



# Harms affecting Aboriginal workers



**Centre**  
for WHS



  
THE  
BEHAVIOURAL  
INSIGHTS  
TEAM



This report and the work it describes were funded through the Workers Compensation Operational Fund. Its contents, including any opinions and/or conclusions expressed, are those of the authors alone and does not necessarily reflect SafeWork NSW policy.

© Crown Copyright 2020

Copyright of all the material in this report, including the NSW Government Waratah and other logos, is vested in the Crown in the right of the State of New South Wales, subject to the Copyright Act 1968. The use of the logos contained within this report is strictly prohibited.

The report may be downloaded, displayed, printed and reproduced without amendment for personal, in-house or non-commercial use.

Any other use of the material, including alteration, transmission or reproduction for commercial use is not permitted without the written permission of Department of Customer Service (DCS). To request use of DCS's information for non-personal use, or in amended form, please submit your request via email to [contact@centreforwhs.nsw.gov.au](mailto:contact@centreforwhs.nsw.gov.au)

Prepared by:

Robert Monaghan<sup>1</sup>

Felicity Ryan<sup>1</sup>

Dr Elizabeth Convery<sup>2</sup>

Dr Vera Newman<sup>2</sup>

Caitlin Court<sup>2</sup>

Dr Lydia Hayward<sup>2</sup>

Erin Howard<sup>2</sup>

Dr Ha Nguyen<sup>3</sup>

October 2020

<sup>1</sup> Monaghan Dreaming, Grafton 2460

<sup>2</sup> The Behavioural Insights Team, Sydney 2000

<sup>3</sup> Centre for Work Health and Safety, New South Wales Government, Sydney 2000

# Executive Summary

---

## Background and method

Evidence from the 1995 Australian Workplace Industrial Relations Survey (AWIRS 1995) suggests that Aboriginal and Torres Strait Islander workers are at greater risk of work-related injuries and illness. Beyond AWIRS 1995, however, little research has been conducted in the area of Aboriginal and Torres Strait Islander work health and safety (WHS), with the last substantive study conducted in 2001. This has given rise to significant knowledge and practice gaps relating to the nature and prevalence of WHS risks in this population, particularly in a New South Wales context. There is also little known about factors that may exacerbate or mitigate these risks. This makes it challenging for businesses to spearhead practical initiatives that drive real and lasting change. Focused research into the WHS of Aboriginal and Torres Strait Islander workers and businesses is therefore needed to address these critical gaps.

This report details the results of a project that aimed to identify topics for future research by the Centre for WHS. To meet this objective, an expert advisory panel of Aboriginal and Torres Strait Islander people representing a diversity of sectors was recruited; an online survey of Aboriginal and Torres Strait Islander workers to identify WHS risks, hazards, and experiences was conducted; two workshops to discuss potential solutions to the issues raised in the survey were convened.

## Results and Discussion

The survey and workshops highlighted a range of key WHS issues that Aboriginal and Torres Strait Islanders face in the workplace. Almost 31% of the survey respondents could be classified as “WHS-vulnerable”, meaning they are exposed to workplace hazards and possess inadequate WHS awareness or empowerment, or work within an organisation that has inadequate WHS policies and procedures. The key hazards identified in the study were racism, lateral violence<sup>1</sup>, bullying, high work demands, exposure to traumatic events, and lack of role clarity. These hazards appear to have longer-term and more widespread effects, with over 33% of the survey sample reporting some level of burnout, 20% reporting that they do not report WHS hazards because they fear negative repercussions and more than 25% reporting that they have left, or considered leaving, a workplace due to an unaddressed WHS risk. Potential solutions to these challenges discussed by workshop participants focused on cultural awareness training, auditing and reporting tools, and greater accountability.

---

<sup>1</sup> Defined as conflict that occurs between members of the Aboriginal and Torres Strait Islander community against a complex background of historical disadvantage, oppression, and colonisation (Australian Human Rights Commission, 2010)

## Recommendations

The recommended topics for consideration by the Centre for WHS in its future research into Aboriginal and Torres Strait Islander WHS are summarised in the table below. These recommendations are ranked based on the prevalence and impact of the WHS issue. Beside each topic are three potential research questions which are based on the evidence collected in this project and the input of the expert advisory panel. Given the paucity of research in this area, there could be many other research questions to be addressed as part of each topic listed.

| Topic  | Potential focus research questions  |
|--|---|
| <i>Mechanisms for reporting and handling racism and bullying in the workplace</i>              | <ol style="list-style-type: none"> <li>1. <i>How can culturally safe workplaces be established and sustained?</i></li> <li>2. <i>What are the barriers and facilitators to reporting incidents of racism and bullying?</i></li> <li>3. <i>What are effective and sustainable ways to promote diversity and inclusion policies in the workplace?</i></li> </ol>  |
| <i>The individual, organisational, and community effects of lateral violence</i>               | <ol style="list-style-type: none"> <li>1. <i>What are the individual and organisational triggers for lateral violence in the workplace?</i></li> <li>2. <i>What initiatives for addressing lateral violence in the workplace are effective and sustainable?</i></li> <li>3. <i>What are the roles of the individual, organisation, and Aboriginal and Torres Strait Islander communities in addressing lateral violence?</i></li> </ol>   |
| <i>The importance and effects of community obligations</i>                                     | <ol style="list-style-type: none"> <li>1. <i>What is/are the Aboriginal and Torres Strait Islander definition(s) of "work-life balance"?</i></li> <li>2. <i>What are the early warning signs of sub-optimal work-life balance for Aboriginal and Torres Strait Islander workers?</i></li> <li>3. <i>What workplace-level and community-wide initiatives are effective for promoting and sustaining optimal work-life balance among Aboriginal and Torres Strait Islander workers?</i></li> </ol>  |
| <i>The Aboriginal and Torres Strait Islander experience of work-related stress and burnout</i> | <ol style="list-style-type: none"> <li>1. <i>What are the early warning signs of work-related stress and burnout among Aboriginal and Torres Strait Islander workers?</i></li> <li>2. <i>What are the short- and long-term individual, workplace, and community effects of work-related stress and burnout among Aboriginal and Torres Strait Islander workers?</i></li> <li>3. <i>How can individuals, workplaces, and communities best support Aboriginal and Torres Strait Islander workers who are at risk of, or are suffering from, work-related stress and burnout?</i></li> </ol> |

# Table of Contents

---

|  |    |
|--|----|
| Executive Summary.....   | 2  |
| Background and method.....   | 2  |
| Results and Discussion.....  | 2  |
| Recommendations.....   | 3  |
| List of Tables.....  | 5  |
| List of Figures.....   | 5  |
| Introduction.....  | 6  |
| Background and objectives.....   | 6  |
| Literature scan.....   | 7  |
| Method.....  | 15 |
| Expert advisory group.....   | 15 |
| Survey.....  | 16 |
| Workshops.....   | 17 |
| Results and Discussion.....  | 19 |
| Sample demographics.....   | 19 |
| Experiences of, and responses to, WHS hazards by Aboriginal and Torres Strait Islander workers.....  | 21 |
| Health and burnout among Aboriginal and Torres Strait Islander workers.....                          | 25 |
| WHS vulnerability and psychosocial job quality of Aboriginal and Torres Strait Islander workers..... | 27 |
| Workshops.....   | 28 |
| Conclusion and Recommendations.....  | 30 |
| Conclusion.....  | 30 |
| Recommendations.....   | 30 |
| Acknowledgements.....  | 34 |
| References.....  | 35 |
| Appendices.....  | 38 |
| A: Survey.....   | 38 |
| B: Analysis.....   | 45 |

## List of Tables

---

|  |    |
|--|----|
| Table 1: Survey respondent demographics..... | 19 |
|--|----|

## List of Figures

---

|  |    |
|--|----|
| Figure 1: The proportion of respondents who say they have experienced or witnessed WHS psychosocial hazards at their current employment.....                   | 22 |
| Figure 2: The proportion of respondents who say they have experienced or witnessed racism, sexism, or bullying at their current employment.....                | 23 |
| Figure 3: The proportion of respondents undertaking different activities after experiencing or witnessing WHS hazards at their current employment.....         | 24 |
| Figure 4: Self-reported rating of overall mental health. ....  | 26 |
| Figure 5: Proportion of Aboriginal and Torres Strait Islander workers (current sample) and US healthcare workers (comparison sample) experiencing burnout..... | 27 |

# Introduction

---

## Background and objectives

Little is known about the current work health and safety (WHS) risks and harms that affect Aboriginal and Torres Strait Islander workers and businesses. The vast majority of existing research into Aboriginal and Torres Strait Islander employment focuses on labour force participation, rather than the health and safety experiences of Aboriginal and Torres Strait Islander workers on the job. This is particularly concerning since evidence from the 1995 Australian Workplace Industrial Relations Survey (AWIRS 1995) suggests that Aboriginal and Torres Strait Islander workers are at greater risk of work-related injuries and illness (Hawke & Wooden, 1997). Beyond AWIRS 1995, however, little research has been conducted in the area of Aboriginal and Torres Strait Islander WHS, with the last substantive study conducted in 2001 (Williams, Thorpe, & Chapman, 2003). This has given rise to significant knowledge and practice gaps relating to the nature and prevalence of WHS risks, factors that may exacerbate or mitigate WHS risks, and practical initiatives that businesses can spearhead to drive real and lasting change, particularly in a New South Wales (NSW) context. Focused research into the WHS of Aboriginal and Torres Strait Islander workers and businesses is therefore needed to address these critical gaps.

Monaghan Consulting, with support from The Behavioural Insights Team and the Centre for WHS, conducted a research project to gain a better understanding of the current and future WHS risks to Aboriginal and Torres Strait Islander workers and to businesses that employ Aboriginal and Torres Strait Islander workers. The objective of this research project was to guide the scope, focus, and direction of future efforts by exploring:

- The nature and prevalence of WHS risks among Aboriginal and Torres Strait Islander workers
- Whether Aboriginal and Torres Strait Islander workers in specific employment sectors experience unique or disproportionate risks
- Individual and organisational factors that may influence WHS risk for Aboriginal and Torres Strait Islander workers
- Past and current mitigation strategies or initiatives to improve WHS for Aboriginal and Torres Strait Islander workers, and their impact and sustainability
- Barriers and facilitators to future WHS improvement strategies for Aboriginal and Torres Strait Islander workers

This report outlines the insights and recommendations from the research. First an overview of the existing literature is provided. Then the research methods are outlined, which included the recruitment of an expert advisory panel of Aboriginal and Torres Strait Islander people representing a diversity of sectors, an online survey, and online workshops with Aboriginal and Torres Strait Islander workers and managers. The report closes with a series of recommendations



for specific topics to be considered by the Centre for WHS in its future research into Aboriginal and Torres Strait Islander WHS.

