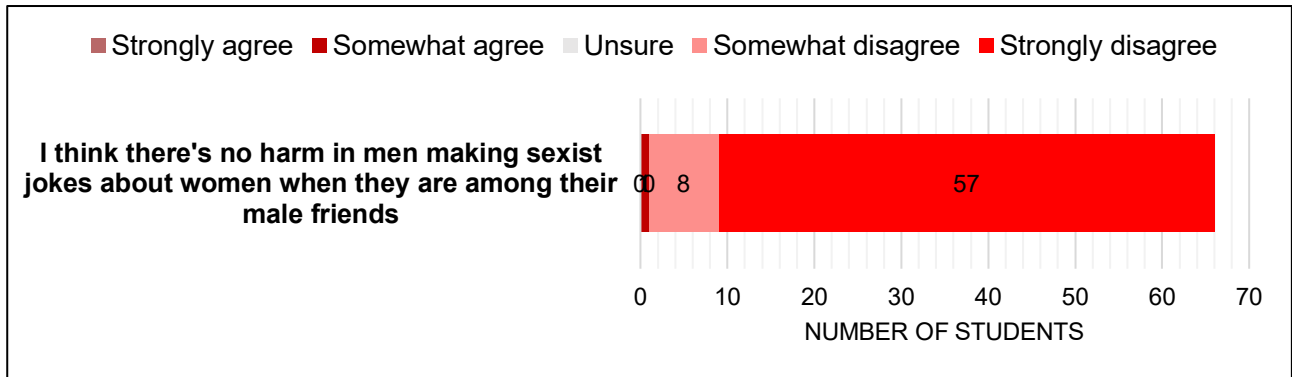
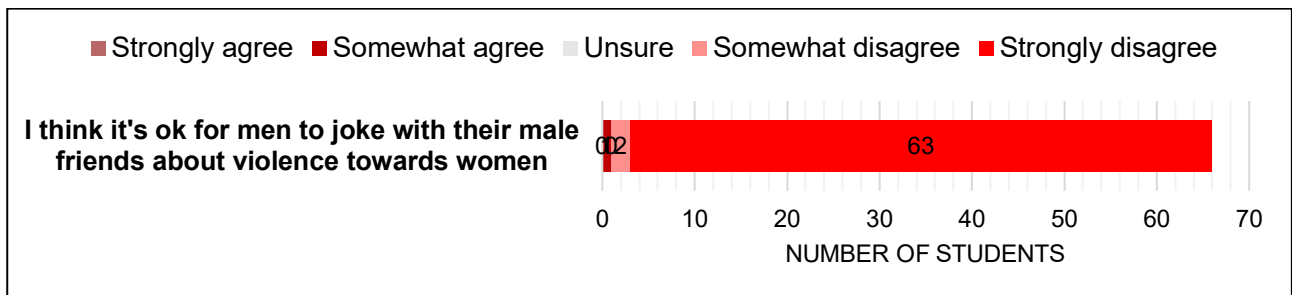


Figure Z



Overwhelmingly, the majority of participants strongly disagreed with all 17 statements. Given most respondents were women, this finding is not surprising.

The last statement (see Figure Z) concerning behaviours in relation to toxic masculinity resulted in the strongest disagreement (n = 63, 95.5%). Many also strongly disagreed with the second statement (see Figure K) regarding whether women mistakenly interpret innocent remarks or acts as being sexist, however this statement did not draw the same degree of opposition (n = 38, 57.6%).

D) Gender Inequality and Violence Against Women Themes

Sixty-four participants answered questions developed by the research team exploring various themes about gender inequality and VAW. Students were asked to rate the extent to which they agreed with six statements (see Figures AA – FF below).