## Literature scan

The key findings of the literature review suggest that Aboriginal and Torres Strait Islander workers experience higher levels of WHS risk and incidents relative to non-Aboriginal and Torres Strait Islander workers. This is due, at least in part, to two key factors: (1) the industries and occupations in which Aboriginal and Torres Strait Islander representation is greatest are also those with the highest rates of work-related injuries and illness; and (2) Aboriginal and Torres Strait Islander workers face some disproportionate WHS risks, most notably racism. These two factors are explored in more detail in the sections below.

## Aboriginal and Torres Strait Islander Australians

### *Demographics*

An estimated 798,365 Aboriginal and Torres Strait Islander people live in Australia, making up 3.3% of the total Australian population (Australian Institute of Health and Welfare, 2019a). According to the 2016 census, approximately 4 in every 10 Aboriginal and Torres Strait Islander people of working age (15 years and over) were in employment, a figure that has remained largely stable over the past decade (Australian Bureau of Statistics, 2018a). Urban-dwelling Aboriginal and Torres Strait Islander people were more likely to be employed (45%) than those in non-urban areas (35%). A quarter (25%) of Aboriginal and Torres Strait Islander people of working age were employed full-time ( $\geq 35$  hours per week), and a further 14% were employed part-time. Aboriginal and Torres Strait Islander males (44%) were only slightly more likely than females (41%) to be employed, but females were much more likely to be in part-time work across all age groups. As of 2016, non-Aboriginal and Torres Strait Islander people were 1.4 times more likely than Aboriginal and Torres Strait Islander people to be employed in any capacity (Australian Bureau of Statistics, 2018a).

### *Employment*

There is limited information on the industries and occupations in which Aboriginal and Torres Strait Islander workers are employed. In 2016, the most recent year for which statistics are available, the main industries in which Aboriginal and Torres Strait Islander Australians were employed were health care and social assistance (15%), public administration and safety (12%), education and training (10%), and construction (9.5%) (Australian Institute of Health and Welfare, 2019b). The most common occupations in which Aboriginal and Torres Strait Islander workers are represented were community and personal services workers (21%), followed by technicians and trade workers (16%) and labourers (16%). Aboriginal and Torres Strait Islander workers were overrepresented relative to non-Aboriginal and Torres Strait Islander workers in occupations such as machine operators and drivers (Australian Institute of Health and Welfare, 2018).

## Work health and safety

Work health and safety (WHS) is a multidisciplinary field concerned with the safety, health, and welfare of people at work. The World Health Organization defines a healthy and safe workplace as “one in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety, and well-being of workers”, a definition that encompasses the physical, psychosocial, and personal dimensions of health and safety (Burton, 2010). In Australia, each state has its own WHS framework that includes an Act, which sets out broad responsibilities to which the workplace must adhere; a set of regulations, which detail requirements for specific types of WHS risks; codes of practice, which provide practical advice to workplaces on how to meet the requirements of the Act and associated regulations; and a regulator. In NSW, workplaces are subject to the Work Health and Safety Act 2011 (NSW) and are regulated by SafeWork NSW.

### *Work-related injuries and fatalities*

For the 2017-18 financial year, the most common work-related injuries across all industries and occupations in Australia were sprains and strains (28%), chronic joint or muscle conditions (18%) and cuts and open wounds. The most common mechanisms of injury were lifting, pushing, pulling, or bending (24%); being hit by an object or vehicle (18%); and slips and falls on the same level (15%)(Australian Bureau of Statistics, 2018).

Within the same time period, the industry with the highest rate of work-related injury or illness was construction (59 per 1000 workers), followed by manufacturing (58 per 1000 workers) and health care and social assistance (55 per 1000 workers; Australian Bureau of Statistics, 2018b). The industries with the lowest rates of work-related injury or illness were financial and insurance services (15 per 1000 workers); professional, scientific, and technical services (22 per 1000 workers); and rental, hiring, and real estate services (24 per 1000 workers). The occupations with the highest rates of work-related injury or illness were technicians and trades workers (72 per 1000 workers) and community and personal service workers (69 per 1000 workers), followed by machinery operators, drivers, and labourers (57 per 1000 workers; Australian Bureau of Statistics, 2018b). It is of note that the industries and occupations in which Aboriginal and Torres Strait Islander representation is the greatest are also those with the highest rates of work-related injuries and illness.

Data from Safe Work Australia show that in 2018, 144 workers in Australia died from an injury incurred at work in 2018 (Safe Work Australia, 2019). The occupations with the highest fatality rates were machinery operators and drivers (6.2 per 100,000 workers), labourers (2.9 per 100,000 workers), and technicians and trades workers (1.5 per 100,000 workers). Based on the limited data available, these appear to be occupations in which Aboriginal and Torres Strait Islanders are overrepresented. The most common mechanisms of work-related fatality were vehicle collision (31%), being hit by moving objects (17%), and falls from a height (13%). The total direct economic

cost due to work-related injuries, illness, and fatalities was estimated at \$61.8 billion for the 2012-13 financial year, representing 4.1% of the Australian gross domestic product (Xiang, Mittinty, Tong, Pisaniello, & Bi, 2020). The majority (77%) of this cost was borne by injured workers (Xiang et al., 2020).

### **WHS risks amongst Aboriginal and Torres Strait Islander workers**

A critical gap in the available WHS data stems from the fact that Safe Work Australia and the Australian Bureau of Statistics both report WHS injuries, serious claims, and/or fatalities by gender, age, industry, occupation, state/territory, and mechanism of injury, but not by ethnicity or Aboriginal and Torres Strait Islander status (Safe Work Australia, 2020a; Australian Bureau of Statistics, 2018b). Conversely, whilst agencies tasked with collecting and reporting health data do distinguish between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander Australians, they do not link these data to detailed employment statistics. For example, the annual report on the Closing the Gap project, the Australian government initiative that aims to achieve equality for Aboriginal and Torres Strait Islander peoples in health and life expectancy within 25 years, focuses solely on the Aboriginal and Torres Strait Islander employment rate relative to national benchmarks (National Indigenous Australians Agency, 2020). Similarly, the National Aboriginal and Torres Strait Islander Health Survey (Australian Bureau of Statistics, 2019) reports the incidence and prevalence of health issues, but does not link them to their causes, some of which would no doubt include injuries and illnesses incurred on the job.

Only one national survey and two peer-reviewed studies were identified that focused specifically on WHS risks faced by Aboriginal and Torres Strait Islander workers and businesses, all conducted between 1995 and 2001.

The 1995 Australian Workplace Industrial Relations Survey (AWIRS 1995) aimed to assess changes that took place in workplace industrial relations between 1990 and 1995, assess and evaluate the impact of industrial relations and labour market policies, and inform the annual reporting requirements of the then-current Industrial Relations Reform Act 1993 (*Cth*) (Hawke & Wooden, 1997). AWIRS 1995 found that Aboriginal and Torres Strait Islander workers were more likely to have had days off work due to a work-related injury or illness than non-Aboriginal and Torres Strait Islander workers (Hunter & Hawke, 2001). The survey also found that Aboriginal and Torres Strait Islanders were less likely to receive holiday pay and paid sick leave than non-Aboriginal and Torres Strait Islander workers in the same organisations; this may leave Aboriginal and Torres Strait Islander workers at greater risk of experiencing a WHS hazard due to illness or fatigue. Aboriginal and Torres Strait Islander workers were also less likely to report that they felt a sense of personal control over their working environment.

A study conducted in Queensland in 1996 aimed to collect baseline data on WHS issues faced by Aboriginal and Torres Strait Islanders (Mayhew & Vickerman, 1996). Interviews and a survey were conducted with a sample of 257 Aboriginal and Torres Strait Islander workers representing a

range of industries and occupations. The results demonstrated that Aboriginal and Torres Strait Islander workers were more likely to incur diseases of the musculoskeletal system and connective tissue, which tended to be severe and often result in long-term incapacity, and diseases of the respiratory system. The study also identified a greater proportion of mental disorders, including stress, amongst Aboriginal and Torres Strait Islander workers in government-related occupations, such as school teachers, welfare workers, and police liaison officers. Stress was caused by several factors, particularly racism, inadequate or non-existent workplace training, a lack of understanding from co-workers of the Aboriginal and Torres Strait Islander workers' range of abilities, and a fear of losing their job. The study also found Aboriginal and Torres Strait Islander workers frequently did not know their WHS rights, so sometimes did not recognise and report work-related injuries, or did not voice concerns about hazardous aspects of their jobs.

A study conducted in South Australia between 2001 and 2002 aimed to better understand Aboriginal employment experiences within the state, focusing specifically on the mental wellbeing of Aboriginal workers from a range of occupations that play a role liaising between Aboriginal communities and mainstream services, and the occupational stressors and experiences that negatively impacted mental wellbeing (Williams et al, 2003). Drawing on interview data from 133 Aboriginal workers, the study reported that Aboriginal workers experienced racism, abuse, and violence from co-workers and clients. When considering industry of employment, Aboriginal police officers, followed by Aboriginal education workers, were found to have the highest health risk as a result of racism. The study concluded that the Aboriginal workers interviewed found it difficult to separate work and community life, and often did extra work for the community in their non-work time, limiting the amount of time they had to take breaks and recuperate. Aboriginal education workers reported the poorest overall health, whilst Aboriginal managers, followed by Aboriginal health workers, reported the highest levels of emotional exhaustion. In addition, non-Aboriginal workers would over-rely on Aboriginal liaison workers, to the point of asking them to undertake all interactions with Aboriginal clients, and avoiding any contact with the Aboriginal clients themselves, which has the potential to result in extra workload and added WHS risks for Aboriginal liaison workers. Physical injuries were also commonly reported, particularly back injuries. The most commonly reported mechanisms of injury were chemical exposure, infectious diseases, and dangerous equipment.