Figure AA

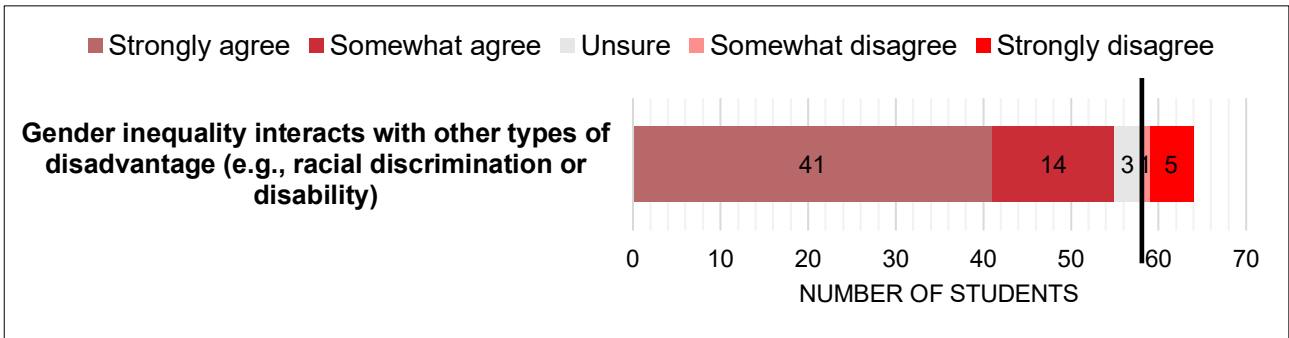


Figure BB

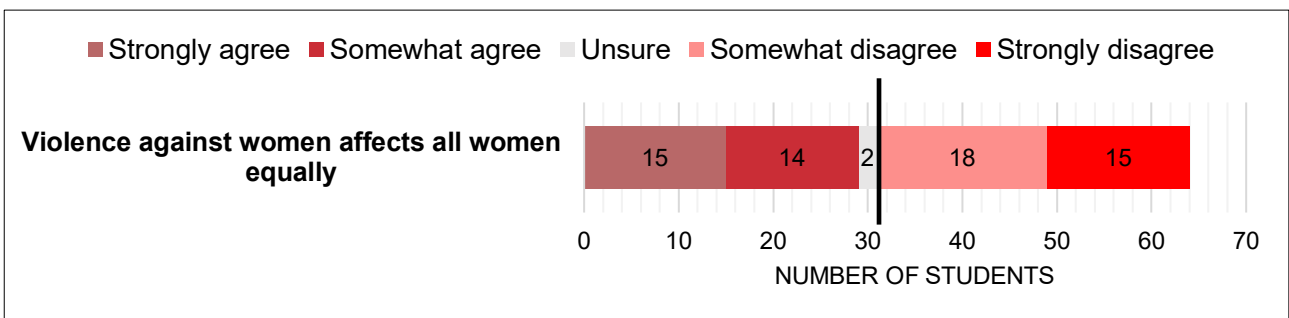


Figure CC

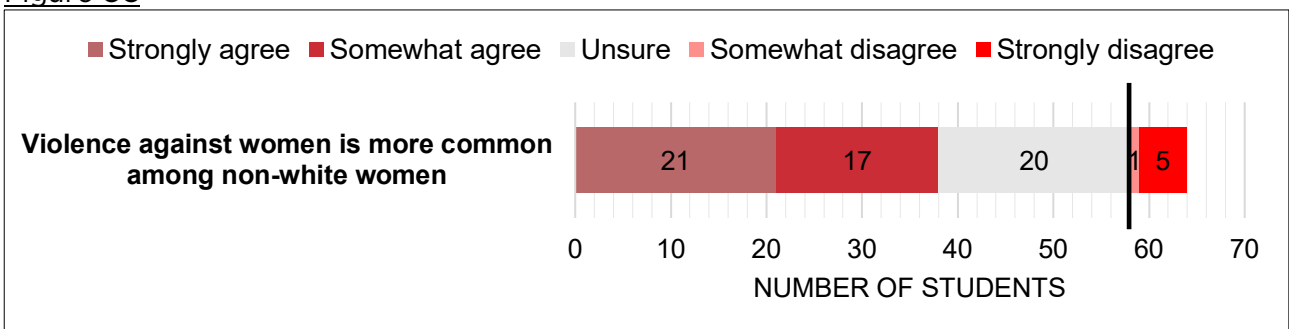


Figure DD

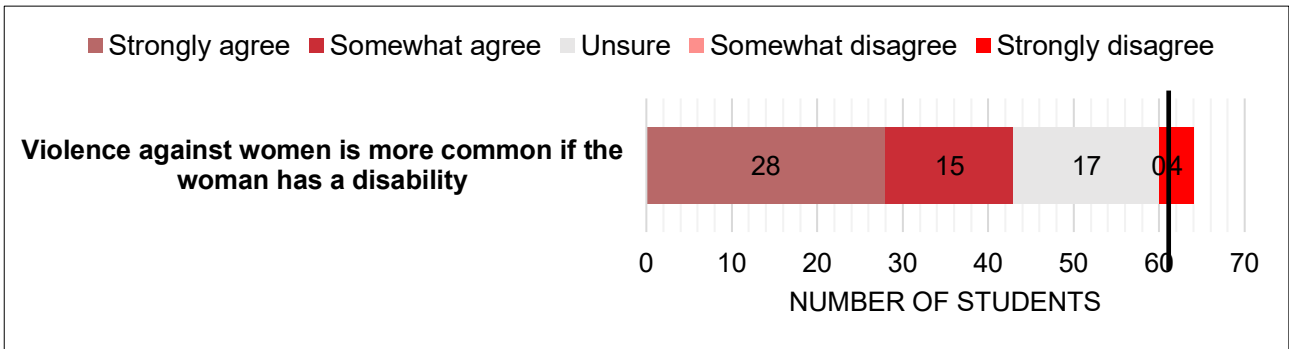


Figure EE

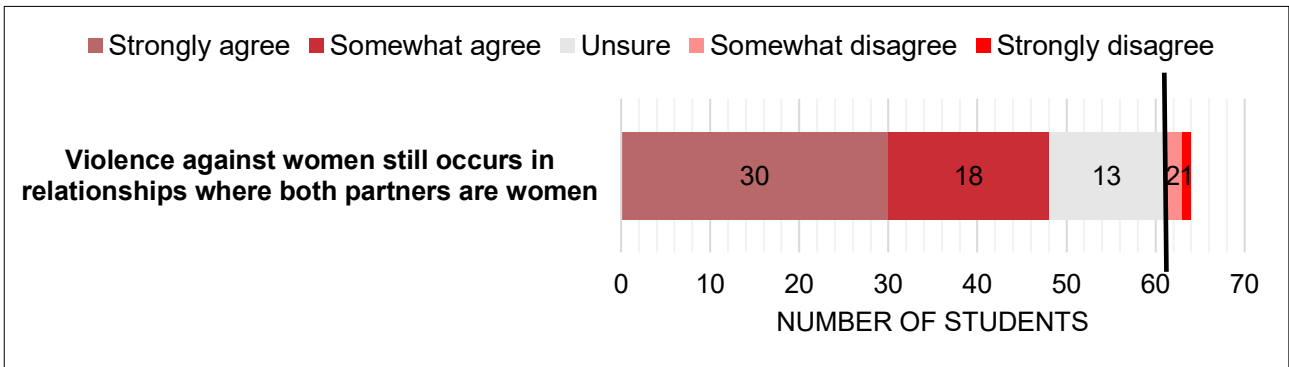
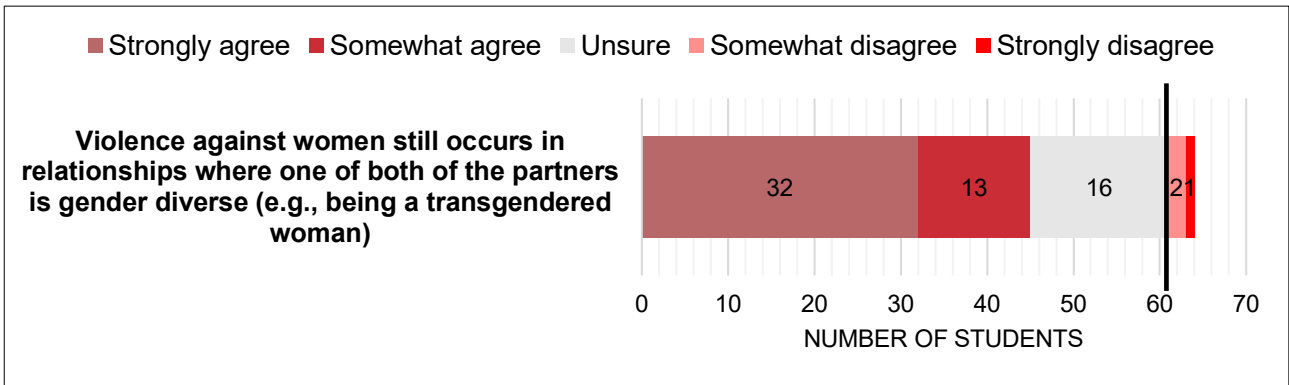


Figure FF



Participants felt very strongly (n = 55, 85.9%, see Figure AA) that gender inequality does interact with other types of disadvantage including discrimination (e.g., racial and disability). Participants were divided in their opinion regarding whether violence affects all women equally (see Figure BB). There was however broad agreement that VAW is more common among non-white women (n = 38, 59.4%, see Figure CC) and those with disabilities (n = 43, 67.2%, see Figure DD).