AWIRS 1995 (Hawke and Wooden, 1997), the Queensland study (Mayhew & Vickerman, 1996) and South Australian study (Williams et al, 2003) largely came to the same conclusions, namely that Aboriginal and Torres Strait Islander workers do experience a disproportionate share of WHS risks relative to non-Aboriginal and Torres Strait Islanders, and that interpersonal issues, such as racism and abuse, figured prominently in their reports. However, the sample sizes of the latter two studies were relatively small, they focused on workers in a single state, and relied exclusively on self-reported data, without tying it to official WHS statistics or larger administrative data sets. Importantly, the most recent of the two studies was conducted almost 20 years ago, meaning

that the extent to which these risks have increased or decreased, or new risks have emerged, is unknown.

### **Industry-specific WHS risks**

In the following sections, the risks specific to the industries with the greatest Aboriginal and Torres Strait Islander representation are outlined. If available, research conducted specifically on Aboriginal and Torres Strait Islander people working in these industries is reported.

#### *Healthcare and social assistance*

Healthcare and social assistance includes ambulatory health care services, hospitals, nursing and residential care facilities, and social assistance. Workers in this sector have one of the highest rates of work related injuries and illnesses (Safe Work Australia, 2020b). They work with highly toxic drugs and other chemicals, perform physically demanding and repetitive tasks (such as lifting patients), and are regularly exposed to workplace stress and violence. Workers in this sector often sacrifice their own wellbeing for the sake of those in their care. In NSW, the top causes of injury in this sector include: muscular stress, falls on the same level, harassment and bullying, and work pressure (SafeWork NSW, 2020a).

One study looked at the WHS risks of Aboriginal and Torres Strait Islander workers in the healthcare sector, specifically Aboriginal and Torres Strait Islander alcohol and other drug (AOD) workers. The study involved a national online survey of the health and well-being of Aboriginal and Torres Strait Islander AOD workers (Roche, Duraisingam, Trifonoff, & Tovell, 2013). It found that Aboriginal and Torres Strait Islander AOD workers reported significantly lower levels of mental health and wellbeing, and greater work/family imbalance than their non-Aboriginal and Torres Strait Islander counterparts. Experiences of racism were a significant predictor of poorer levels of mental health and wellbeing. Setting appropriate boundaries with clients was a key challenge for Aboriginal and Torres Strait Islander AOD workers, as they often live and work in the same community. In addition, Aboriginal and Torres Strait Islander AOD workers reported that they are subject to high expectations from their communities and feel a strong cultural obligation to meet these expectations. They also reported a high level of unpaid overtime. These factors all contribute to stress and exhaustion, and higher levels of work/life imbalance.

These findings are supported by the Australia's National Research Centre on Alcohol and Other Drugs Workforce Development (2013), which also reports that Aboriginal and Torres Strait Islander AOD workers face additional stressors. These stressors include heavy work demands resulting from working with clients who have complex health and social problems and from translating mainstream work practices to match the needs of Aboriginal and Torres Strait Islander clients, as well as a lack of cultural understanding and support from non-Aboriginal and Torres Strait Islander workers, and isolation when working in remote locations.

### *Public administration and safety*

Public administration and safety includes administrative roles across all government jurisdictions, border control, and police, fire and other emergency, investigation and security, correctional and detention, and regulatory services (SafeWork NSW, 2020b). Seven per cent of the Australian workforce is employed in public administration and safety. Every year the industry accounts for about 9,720 workers' compensation claims (8%) and eight work-related fatalities (4%; SafeWork Australia, 2020c). Police, fire, and emergency services personnel account for almost half of the fatalities in the public administration and safety sector. Between 2010 and 2014, eight (19%) fire protection and other emergency services workers died due to work-related causes, and seven (17%) were in the police (Safe Work Australia, 2020c). Police officers, fire and emergency workers, and security officers and guards made up one third of fatalities in public administration and safety each year.

WHS risks are diverse due to the varied nature of the roles across this sector. For workers on the front lines of community protection and safety, common WHS risks include dragging, lifting and pushing or moving heavy objects, psychological stress, violence and aggression, fire and explosion, electric shock, falls, and being hit by objects (SafeWork NSW, 2020b).

No research that specifically looked into the WHS risks faced specifically by Aboriginal and Torres Strait Islander workers in the public administration and safety sector was identified.

### *Education and training*

Education and training covers people who work in pre-school to university level education as well as adult community classes and programs (SafeWork NSW, 2020c). The most common causes of injury in NSW in this sector include manual handling and repetitive movement (such as lifting or moving objects), stress (such as from work demands, bullying or harassment), slips, trips and falls, and injuries caused by aggressive or unpredictable people (including students; SafeWork NSW, 2020c).

No research that looked into the WHS risks faced specifically by Aboriginal and Torres Strait Islander workers in the education and training sector was identified.

### *Construction*

Construction work includes "any work carried out in connection with the construction, alteration, conversion, fitting-out, commissioning, renovation, repair, maintenance, refurbishment, demolition, decommissioning or dismantling of a structure, or preparation of a building site" (Safe Work Australia, 2020d). Similar to national data, most injuries in the construction industry in NSW are caused by being hit by falling objects, muscular stress, falls, and noise (SafeWork NSW, 2020d). The construction industry accounted for approximately 9.2% of the total workforce in August 2020 (Australian Government Labour Market Information Portal, 2020), but accounted

for 20.1% of workers compensation claims for injuries and diseases between January and August 2020 (State Insurance Regulatory Authority Claims Data, 2020). In 2016/2017, the construction industry recorded 9 deaths (14% of total number of workplace deaths recorded in Australia in this time period), 39 incidences of permanent disability (10% of total), and 3,430 temporary disability claims (14% of total). These claims for major workplace injuries resulted in a total of 43,737 weeks in time lost (16% of total time lost in weeks in Australia over the same period), and a median time lost in weeks of 4.4, compared to a national average of 3.3. The construction industry had the second highest number of fatalities by industry in 2016/2017 (State Insurance Regulatory Authority, 2018).

No research that looked into the WHS risks faced specifically by Aboriginal and Torres Strait Islander workers in the construction industry was identified.

### **WHS initiatives for Aboriginal and Torres Strait Islander workers**

There are several national initiatives aimed at promoting healthy and safe workplaces for Aboriginal and Torres Strait Islanders, most of which focus on creating a culturally safe work environment. In the context of employment, *cultural safety* is the “accumulation and application of knowledge of Aboriginal and Torres Strait Islander values, principles, and norms” to “[overcome] the cultural power imbalances of places, people, and policies” such that parity in employment and job retention can be achieved in the Aboriginal and Torres Strait Islander workforce (Australian Indigenous Doctors’ Association, 2018). These include SafeWork NSW’s Aboriginal and Torres Strait Islander program (SafeWork NSW, 2020e), which provides resources about physical and psychological WHS, work rights and responsibilities, and cultural safety for employers and workers; and NSW Health’s Aboriginal Health Plan 2013-2023 (NSW Health, 2012) and strategic framework for the Aboriginal and Torres Strait Islander health workforce for 2016-2020 (NSW Health, 2016), both of which focus almost exclusively on cultural safety.

Other existing WHS initiatives are workplace-specific and do not appear to have been scaled. For example, the Dhimurru Rangers of Arnhem Land in the Northern Territory developed a WHS plan appropriate to their culture and particular needs (Safe Work Australia, 2016). Dhimurru Rangers face a range of WHS risks unique to their duties and geography, including the use of fire for land management, encounters with feral and dangerous animals, and weather conditions, particularly cyclones during the Wet Season. Key to the success of their WHS plan were a number of factors: co-design of the plan by Dhimurru Rangers themselves, who have direct knowledge of the WHS risks they encounter on the job; incorporation of WHS strategies into “business as usual,” including daily discussions of safety risks when assigning jobs; and the use of local values and language concepts as part of their safety protocols. These factors point to possible ways in which Aboriginal and Torres Strait Islander-focused WHS initiatives could be designed, implemented, and scaled in other workplaces in Australia.

The review of the existing literature highlights the lack of modern data on the full range of WHS risks and incidents that Aboriginal and Torres Strait Islander workers face across industries and occupations, including their nature, frequency, mechanisms, consequences, and costs, which challenges our ability to construct robust, effective, and scalable solutions. It is clear that focused research is needed to understand the extent to which WHS risks and issues can and should be addressed. In subsequent sections of this report, the methods used to gather data from Aboriginal and Torres Strait Islander workers are described, then the findings and insights, and the recommendations for future research into Aboriginal and Torres Strait Islander WHS.



## Method

---

Three streams of activities were undertaken to meet the objective of this project, which was to identify topics for future focus. These were:

- The formation of and consultation with an Aboriginal and Torres Strait Islander expert advisory group
- The completion of an online survey of Aboriginal and Torres Strait Islander workers
- The facilitation of online workshops of Aboriginal and Torres Strait Islander workers

These activities were selected to yield both breadth and depth of knowledge about the current and future WHS risks to Aboriginal and Torres Strait Islander workers and to businesses that employ Aboriginal and Torres Strait Islander workers.

The survey and workshops were approved by the ethics committee of the Aboriginal Health & Medical Research Council of NSW (Application No. 167/20) and conformed in all respects to the National Statement on Ethical Conduct in Human Research (National Health and Medical Research Council, 2018).

### Expert advisory group

We formed an expert advisory group of Aboriginal and Torres Strait Islander stakeholders representing a diversity of views, experiences, employment sectors, and demographics to provide expert input on the nature and prevalence of WHS risk and harms for Aboriginal and Torres Strait Islander workers and businesses. Members to the expert advisory group were recruited by asking individuals to submit a written expression of interest. Expressions of interest were reviewed by project team members from Monaghan Dreaming according to the following criteria:

- Identified as being of Aboriginal or Torres Strait Islander descent, and
- Currently or previously employed, and/or
- Has had a WHS occurrence, and/or
- Currently or previously working in a WHS policy framework.

The expert advisory group comprised 14 members: six from the NSW Government, one from the Australian Government, three from Aboriginal organisations, two from not-for-profit organisations, one from the private sector and one from a research institute. Across these organisations, the expert advisory group had representation from the healthcare, justice, policing, transport, domestic and family violence, employment, and Aboriginal affairs sectors.