Likewise, participants also felt strongly VAW still occurs in relationships where both partners are women (n = 48, 75.0%, see Figure EE) and where one or both partners is gender diverse (e.g. being a transgendered woman) (n = 45, 70.3%, see Figure FF).

E) Gender inequity observed or experienced in everyday life

Sixty-four participants answered the final multiple-choice question in the survey. This question enquired about gender inequity observed or experienced in everyday life (See Figures GG and HH below).

Figure GG

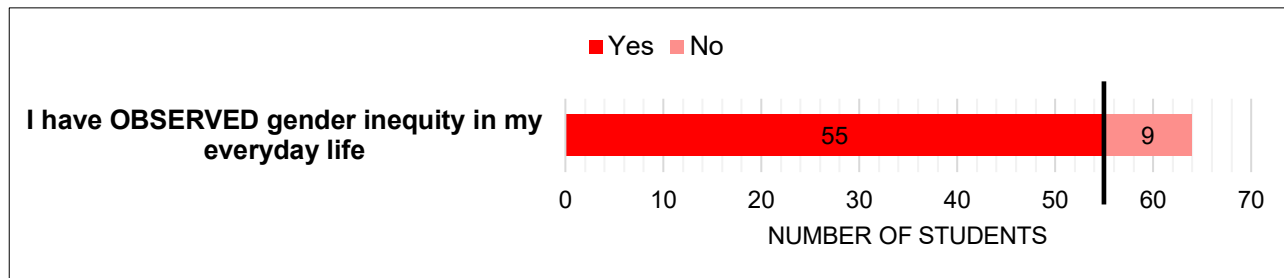
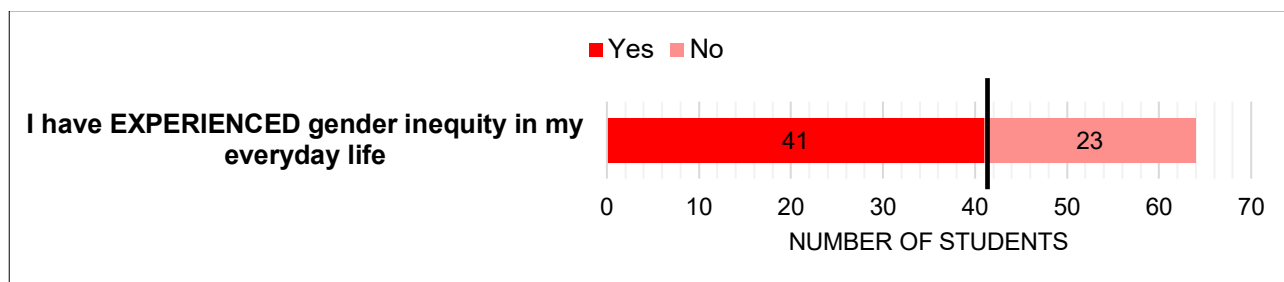


Figure HH



A high proportion (n = 55, 85.9%) had observed gender inequity in everyday life. More than half (n = 41, 64.1%) of participants had also experienced it.

F) Student Comments

Ten participants made comments at the end of the survey. These are presented in Table 4 below.

Table 4: Open text comments made by participants

Category / Topic	Gender identity	Age	Comment:
Perceived biological differences between transgender and cisgender women.	Woman	20	VAW does not count towards transgendered people (men who became a women) because biologically they are a man. Which means they have the same mental capacity as a man, they have the same genitalia and same chromosomes which means they are still a man. However, doesn't mean they don't get "bullied" or made to feel uncomfortable. That's only because they aren't who they should be and many may not feel comfortable being around someone who wears 2 masks. So gender inequality for trans people can occur too but not out under the category that it's violence against WOMEN. Because they aren't women (if they trans to women).
	Woman	20	If this survey relates "violence against women" to transgendered women too then I don't agree with any statement. Violence against women only refers to BIOLOGICAL WOMEN and not confused people.
Views may differ regarding what is considered unfair or offensive.	Woman	26	I feel like gender inequity is hard to define, what I find offensive and unfair may differ to other women.

Table 4: Open text comments made by participants (Cont.)

Category / Topic	Gender identity	Age	Comment:
Sexism and traditional views about the role of women within families. Instances of observed casual sexism and toxic masculinity.	Woman	23	I hope this research project goes well! I was brought up in a very traditional household and was made to believe that women are only valuable if they are pretty and good homemakers. My family only changed their mind on this once I portrayed myself as more "masculine-thinking" and started to excel in my studies. My family often had encouraged other women putting down other women. I have also noticed casual sexism within my course, where men who appear to advocate for gender equity, become nasty, creepy and misogynistic on nights out with peers.
Direct personal experience of gender inequity and gendered violence.	Woman	26	I have not personally experienced gender inequity in everyday life in regard to the opportunities I have received as woman for example in education and work. And I have never allowed gender stereotypes to prevent me from pursuing certain life experiences. I have experienced inequity more so in terms of having to be more vigilant my safety I have travelled overseas on solo trips and other times with friends. And I was more much likely to experience sexual harassment when I was on my own additionally I had to be more careful and aware of my surroundings and how much alcohol or recreational drugs I had been taking, as I did have a situation in the past where I was with a male who took advantage of me being

			intoxicated. As have many other women. I don't feel this is something men ever have to be concerned about.
Tone and content of the survey.	Woman	19	I felt like none of the questions were overly positive or related to me

Of the 70 responses that were analysed, six participants (8.6%) made additional comments at the end of the survey. All additional comments were from participants who identified as women.

Perceived differences between transgender and cisgender women.

Two female students made comments which related to negative attitudes against transgendered women in relation to their experiences about violence against women. The inclusion of capital letters within the responses likely indicates that both students felt strongly about who could be considered a 'woman'. Both respondents were young (20 years old) and appeared to subscribe to the incorrect idea of 'biological sex' (one student citing genitalia and chromosomes) as equating to gender. In both responses, assumptions were made about transgendered women which appear to be representative of stigmatised attitudes commonly experienced by transgendered people (Totton et al., 2023).

It is not possible to ascertain from these responses how many students may harbour exclusionary views about transgendered women in relation to VAW generally. Two responses cannot necessarily be perceived to represent the views of all students who completed the survey or indeed any other students in the SoHS. Nevertheless, the need for teaching about the varied impact of violence against women on different types of women has been included in the recommendations section.

Gender inequity and gendered violence

There were varied views related to participant experiences of gender inequity and experiences of VAW or sexual harm. Gender inequity is multi-faceted comprising individual experiences and systemic issues. Further qualitative research would be needed to explore these nuanced perceptions in greater depth and the impact this may have on future health professional practice. One 26-year-old woman described that she had not experienced gender inequity in her comment, but went on to describe a gender inequity stating, *"I don't feel this is something men ever have to be concerned about"*. While only one comment, it may be indicative of this woman's perception of gender inequity and highlight the importance of clearly defining all facets of gender inequity in university teaching and learning practices.

Conclusion

This study aimed to capture attitudes of students in the school of Health Sciences in relation to gender, identity and violence and use this information to inform prevention interventions and initiatives which WSU specific. Seventy responses were received and analysed to yield seven key findings and six recommendations that WSU can implement to take action.

References

- Ahrens, C. E., Stansell, J., & Jennings, A. (2010). To tell or not to tell: the impact of disclosure on sexual assault survivors' recovery. *Violence Vict*, 25(5), 631-648. <https://doi.org/10.1891/0886-6708.25.5.631>
- ANROWS. (2020). *Violence against women and mental health (ANROWS Insights, 04/2020)*. <https://www.anrows.org.au/publication/violence-against-women-and-mental-health/>
- Australian Bureau of Statistics. (2021). *Socio-Economic Indexes for Areas (SEIFA), Australia*. Retrieved 28th February, 2024 from <https://www.abs.gov.au/statistics/people/people-and-communities/socio-economic-indexes-areas-seifa-australia/latest-release#cite-window1>
- Australian Human Rights Commission. (2017). *Change The Course: National Report on Sexual Assault and Sexual Harassment at Australian Universities (2017)*. <https://humanrights.gov.au/our-work/sex-discrimination/publications/change-course-national-report-sexual-assault-and-sexual>
- Coumarelos, C., Weeks, N., Bernstein, S., Roberts, N., Honey, N., Minter, K., & Carlisle, E. (2023). *Attitudes matter: The 2021 National Community Attitudes towards Violence against Women Survey (NCAS), Findings for Australia*.
- Department of Education. (2024a). *Action Plan Addressing Gender-based Violence in Higher Education*. <https://www.education.gov.au/action-plan-addressing-genderbased-violence-higher-education/resources/action-plan-addressing-genderbased-violence-higher-education>
- Department of Education. (2024b). *Australian Universities Accord Final Report Document*. <https://www.education.gov.au/australian-universities-accord/resources/final-report>
- Duvvury, N., Vara-Horna, A., Brendel, C., & Chadha, M. (2023). Productivity Impacts of Intimate Partner Violence: Evidence From Africa and South America. *Sage Open*, 13(4), 21582440231205524. <https://doi.org/10.1177/21582440231205524>
- Ferfolja, T., Asquith, N., Brady, B., & Hanckel, B. (2018). *Diversity and Safety on Campus @ Western*. <https://dx.doi.org/10.4225/35/59ee6fe071350>
- Flood, M., Dragiewicz, M., & Pease, B. (2021). Resistance and backlash to gender equality. *Australian Journal of Social Issues*, 56(3), 393-408. <https://doi.org/https://doi.org/10.1002/ajs4.137>
- Hsieh, H. F., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qual Health Res*, 15(9), 1277-1288. <https://doi.org/10.1177/1049732305276687>
- Li, L., Shen, X., Zeng, G., Huang, H., Chen, Z., Yang, J., Wang, X., Jiang, M., Yang, S., Zhang, Q., & Li, H. (2023). Sexual violence against women remains problematic and highly prevalent around the world. *BMC Women's Health*, 23(1), 196. <https://doi.org/10.1186/s12905-023-02338-8>
- Mannell, J., Hattie, L., Laura, B., Reshmi, M., Delan, D., Lu, G., Henrica, A. F. M. J., Nicole, M., David, O., Audrey, P., Geordan, S., & Seema, V. (2022). Risk factors for violence against women in high-prevalence settings: a mixed-methods systematic review and meta-synthesis. *BMJ Global Health*, 7(3), e007704. <https://doi.org/10.1136/bmjgh-2021-007704>