In collaboration with the expert advisory group, a Research Agreement that outlined when and how the research was to be conducted was produced; the roles and responsibilities of the researchers and expert advisory group members; how any conflicts would be resolved; how, when, and to whom the research results would be disseminated; and the management of cultural and intellectual property from this project.

The expert advisory group met three times over the course of this research project to provide insight into the WHS risks and harms experienced by Aboriginal and Torres Strait Islander workers and businesses. Members also provided feedback on the design of the survey, assisted with workshop participant recruitment, and provided feedback on the final report.

## Survey

An online survey was conducted to identify and explore Aboriginal and/or Torres Strait Islander workers' experiences of, and actions following WHS hazards, including exposure to traditional hazards such as exposure to a traumatic event, and poor environments, and exposure to other WHS hazards racism, bullying, harassment and sexism. The survey consisted of 39 questions and was conducted via the SurveyMonkey platform. The full list of survey questions is shown in Appendix A.

The inclusion criteria for the survey were: 1) a participant must be over 18 years of age, and 2) the participant must self-identify as Aboriginal, Torres Strait Islander, or both. Recruitment of participants who met these criteria was conducted through the expert advisory group members. Participants were provided with an information statement and an opt-in consent form on the landing page of the online survey. Participants provided consent by clicking "Start" to begin the survey. Upon completion of the survey, participants were offered a lottery-style incentive of 10 x \$100 Giftpay vouchers. The size of this incentive was chosen as, assuming 100 participants completed the survey, the likelihood of winning the incentive and size of the incentive meant that this value was commensurate with approximately double the average hourly wage among Australian adults who are employed full-time.

The survey was open from 13 to 28 August 2020 and was completed by 138 respondents, of which 123 self-identified as either Aboriginal, Torres Strait Islander, or both. Survey respondents completed the survey in a median completion time of 14 minutes. Apart from being based in Australia, there were no geographical restrictions on respondents, and the final distribution of states in which respondents worked covered (in order of highest to lowest representation among the survey sample) NSW, Australian Capital Territory, Northern Territory, Queensland, and Victoria.

Survey results were analysed descriptively, and are shown in the results section below via descriptive graphics and statistics. The survey was crafted using questionnaires from the literature: the Psychosocial Job Quality index (Butterworth et al., 2011), and the Occupational

Health and Safety (OHS) vulnerability measures (using the method of Lay et al., 2016). Scoring methods for these questionnaires can be found in Appendix B. Respondents indicated their level of burnout via a single item scale validated against existing measures of burnout (Dolan et al., 2015).

In addition to several scales available from the WHS literature, some were created for the purposes of this survey, including a scale designed to measure a respondent's experience with, and/or witnessing of, WHS psychosocial hazards. The items on this scale were selected due to their rating as the most commonly experienced psychosocial hazards experienced by workers (Safe Work Australia, 2019). The survey also probed workplace experiences of racism, sexism, sexual harassment, bullying and lack of support for cultural considerations. For each hazard that a respondent reported witnessing, they were also asked about any subsequent actions that they took (i.e., reporting to their employer), and if a respondent indicated that they reported the hazard to their employer, the survey asked what the employer did as a result of their report. Respondents were also asked to self-report their physical and mental health, whether they had left or considered leaving a previous employer due to WHS hazards, and if so, what the reasons for this were.

Finally, participants were asked to provide demographic and employment information. Demographic data collected related to a respondent's age, gender, primary work location, highest level of education attained, identification as Aboriginal, Torres Strait Islander, or both, and whether they lived in a metropolitan, rural, or remote area of Australia. Employment information collected included length and industry of current employment, seniority in their current employment, status of employment (i.e. full-time, part-time), and length of time in the workforce in total. Respondents were also asked to indicate whether they worked for an Aboriginal-owned business, and whether their workplace has a Reconciliation Action Plan or Aboriginal Engagement Plan in place.

## **Workshops**

Two online workshops with Aboriginal and Torres Strait Islander workers were conducted to explore the WHS risks faced by Aboriginal and Torres Strait Islander workers in more depth, and to generate ideas for how and by whom these risks could be researched and addressed in future.

Workshop participants completed a consent form in advance of the workshops, and further confirmed their consent to participate via email. Each workshop participant was paid a \$50 Giftpay voucher for their participation.

The workshops lasted up to an hour and a half in duration and were conducted on 25 and 30 September 2020. Workshop participants were recruited through the advisory group members. Across the two workshops there were a total of seven participants, with representation from the healthcare, legal and higher education sectors.

The workshop involved presentation of the key findings from the online survey to participants. This was followed by a facilitated discussion where participants commented on the survey findings, and proposed potential solutions for the issues raised by the survey.

## Results and Discussion

In this part of the report, the key findings and insights that emerged from the survey and two workshops are discussed.

### Sample demographics

Table 1 presents demographic information for the survey participants. A total of 138 respondents completed the survey, of whom 123 identified as Aboriginal, Torres Strait Islander, or both. The sample was slightly skewed toward female respondents and two-thirds of participants live in regional areas. The vast majority are employed full-time and live in NSW. More than 40% work in professional or administrative staff roles, and more than one-quarter are in senior professional roles or in middle management. Similar to the most recent Australian Institute of Health and Welfare (2019) statistics on Indigenous employment, 16% of survey respondents work in health care and social assistance, 13% in public administration and safety, and 10% in education and training. In the sample, 16% also work in administrative and support services.

Table 1: Survey respondent demographics.

| <b>Aboriginal or Torres Strait Islander status</b>  | <b>Proportion of respondents<sup>2</sup></b> | <b>Total number of respondents</b> |
|---|--|------------------------------------|
| <i>Aboriginal</i>                                   | 85.6%  | 118                                |
| <i>Both Aboriginal and Torres Strait Islander</i>   | 2.8%   | 4                                  |
| <i>Neither Aboriginal or Torres Strait Islander</i> | 4.4% <sup>3</sup>                            | 6                                  |
| <i>Torres Strait Islander</i>                       | 0.8%   | 1                                  |
| <b>Gender</b>                                       |  |                                    |
| <i>Female</i>                                       | 57.8%  | 71                                 |
| <i>Male</i>   | 42.2%  | 52                                 |
| <b>Employment location - State</b>                  |  |                                    |
| <i>New South Wales</i>                              | 91.8%  | 113                                |
| <i>Australian Capital Territory</i>                 | 5.6%   | 7                                  |
| <i>Northern Territory</i>                           | 0.8%   | 1                                  |
| <i>Queensland</i>                                   | 0.8%   | 1                                  |
| <i>Victoria</i>                                     | 0.8%   | 1                                  |

<sup>2</sup> The proportion of respondents does not sum to 100% for some demographic items as some survey participants indicated that they preferred not to answer the question.

<sup>3</sup> Since this was an exclusion criterion, all respondents who indicated that they were neither Aboriginal nor Torres Strait Islander were excluded from further analyses.

|   |       |     |
|---|-------|-----|
| <b>Employment location - Regional/remote</b>                              |       |     |
| <i>Major city</i>   | 32.6% | 40  |
| <i>Regional Australia</i>   | 65.0% | 80  |
| <i>Remote Australia</i>   | 2.4%  | 3   |
| <b>Type of current employment</b>   |       |     |
| <i>Full-time</i>  | 87.8% | 108 |
| <i>Part-time</i>  | 3.2%  | 4   |
| <i>Contract</i>   | 4.0%  | 5   |
| <i>Casual</i>   | 3.2%  | 4   |
| <b>Level of seniority</b>   |       |     |
| <i>Entry-level employee</i>   | 17.0% | 21  |
| <i>Professional staff / administrative staff / associate or assistant</i> | 42.2% | 52  |
| <i>Senior professional staff / middle management</i>                      | 26.8% | 33  |
| <i>Director / senior management</i>                                       | 9.8%  | 12  |
| <b>Industry of employment</b>   |       |     |
| <i>Health care and social assistance</i>                                  | 16.2% | 20  |
| <i>Administrative and support services</i>                                | 16.2% | 20  |
| <i>Public administration and safety</i>                                   | 13.0% | 16  |
| <i>Education and training</i>   | 9.8%  | 12  |
| <i>Professional, scientific and technical services</i>                    | 5.6%  | 7   |
| <i>Mining</i>   | 0.8%  | 1   |
| <i>Information media and telecommunications</i>                           | 0.8%  | 1   |
| <i>Other services</i>   | 35.0% | 43  |
| <b>Highest level of education completed</b>                               |       |     |
| <i>Less than high school</i>  | 2.4%  | 3   |
| <i>High school or equivalent</i>  | 14.6% | 18  |
| <i>Certificate level (1-4)</i>  | 17.0% | 21  |
| <i>Diploma or advanced diploma</i>  | 26.0% | 32  |
| <i>Bachelor's degree</i>  | 14.6% | 18  |
| <i>Graduate diploma or certificate</i>                                    | 8.2%  | 10  |
| <i>Post-graduate degree (master's or PhD)</i>                             | 6.6%  | 8   |
| <b>Years in workforce</b>   |       |     |
| <i>Less than 1 year</i>   | 1.6%  | 2   |
| <i>1-5 years</i>  | 9.0%  | 11  |
| <i>5-10 years</i>   | 2.4%  | 3   |
| <i>10-20 years</i>  | 26.0% | 32  |
| <i>More than 20 years</i>   | 59.4% | 73  |

|   |       |    |
|---|-------|----|
| <b>Employment in an Aboriginal-owned organisation</b>   |       |    |
| Yes   | 23.6% | 29 |
| No  | 73.2% | 90 |
| <b>Employment in an organisation with a Reconciliation Action Plan and Aboriginal Engagement Plan</b> |       |    |
| <i>Both a Reconciliation Action Plan and an Aboriginal Engagement Plan</i>                            | 13.0% | 16 |
| <i>Aboriginal Engagement Plan only</i>  | 30.0% | 37 |
| <i>Reconciliation Action Plan only</i>  | 17.0% | 21 |
| <i>Neither a Reconciliation Action Plan nor an Aboriginal Engagement Plan</i>                         | 12.2% | 15 |
| <i>Don't know</i>   | 24.4% | 30 |

## Experiences of, and responses to, WHS hazards by Aboriginal and Torres Strait Islander workers

Workers report high work demands, traumatic events, and lack of clarity about their role as the most common psychosocial WHS risks experienced

More than 35% of Aboriginal and Torres Strait Islander workers surveyed reported experiencing high work demands, and an additional 26% said someone else at their workplace had experienced it (Figure 1). Exposure to a traumatic event was also high, with approximately one quarter of workers reporting personal exposure. However, it is important to note that there was a high proportion of workers in the justice, policing, and health sectors represented in the sample. Since the likelihood of exposure to traumatic events in these sectors is higher than many other sectors, the results illustrated in Figure 1 with respect to trauma should be interpreted with caution.