- Our Watch. (2021). *Change the story: a shared framework for the primary prevention of violence against women and their children in Australia (2nd Edition)*.
<https://apo.org.au/node/315245>
- Qualtrics. (2020). *Qualtrics*. In (Version October 2023) <https://www.qualtrics.com>
- Sardinha, L., Maheu-Giroux, M., Stöckl, H., Meyer, S. R., & García-Moreno, C. (2022). Global, regional, and national prevalence estimates of physical or sexual, or both, intimate partner violence against women in 2018. *The Lancet*, 399(10327), 803-813. [https://doi.org/10.1016/s0140-6736\(21\)02664-7](https://doi.org/10.1016/s0140-6736(21)02664-7)
- Scriver, S., & Kennedy, K. M. (2016). Delivering education about sexual violence: reflections on the experience of teaching a sensitive topic in the social and health sciences. *Irish Educational Studies*, 35(2), 195-211.
<https://doi.org/10.1080/03323315.2016.1146158>
- Totton, R. R., Rios, K., & Shogren, N. (2023). Distrusted disclosures: Deception drives anti-transgender but not anti-atheist prejudice [Original Research]. *Frontiers in psychology*, 13. <https://doi.org/10.3389/fpsyg.2022.1006107>
- UN Women. (nd). *Ending violence against women*. Retrieved 04/04/2024 from <https://www.unwomen.org/en/what-we-do/ending-violence-against-women>
- Webster, K., Diemer, K., Honey, N., Mannix, S., Mickle, J., Morgan, J., Parkes, A., Politoff, V., Powell, A., Stubbs, J., & Ward, A. (2018). *Australians' attitudes to violence against women and gender equality. Findings from the 2017 National Community Attitudes towards Violence against Women Survey (NCAS)(Research report, 03/2018)*. <https://www.anrows.org.au/publication/australians-attitudes-to-violence-against-women-and-gender-equality-findings-from-the-2017-national-community-attitudes-towards-violence-against-women-survey/>
- Western Sydney University. (2024). *Course Demographics: Program @ a Glance*. Retrieved 19/03/2024 from <https://osqportal.westernsydney.edu.au/#/views/CourseDemographics/ProgramGlance?:iid=1>
- WHO. (2022). *Addressing violence against women in pre-service health training: integrating content from the Caring for women subjected to violence curriculum*. <https://www.who.int/publications/i/item/9789240064638>
- WHO. (2024). *Violence against women*. Retrieved 16/02/2024 from https://www.who.int/health-topics/violence-against-women#tab=tab_2
- Yagiz, R., Sevil, Ü., & Guner, Ö. (2020). The effect of university students' violence tendency on their attitude towards domestic violence and the factors affecting domestic violence attitudes. *J Inj Violence Res*, 12(1), 39-46.
<https://doi.org/10.5249/jivr.v12i1.1224>

Appendices

Appendix A: Ethical Approval

WESTERN SYDNEY
UNIVERSITY



HUMAN RESEARCH ETHICS COMMITTEE

31 August 2023

Doctor Caroline Mills, School of Health Sciences

Dear Caroline,

Project Title: "Exploring Health Sciences students perspectives on issues surrounding gender, identity and violence"

HREC Approval Number: H15602

Risk Rating: Low

I am pleased to advise the above research project meets the requirements of the National Statement on Ethical Conduct in Human Research 2007 (Updated 2018).

Ethical approval for this project has been granted by the Western Sydney University Human Research Ethics Committee. This HREC is constituted and operates in accordance with the National Statement on Ethical Conduct in Human Research 2007 (Updated 2018).

Approval of this project is valid from 31 August 2023 until 31 August 2024.

This protocol covers the following researchers:

Caroline Mills, Sally Logan, Nicole Peel, Ed Johnson, Stephen Zissermann, Liz Thyer

All researchers named on this application must ensure that conflicts of interest are recorded on the University's Conflict of Interest Register.

Summary of Conditions of Approval

1. A progress report will be due annually on the anniversary of the approval date.
2. A final report will be due at the expiration of the approval period.
3. Any amendments to the project must be approved by the Human Research Ethics Committee prior to being implemented. Amendments must be requested using the HREC Amendment Request Form.
4. Any serious or unexpected adverse events on participants must be reported to the Human Research Ethics Committee via the Human Ethics Officer as a matter of priority.
5. Any unforeseen events that might affect continued ethical acceptability of the project should also be reported to the Committee as a matter of priority.
6. Consent forms are to be retained within the archives of the School or Research Institute and made available to the Committee upon request.
7. Approval is only valid while you hold a position or are enrolled at Western Sydney University. You will need to transfer your project or seek fresh ethics approval from your new institution if you leave Western Sydney University.
8. **Project specific conditions:**
There are no specific conditions applicable.

Please quote the registration number and title as indicated above in the subject line on all future correspondence related to this project. All correspondence should be sent to humanethics@westernsydney.edu.au as this email address is closely monitored.

Yours sincerely

Associate Professor Gabrielle Weidemann
Presiding Member,
Western Sydney University Human Research Ethics Committee

Western Sydney University
ABN 53 014 059 881 CRICOS Provider No. 00917K
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Appendix B: Survey Questions:

Exploring health sciences student perspectives on gender, identity and violence.

Demographics

DIRECTIONS: Please answer each question as accurately as possible by selecting the correct answer or filling in the space provided.

Screening Question: Are you a student in the School of Health Sciences at Western Sydney University

If yes, continue survey

If no: exit survey- Thank you for your time.

If you do not wish to answer a question for any reason, please leave the question blank and move onto the next question.

Your information is anonymous; therefore, the information provided cannot be traced back to you.

Content warning

Western has a commitment to safer university communities.

This survey asks about your understanding of violence. This is a challenging topic, and we would like to remind you that many support and reporting options are available.

In the university, you may contact the university's Counselling Service for support and access the Sexual Offences Reporting Portal for reporting.

[links are

https://www.westernsydney.edu.au/currentstudents/current_students/services_and_facilities/counselling_services

<https://offencereport.westernsydney.edu.au/>]

In the community, we recommend 1800 RESPECT, 13 YARN, QLife and Men's Referral Service for support, and NSW Police for reporting.

[links are

<https://www.1800respect.org.au/>

<https://www.13yarn.org.au/>

<https://qlife.org.au/>

<https://ntv.org.au/mrs/>

<https://portal.police.nsw.gov.au/adultsexualassault>]

For more information on Western's prevention work including support and reporting options, please visit the University's Respectful Relationships page [link to <https://www.westernsydney.edu.au/respectful-relationships/respectnowalways/home>] or email respectnowalways@westernsydney.edu.au

You may leave or redo the survey at any time.

How do you describe your gender identity?