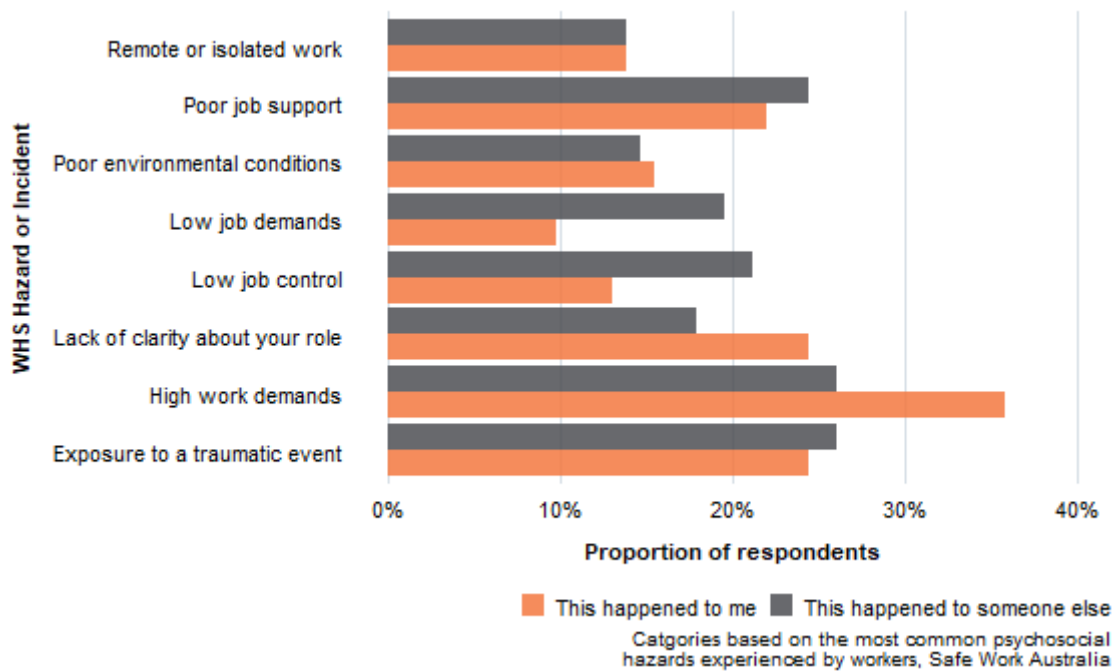


Figure 1: The proportion of respondents who say they have experienced or witnessed WHS psychosocial hazards at their current employment.

More than one in three Aboriginal and Torres Strait Islander workers reported experiencing or witnessing racism in their current employment, and this was even higher for those living in a major city

Aboriginal and Torres Strait Islander workers face disproportionate WHS challenges in addition to those relating to the physical and psychosocial aspects of their specific roles. These challenges relate to racism, a lack of cultural support, workplace bullying, sexism, and sexual harassment. Participants were asked whether they had experienced (i.e. had it happen to themselves) or witnessed or heard about WHS hazards in their current workplace such as racism, sexism, and bullying. As seen in Figure 2, more than 40% of Aboriginal and Torres Strait Islander workers report experiencing racism at work in their current employment. This finding is consistent with Williams et al. (2003) who found that many Aboriginal workers interviewed reported experiencing racism, abuse, and violence from co-workers and clients. A third of participants in the current study experienced workplace bullying, and many reported witnessing sexism or sexual harassment, highlighting that racism is only one form of stress that Aboriginal and Torres Strait Islander workers face.



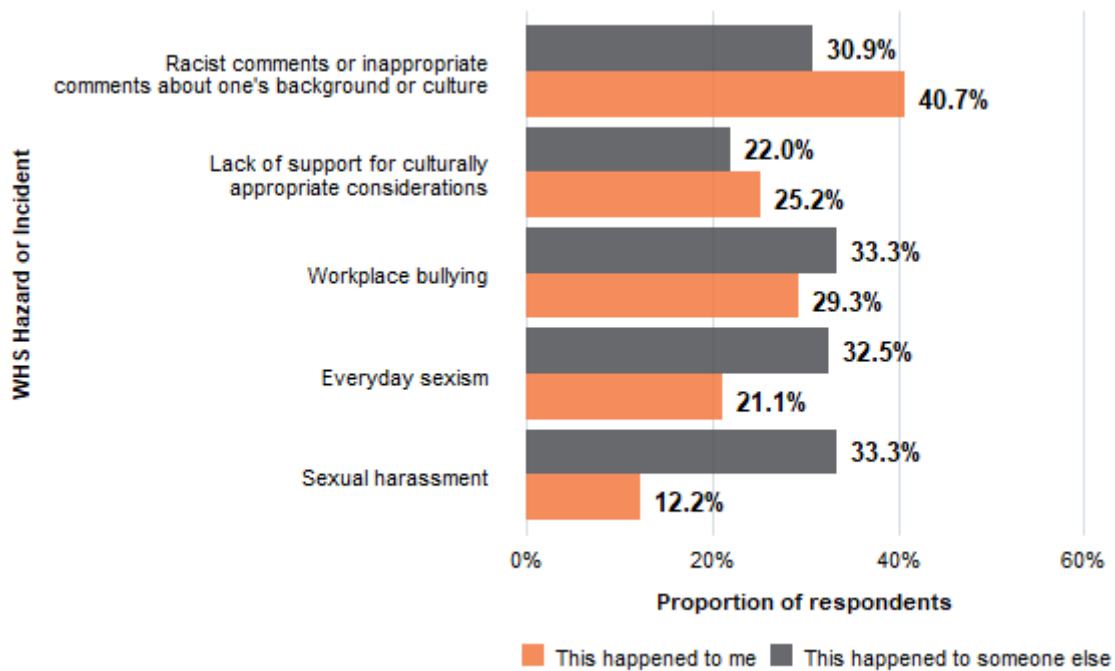


Figure 2: The proportion of respondents who say they have experienced or witnessed racism, sexism, or bullying at their current employment.

Racism was even more common for participants living in a major city, with 60% of these respondents reporting experiencing racism in their current employment. Among participants living in regional Australia, the proportion experiencing racism was 31%. When broken down by gender, women reported experiencing racism at slightly higher rates than men (43% vs 36%). Men on the other hand reported that they had witnessed sexism (46%) and sexual harassment (40%) at much higher rates than women (22% and 28%, respectively).

#### Workers took a range of actions after experiencing or witnessing WHS hazards, but employer responses depended on the hazard type

We then asked respondents who had experienced or witnessed these WHS hazards what actions they took after the incident. Figure 3 reports the actions taken after each type of hazard. Most participants reported responding to a WHS incident by checking in with and offering advice to the person who was targeted, and reporting the hazard to their employer.

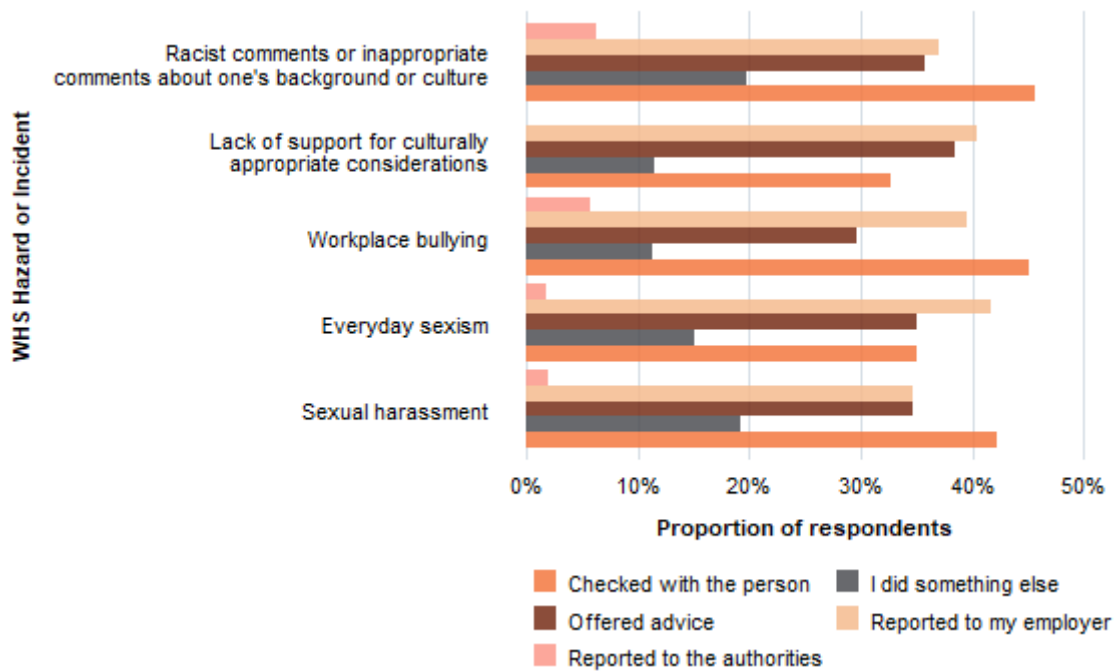


Figure 3: The proportion of respondents undertaking different activities after experiencing or witnessing WHS hazards at their current employment.

Those workers who said they had reported the incident to their employer were asked what actions their employer took in response. Concerningly, in more than 20% of incidents of racism and workplace bullying, employers took no action. Employers were more likely to have taken steps to prevent future incidents in response to sexism and sexual harassment hazards (48% and 55% respectively) than in response to racism (42%), bullying (35%), and lack of support for culturally appropriate considerations (5%). Employers were also more likely to have developed policies in response to reports of sexism (32%) and sexual harassment (28%) than racism, bullying, or lack of support (19%, 18%, and 14%, respectively).

### One-fifth of workers do not report WHS hazards because they fear negative repercussions

There is a concern that WHS hazards are underreported among Aboriginal and Torres Strait Islander workers. There was evidence for this in the current study. More than 20% of respondents said they did not report racism, bullying, sexism, or sexual harassment because they were worried about negative repercussions from doing so. Approximately 10-15% indicated that they did not feel comfortable raising an incident with their employer. Commonly, however, workers did not report a hazard because someone else was already assisting with the incident. This was particularly the case for racism and lack of support for cultural considerations (both 35%). With regards to workplace bullying, sexism, and sexual harassment, another common reason for not reporting the incident was because they had witnessed it and the person who experienced the incident had asked them not to (23% for bullying, and 17% for sexism and sexual harassment). This reason was less common for racism (10%) and lack of support (6%).

## More than a quarter of respondents have left, or considered leaving, a workplace due to a WHS risk

Of those surveyed, 18% reported that they have left a previous employer due to a WHS risk or incident, and an additional 8.6% said they considered leaving for this reason. In qualitative free-text responses, participants cited a variety of reasons for leaving or considering leaving, but many mentioned workplace bullying, racism and harassment, and lateral violence:

*“Lateral Violence where I was called a [sic] The White [expletive] by other Aboriginal Staff and not allowed in any publicity because I wasn’t black enough.”*

With non-Aboriginal and Torres Strait Islander people 1.4 times more likely to be employed than Aboriginal and Torres Strait Islander people, the finding that WHS hazards are causing workers to leave their jobs is concerning.

## Workers would like to see changes to working conditions but many would like issues of bullying and racism to be addressed

We asked participants to detail via a free-text response what one change they would make to their workplace to ensure it was safer. There was a diversity of responses; some focused on pay, case loads, and flexible working conditions, whereas others called for more cultural inclusivity and changes to how bullying and racism is addressed:

*“Change the Racism, call it out and change the way things are said and if they are reported then there must be an appropriate system or consequence for the remarks not just continuously being swept under the rug.”*

*“I would ensure that all staff but particularly senior leaders and managers understand what cultural safety means and that they have to attend yearly cultural safety training.”*

## Health and burnout among Aboriginal and Torres Strait Islander workers

Many workers reported their mental and physical health as ‘good’, but there is a sizeable minority with poor health

As can be seen in Figure 4, the majority of respondents self-rated their mental health as good. However, more than a third rated it as fair and a sizeable minority rated their mental health as poor or very poor.

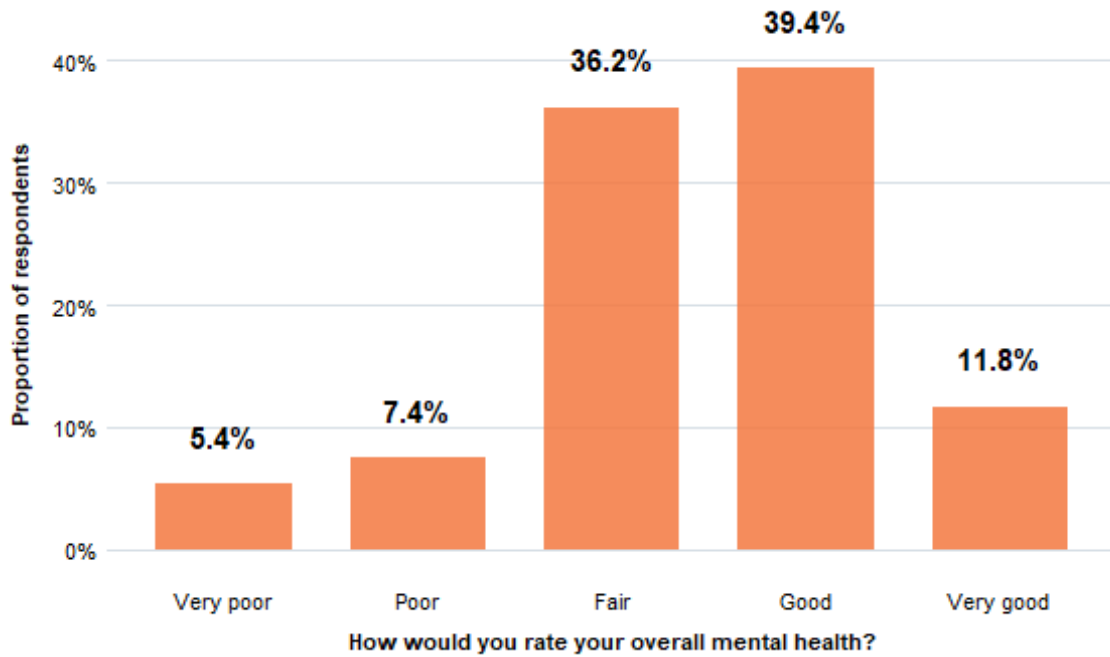


Figure 4: Self-reported rating of overall mental health.

Similar results were found for physical health, with 45% rating their physical health as good, 28% rating it as fair, and 9% as poor. These findings are consistent with previous research, particularly in the healthcare and social assistance industry. Roche et al. (2013) found that Aboriginal and Torres Strait Islander AOD workers reported significantly lower levels of mental health and wellbeing than their non-Indigenous counterparts. Experiences of racism were found to predict poorer mental health, indicating that WHS hazards such as racism are likely to contribute to health issues in this population.

**More than one-third of workers reported suffering from at least some level of burnout**

More than a quarter of respondents in this sample stated that they are definitely burning out and have one or more symptoms of burnout, and an additional 11% rate their level of burnout as even higher than this. Only 17% report having no symptoms of burnout, with the rest (almost half of workers) saying that they are occasionally under stress but do not feel burnt out. These findings are comparable to levels of burnout found in a US healthcare worker sample (Dolan et al., 2015; see Figure 5 below).

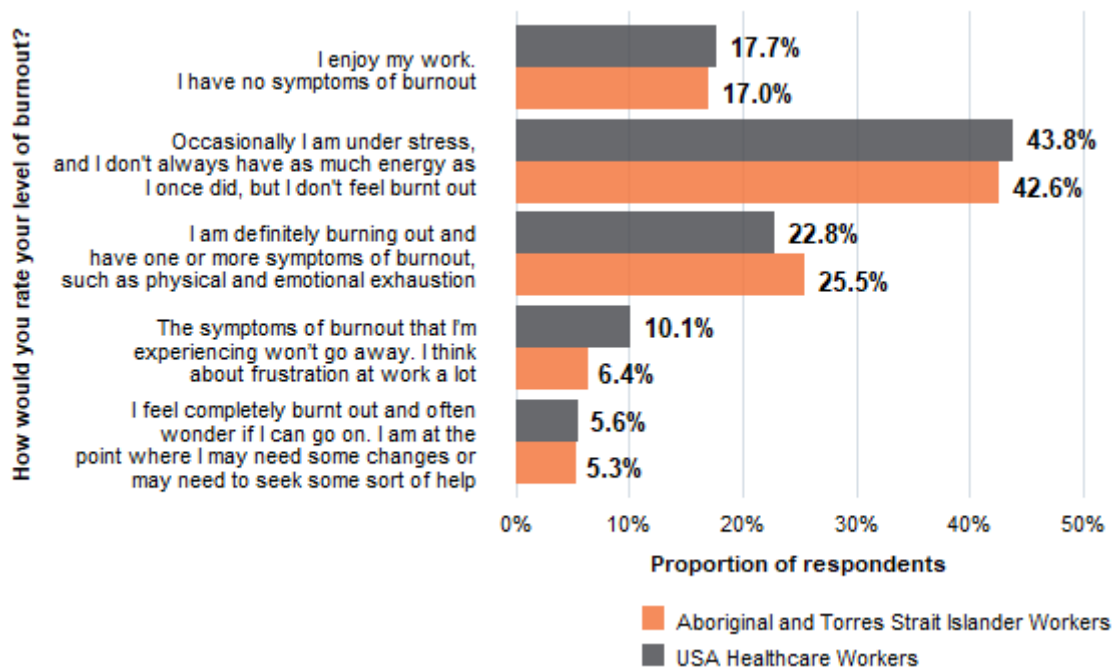


Figure 5: Proportion of Aboriginal and Torres Strait Islander workers (current sample) and US healthcare workers (comparison sample) experiencing burnout.

Respondents who are working in middle or senior management were more likely to report feeling burnt out than those in entry-level positions. Of particular concern, 17% of middle managers surveyed reported feeling completely burnt out - more than the number in this group who say they have no symptoms of burnout (13%). No entry-level workers on the other hand reported experiencing significant burnout. Aboriginal and Torres Strait Islander workers who feel completely burnt out are more than twice as likely to be women (6.6% compared with 3% of men) and living in a major city (9.4% compared with 3.2% of regional respondents).

### WHS vulnerability and psychosocial job quality of Aboriginal and Torres Strait Islander workers

Like non-Aboriginal and Torres Strait Islander workers, Aboriginal and Torres Strait Islanders face WHS hazards related to the physical aspects of their job, such as repetitive movements, heavy lifting, working in noisy environments, and interacting with hazardous substances. From the survey, nearly 31% of respondents could be categorised as “WHS-vulnerable,” meaning that they: (1) meet the criteria for exposure to hazards such as those listed above, and (2) report inadequate WHS awareness, empowerment, or policies and procedures in the workplace. In comparison to the same WHS measures conducted in a sample of over 1,100 workers from all Australian states and territories by Monash University (Collie et al., 2017), this research found smaller proportions of overall vulnerability (30.8% vs. 34.2%), hazard exposure (40.2% vs. 56.9%), inadequate WHS policies and procedures (24.3% vs. 37.4%), and inadequate awareness (2.8% vs. 18.3%) in this survey sample. The only measure for which this sample revealed a slightly greater proportion than the national sample was inadequate empowerment (45.9% vs. 35.4%). These discrepancies between this sample and the national sample may be due to the fact that this sample was skewed

away from entry-level or lower-tier roles, and that a large proportion of the sample reported working in “Other services,” which could include roles with high-quality induction processes.

With respect to psychosocial job quality, a slightly higher proportion of participants experiencing low job control (26.1% vs. 24.9%), low job security (31.3% vs. 32.1%) and low effort reward fairness (38.3% vs. 37.2%) was found compared to the national survey (Collie et al., 2017). A much larger discrepancy between this sample and the national sample was observed in the proportion of participants experiencing high job demand (33.9% vs. 23.6%). Again, this may be due in part to the survey sample that was recruited, in that it was skewed away from entry-level or lower-tier roles.