- Non-binary
- Woman
- Man
- Prefer to self describe _____

2. What is your age?

_____ years

3. What is the primary language spoken in your home?

- English
- Arabic
- Mandarin/Cantonese
- Vietnamese
- Spanish
- Other: _____

4. Do you identify as one of the following:

- Aboriginal
- Torres Strait Islander
- Both
- Neither
- Prefer not to say

5. Are you enrolled as an:

- International student
- Local student

6. What is your home postcode? Free text (can validate it in Qualtrics)

7. If you are an international student, how long have you lived in Australia:

Number of years: _____

8. What degree are you enrolled in?
- Occupational therapy
 - Physiotherapy
 - Speech Pathology
 - Podiatry
 - Paramedicine
 - Traditional Chinese Medicine
 - Recreation Therapy
 - Public Health
 - Health Sciences
 - Other: _____
9. Do you plan to work as a clinician in the professional area that you are studying?
- Yes
 - No I plan to transfer and work in a different professional area
Which one? _____
 - No I don't plan to work in healthcare
 - Not sure
10. What year did you start your current course/degree?
- _____
11. What year do you plan to graduate
- 2023
 - 2024
 - 2025
 - 2026
 - 2027
 - 2028
 - Other
12. What pathway did you take to get to your degree?
- Direct entry from Year 12 / equivalent
 - Non recent school leaver (Number of years since last study: _____)
 - Transfer from another degree (Name of degree: _____)
 - Other: _____
13. What is the highest University degree or level of school you have completed prior to your current study?
- A high school certificate or less (year 10 or lower)
 - High school degree or equivalent (e.g. HSC)
 - i. What was your ATAR or other score? _____
 - Vocational qualification such a Diploma or Certificate (e.g. TAFE)
 - Bachelor's degree
 - i. What degree and at what institution did you complete this _____

- Master's degree
 - i. What degree and at what institution did you complete this _____
- Doctorate
 - i. What topic and at what institution did you complete this _____
- Other _____

14. How many subjects are you enrolled in this semester?

- 1
- 2
- 3
- 4
- 5

15. Have you undertaken a clinical/professional/work placement during your degree?

- Yes
- No

16. If yes, how many weeks of placement have you completed in total so far: _____

The role of Health Professionals in addressing gendered violence

Please rate the extent to which you agree with the following statements in relation to your future practice as a health professional:

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	Unsure
Considering/addressing violence against women (VAW) is not relevant to everyday practice of health professionals					
Addressing/considering VAW is best left to specialist health care teams who focus on this.					
I would know what to do if one of my patients/clients/consumers disclosed that they had experienced violence against them					
So far, my university course has prepared me to					

recognise and respond to VAW					
I believe my course at WSU addresses concepts of gender equity					
I believe my course at WSU addresses concepts of domestic violence					

Understanding of VAW

Please rate the extent to which you agree with the following statements:

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	Unsure
Violence against women is a problem in Australia					
Violence against women is a problem in the suburb / town where I live					
Violence against women is a problem in the local community that I am a part of (for eg- student community, sporting community, faith community etc)					

Gender equity and attitudes

Please rate the extent to which you agree with the following statements:

		Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	Unsure
1	MANY women exaggerate how unequally women are treated in Australia					

2	MANY women mistakenly interpret innocent remarks or acts as being sexist					
3	MANY women don't fully appreciate all that men do for them					
4	On the whole, men make better political leaders than women					
5	In the workplace, men generally make more capable bosses than women					
6	Men, rather than women, should hold positions of responsibility in the community					
7	I think it is embarrassing for a man to have a job that is usually held by a woman					
8	A man should never admit when others have hurt his feelings					
9	Women need to have children to be fulfilled					
10	Discrimination against women is no longer a problem in the workplace in Australia					
11	Women are less capable than men of thinking logically					
12	Men should take control in relationships and be the head of the household					
13	Women prefer a man to be in charge of the relationship					
14	If a woman earns more than her male partner, it is not good for the relationship					
15	When a couple starts dating, the woman should not be the one to initiate sex					
16	I think there's no harm in men making sexist jokes about women when they are among their male friends					
17	I think it's ok for men to joke with their male friends about violence towards women					

Please rate the extent to which you agree with the following statements:

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	Unsure
Gender inequality					

interacts with other types of disadvantage (for example racial discrimination or disability)					
Violence against women affects all women equally					
Violence against women is more common among non-white women					
Violence against women is more common if the woman has a disability					
Violence against women still occurs in relationships where both partners are women.					
Violence against women still occurs in relationships where one of both of the partners is gender diverse (for example, being a transgendered woman)					

	Yes	No
I have observed or experienced gender inequity in my everyday life		
I have experienced gender inequity in my everyday life		

Any other comments: _____

End of Survey

Thank you for completing this survey.

If completing this survey has made you uncomfortable, you can access support through:

Mental Health Access Line: 1800 011 511 (offered by the NSW government, a 24-hour telephone service operating seven days a week across NSW)

WSU Student Support Services: <https://www.westernsydney.edu.au/coronavirus-information/students/student-wellbeing#student>