## Workshops

Workshop participants reported that the survey findings were largely expected and were reflective of the experiences of themselves and their networks.

### Poor organisational culture was raised as a common and significant issue

Workshop participants highlighted organisational culture as a key concern, particularly when it comes to responding to racism and harassment. For instance, attendees felt that many organisations have a culture that tolerates racism and does not adequately respond to racism when it occurs. One participant commented that there was reason for optimism but more work is needed:

*“I think we’re slowly improving but we’ve still got so far to go.”*

Participants felt that poor organisational culture contributed to the underreporting of WHS incidents. For example, several workshop participants perceived that a woman reporting sexual harassment was less “acceptable” within their organisations than if the report came from a man. Aboriginal and Torres Strait Islander workers are unlikely to report incidents of racism and sexual harassment if they do not believe that anything will come of it. Participants also reported that some workers are concerned about backlash from reporting incidents, with one attendee saying:

*“If you feel comfortable about the [reporting] process then you’re going to go and do it, but if you’re not feeling comfortable you’ll worry about how your name will be used or if you’ll be taken seriously.”*

Fear of losing their job was also a significant concern reported by participants, particularly workers who are the main income earner in their family, and if there are limited job prospects. Another strong disincentive to reporting incidents was being asked when applying for new jobs whether they have previously lodged a WHS claim. Workers feel that although there are anti-discrimination laws, having a previous WHS claim would hamper their application.

In discussing underreporting, participants cited the survey finding that employers did not always take action in response to an incident report, stating:

*“This explains why people didn’t report - why would they when nothing happens when they do?”*

### **Recommendations focused on regular training, better tools, and greater accountability**

The solutions discussed by workshop participants focused on three key areas: cultural awareness training, auditing and reporting tools, and greater accountability. Participants recognised that cultural awareness training and cultural safety training are relatively common, however they felt that they were being underutilised. Attendees called for cultural awareness training to be mandatory and felt it was essential that it occurred on a regular basis, for example annually. Implementing refresher courses would ensure that learnings are up to date and the conversation is ongoing.

Participants also called for structured tools and templates to help with reporting and auditing processes. An incident reporting template should be simple and easy to use and not require significant time to complete because a complicated form places additional burden on victims and can disincentivise reporting. Participants reported that an auditing tool that makes it easy to monitor reporting and improve processes would be beneficial. Participants also commented that the process is often too slow, with action sometimes only seen six months after a report has been filed. Having policies around responding to incidents and doing so quickly could help address this issue.

Finally, participants discussed the importance of accountability, calling for greater accountability for organisations to actually implement good practice and be held responsible for poor culture. One participant highlighted the importance of holding companies accountable for translating their good words into action, stating:

*“Reconciliation Action Plans aren’t enough - there needs to be something built into the policies and procedures of the organisation to make it actually happen.”*

Participants also reflected on the health issues identified in the survey and discussed the idea of Aboriginal and Torres Strait Islanders having access to culturally appropriate counsellors. This was identified as a gap in current Employee Assistance Programs (EAP) and was highlighted as an issue that should be discussed further. Participants also called for more in depth research to explore exactly what the health issues are for Aboriginal and Torres Strait Islander workers. This research should include uncovering the extent to which workplace incidents of racism, bullying, and sexual harassment have a causal influence on the physical and mental health of Aboriginal and Torres Strait Islander workers.

# Conclusion and Recommendations

---

## Conclusion

Our survey and workshops highlighted a range of key WHS issues that Aboriginal and Torres Strait Islanders face in the workplace. Almost 31% of survey respondents could be classified as “WHS-vulnerable”, meaning they are exposed to workplace hazards and possess inadequate WHS awareness or empowerment, or work within an organisation that has inadequate WHS policies and procedures. Among the key hazards identified by the survey sample and workshop participants were racism, lateral violence, bullying, high work demands, exposure to traumatic events, and lack of role clarity. These hazards appear to have longer-term and more widespread effects, with more than one-third of the survey sample reporting some level of burnout, one-fifth reporting that they do not report WHS hazards because they fear negative repercussions and more than a quarter reporting that they have left, or considered leaving, a workplace due to an unaddressed WHS risk. Potential solutions to these challenges discussed by workshop participants focused on cultural awareness training, auditing and reporting tools, and greater accountability.

## Recommendations

As illustrated by the Dhimurru Rangers case study described in the **Literature scan** section above, initiatives to support and improve Aboriginal and Torres Strait Islander WHS appear to work best when Aboriginal and Torres Strait Islanders are actively involved in co-designing their own WHS program and when local values sit at the program’s core. We recommend that all future work seek to co-design and implement solutions in collaboration with Aboriginal and Torres Strait Islander stakeholders, ensuring consultation, action, and continuous improvement to the WHS policies and processes that directly affect them.

Based on the literature scan and the results of the survey and workshops, we recommend that the following topics are considered by the Centre for WHS in its future research into Aboriginal and Torres Strait Islander WHS. These potential research topics were devised by combining the prevalence of each issue, and the possible impact of each issue. Below each topic, three potential research questions that may help in focusing the research are provided, based on the evidence collected in this project and the input of the expert advisory panel. Given the paucity of research in this area, many other research questions could be addressed as part of each topic listed.

### **Mechanisms for reporting and handling racism and bullying in the workplace**

Racism and bullying were among the most frequently reported WHS incidents among survey respondents and workshop participants. Forty percent of all survey respondents reported experiencing racism, a figure that rose to 60% among workers in major cities, and 33% reported experiencing bullying. While diversity and cultural safety initiatives are in place in many



organisations, survey respondents and workshop participants expressed a perception that these initiatives exist on paper only. As one survey respondent wrote:

*“I am over organisations saying they have a RAP [Reconciliation Action Plan] and then not moving forward.”*

This perception was supported by the finding that more than 20% of survey respondents did not report experiences of racism, bullying, or similar behaviours out of fear of negative repercussions. Several workshop participants noted that racism and bullying may not be perceived by the majority of workers as falling under the WHS umbrella. Under-reporting likely also stems from actual past experiences: more than 20% of survey respondents' employers had taken no action in response to their report of racism and bullying. Taken together, these findings highlight the critical gap between the existence of policies aimed at eliminating workplace bullying and racism and their enactment and enforcement in day-to-day workplace activities.

#### *Potential focus research questions*

1. How can culturally safe workplaces be established and sustained?
2. What are the barriers and facilitators to reporting incidents of racism and bullying?
3. What are effective and sustainable ways to promote diversity and inclusion policies in the workplace?

#### **The individual, organisational, and community effects of lateral violence**

Lateral violence, or conflict that occurs between members of the Aboriginal and Torres Strait Islander community, occurs against a complex background of historical disadvantage, oppression, and colonisation (Australian Human Rights Commission, 2010). The motivations underlying lateral violence have been described as attempts to “feel powerful in a powerless situation” (Phillips, 2009). Lateral violence may manifest as bullying, shaming, shunning, feuding, or physical attacks. Its impacts in the workplace are significant and far-reaching, affecting not only those directly engaged in the conflict, but also adjacent co-workers, managers, and the organisation as a whole.

Lateral violence was identified in both the survey and workshops as a large and growing WHS problem that undermines cultural safety and requires urgent action to address. As one survey respondent wrote:

*“Culturally safe work environments and knowing your own Unconscious Bias go hand in hand. This also means, lateral violence within our own mob - has to stop.”*

Lateral violence appears to be an under-researched topic, particularly in the context of WHS. This is likely due, at least in part, to a disinclination to draw further attention to dysfunction in Aboriginal and Torres Strait Islander communities (Australian Human Rights Commission, 2010); a lack of widespread awareness of lateral violence among non-Aboriginal and Torres Strait Islander people, as highlighted by the workshop participants; and/or a belief that non-Aboriginal

and Torres Strait Islander people have no role to play in combating lateral violence (Australian Human Right Commission, 2010).

#### *Potential focus research questions*

1. What are the individual and organisational triggers for lateral violence in the workplace?
2. What initiatives for addressing lateral violence in the workplace are effective and sustainable?
3. What are the roles of the individual, organisation, and Aboriginal and Torres Strait Islander communities in addressing lateral violence?

#### **The importance and effects of community obligations**

Unlike non-Aboriginal and Torres Strait Islander workers, who can “clock off” at the end of a workday, the expectation of many communities is that Aboriginal and Torres Strait Islander people will continue to act in their occupational role outside of defined work hours (and outside defined work locations) to serve their community. For example, an Aboriginal Health Worker is likely to be approached for health advice - and expected to provide it - at virtually any time of day and in informal, non-work locations, such as at the shops. This was illustrated by the comment of one of the survey respondents, who wrote:

*“Not only in our work capacity are we accountable to the communities we work in but also privately out in the community so the high turnover and level of burn out in Indigenous industries and fields is always going to be an issue.”*

This suggests there may be little, if any, opportunity for many Aboriginal and Torres Strait Islander workers to enforce boundaries between work and non-work activities and to spend adequate time focusing on their families and other non-work pursuits. While many organisations now recognise the importance of promoting a healthy work-life balance and have implemented initiatives to support their workers in achieving this balance, these initiatives are largely based on a non-Indigenous definition of “work-life balance.” Currently recommended strategies for improving work-life balance may therefore not be appropriate, relevant, or feasible for Aboriginal and Torres Strait Islander workers, and this research suggests that this is likely to be the case: one in five survey respondents reported a lack of organisational support for cultural activities, such as taking time off for sorry business.

#### *Potential focus research questions*

1. What is/are the Aboriginal and Torres Strait Islander definition(s) of “work-life balance”?
2. What are the early warning signs of sub-optimal work-life balance for Aboriginal and Torres Strait Islander workers?
3. What workplace-level and community-wide initiatives are effective for promoting and sustaining optimal work-life balance among Aboriginal and Torres Strait Islander workers?

## The Aboriginal and Torres Strait Islander experience of work-related stress and burnout

Work-related stress is a condition that arises when workers perceive that their work demands exceed their abilities and resources to conduct that work (SafeWork NSW, 2020f). *Burnout* occurs when work-related stress becomes chronic and unmanageable. The World Health Organization (2019) defines burnout as including three key components: (1) exhaustion, whether mental, physical, or emotional; (2) disengagement from, or cynicism about, one's job, workplace, and/or co-workers; and (3) reduced capacity to effectively and efficiently complete work. Burnout in and of itself may also increase the risk of WHS incidents, with several recent studies demonstrating that levels of burnout negatively impact safety performance among firefighters (Smith, Hughes, DeJoy, & Dyal, 2017; Genly, 2016).

As reported in the **Results and Discussion** section above, more than one-third of survey respondents reported suffering from at least some level of burnout. The burden of burnout appears to be disproportionately borne by middle managers, women, and those who live in major cities. Work-related stress and burnout are complex and multifactorial conditions. For workers in general, high work demands are known and a common stressor. In the survey, this was the case for Aboriginal and Torres Strait Islander workers more specifically, with 35% of respondents reporting high work demands. However, this research also suggests that there are unique additive factors - such as racism, lateral violence, and community obligations, which have been described in more detail in the other recommendations - that are likely to put Aboriginal and Torres Strait Islander workers at higher risk for work-related stress and burnout than non-Aboriginal and Torres Strait Islander workers. This means that proactively preventing work-related stress and burnout, as well as managing stress and burnout after they have already occurred, is likely to require strategies tailored specifically to the Aboriginal and Torres Strait Islander cultural context.

### *Potential focus research questions*

1. What are the early warning signs of work-related stress and burnout among Aboriginal and Torres Strait Islander workers?
2. What are the short- and long-term individual, workplace, and community effects of work-related stress and burnout among Aboriginal and Torres Strait Islander workers?
3. How can individuals, workplaces, and communities best support Aboriginal and Torres Strait Islander workers who are at risk of, or are suffering from, work-related stress and burnout?

# Acknowledgements

---

We acknowledge the contributions of the following:

The expert advisory group for their valuable and expert contributions to the direction, focus, and scope of the research.

The Aboriginal and Torres Strait Islander workers who participated in the online survey and workshops.

Daniel Craig, Centre for WHS, for ongoing project support.

Dr Karen Tindall, The Behavioural Insights Team, for policy and research advice.

## References

---

- Australian Bureau of Statistics. (2018a). 2076.0 - Census of Population and Housing: Characteristics of Aboriginal and Torres Strait Islander Australians. Retrieved from <https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/census-population-and-housing-characteristics-aboriginal-and-torres-strait-islander-australians/latest-release>
- Australian Bureau of Statistics. (2018b). 6324.0 - Work-Related Injuries, Australia, Jul 2017 - Jun 2018. Retrieved from <https://www.abs.gov.au/statistics/labour/earnings-and-work-hours/work-related-injuries/latest-release>
- Australian Bureau of Statistics. (2019). National Aboriginal and Torres Strait Islander Health Survey, 2018-19. Retrieved from <https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/national-aboriginal-and-torres-strait-islander-health-survey/latest-release>
- Australian Government Labour Market Information Portal. (2020). Labour Market Information Portal: Construction. Retrieved from <https://lmip.gov.au/default.aspx?LMIP/GainInsights/IndustryInformation/Construction>
- Australian Human Rights Commission. (2010). *2010 Social Justice Report of the Aboriginal and Torres Strait Islander Social Justice Commissioner*. Retrieved from [https://humanrights.gov.au/sites/default/files/content/social\\_justice/sj\\_report/sjreport10/pdf/sjr2010\\_full.pdf](https://humanrights.gov.au/sites/default/files/content/social_justice/sj_report/sjreport10/pdf/sjr2010_full.pdf)
- Australian Indigenous Doctors' Association. (2019). Cultural safety factsheet. Retrieved from [https://www.aida.org.au/wp-content/uploads/2018/07/Cultural-Safety-Factsheet\\_08092015.docx.pdf](https://www.aida.org.au/wp-content/uploads/2018/07/Cultural-Safety-Factsheet_08092015.docx.pdf)
- Australian Institute of Health and Welfare (2018). Closing the Gap targets: 2017 analysis of progress and key drivers of change. Retrieved from <https://www.aihw.gov.au/reports/indigenous-australians/closing-the-gap-targets-2017-analysis-of-progress/contents/summary>
- Australian Institute of Health and Welfare. (2019a). Profile of Indigenous Australians. Retrieved from <https://www.aihw.gov.au/reports/australias-welfare/profile-of-indigenous-australians>
- Australian Institute of Health and Welfare. (2019b). Indigenous employment. Retrieved from <https://www.aihw.gov.au/reports/australias-welfare/indigenous-employment>
- Burton, J. (2010). *WHO Healthy Workplace Framework and Model: Background and Supporting Literature and Practice*. Geneva: World Health Organization.
- Butterworth, P., Leach, L. S., Strazdins, L., Olesen, S. C., Rodgers, B., & Broom, D. H. (2011). The psychosocial quality of work determines whether employment has benefits for mental health: results from a longitudinal national household panel survey. *Occupational and Environmental Medicine*, 68(11), 806-812.
- Collie, A., Marembo, M., Hassani-Mahmmoei, B, De Cieri, H., LaMontagne, A., Smith, P., Scollay, C., & Thompson, J. (2017). *National work health and safety leading indicator survey: Summary report*. Insurance Work and Health Group, Faculty of Medicine Nursing and Health Sciences, Monash University.
- Dolan, E. D., Mohr, D., Lempa, M., Joos, S., Fihn, S. D., Nelson, K. M., & Helfrich, C. D. (2015). Using a single item to measure burnout in primary care staff: a psychometric evaluation. *J Gen Intern Med*, 30(5), 582-587.
- Genly, B. (2016). Safety and job burnout: understanding complex contributing factors. *Professional Safety*, 61(10), 45-49.

Hawke, A., & Wooden, M. (1997). The 1995 Australian Workplace Industrial Relations Survey. *The Australian Economic Review*, 30(3), 323-328.

Hunter, B. H., & Hawke, A. E. (2001). A comparative analysis of the industrial relations experiences of Indigenous and other Australian workers. *Journal of Industrial Relations*, 43(1), 44-65.

Lay, A. M., Saunders, R., Lifshen, M., Breslin, C., LaMontagne, A., Tompa, E., & Smith, P. (2016). Individual, occupational, and workplace correlates of occupational health and safety vulnerability in a sample of Canadian workers. *American Journal of Industrial Medicine*, 59(2), 119-128.

Mayhew, C., & Vickerman, L. (1996). Aboriginal and Torres Strait Islander occupational health and safety: a pilot study in Queensland. *Australian Aboriginal Studies*, 2, 61-68.

National Health and Medical Research Council. (2018). National Statement on Ethical Conduct in Human Research 2007 (Updated 2018). National Health and Medical Research Council. Retrieved from <https://www.nhmrc.gov.au/about-us/publications/national-statement-ethical-conduct-human-research-2007-updated-2018#>

National Indigenous Australians Agency. (2020). Closing the Gap reports 2014-2020. Retrieved from <https://www.closingthegap.gov.au/>

National Research Centre on Alcohol and Other Drugs Workforce Development. (2013). Feeling Deadly, Working Deadly: Indigenous AOD Worker Wellbeing Kit. Retrieved from <http://nceta.flinders.edu.au/workforce/indigenous-aod-workforce/feeling-deadly-working-deadly-indigenous-worker-wellbeing/>

NSW Health. (2012). *NSW Aboriginal Health Plan 2013-2023*.

NSW Health. (2016). *NSW Health Good Health - Great Jobs: Aboriginal Workforce Strategic Framework 2016-2020*.

Phillips, G. (2009). *Healing Identity in Contemporary Australia: What is a Real / Traditional / Grassroots Aborigine?* Australian Institute of Aboriginal and Torres Strait Islander Studies Seminar Series, Canberra.

Roche, A. M., Duraisingam, V., Trifonoff, A., & Tovell, A. (2013). The health and well-being of Indigenous drug and alcohol workers: Results from a national Australian survey. *Journal of Substance Abuse Treatment*, 44(1), 17-26.

Safe Work Australia. (2016). Yolngu and ngapaki: Getting the WHS balance right. Retrieved from <https://www.safeworkaustralia.gov.au/media-centre/yolngu-and-ngapaki-getting-whs-balance-right>

Safe Work Australia. (2019). Work-related injury fatalities - Key WHS statistics Australia 2019. Retrieved from <https://www.safeworkaustralia.gov.au/book/work-related-injury-fatalities-key-whs-statistics-australia-2019>

Safe Work Australia. (2020a). Statistics. Retrieved from <https://www.safeworkaustralia.gov.au/statistics-and-research/statistics/statistics>

Safe Work Australia. (2020b). Health care and social assistance. Retrieved from [https://www.safeworkaustralia.gov.au/industry\\_business/health-care-and-social-assistance](https://www.safeworkaustralia.gov.au/industry_business/health-care-and-social-assistance)

Safe Work Australia. (2020c). Public administration and safety. Retrieved from [https://www.safeworkaustralia.gov.au/industry\\_business/public-administration-and-safety](https://www.safeworkaustralia.gov.au/industry_business/public-administration-and-safety)

Safe Work Australia. (2020d). Construction. Retrieved from <https://www.safeworkaustralia.gov.au/construction>

- Safe Work Australia (2020e). Construction Industry Profile. Retrieved from <https://www.safeworkaustralia.gov.au/system/files/documents/1702/construction-industry-profile.pdf>
- SafeWork NSW (2020a). Health care and social assistance. Retrieved from <https://www.safework.nsw.gov.au/your-industry/health-care-and-social-assistance>
- SafeWork NSW (2020b). Public administration and safety. Retrieved from <https://www.safework.nsw.gov.au/your-industry/public-administration-and-safety>
- SafeWork NSW (2020c). Education and training. Retrieved from <https://www.safework.nsw.gov.au/your-industry/education-and-training>
- SafeWork NSW (2020d). Building and construction. Retrieved from <https://www.safework.nsw.gov.au/your-industry/construction>
- SafeWork NSW (2020e). Aboriginal Program. Retrieved from <https://www.safework.nsw.gov.au/safety-starts-here/our-aboriginal-program>
- SafeWork NSW. (2020f). Overview of work-related stress: Tip sheet 1. Retrieved from <https://www.safework.nsw.gov.au/resource-library/mental-health/mental-health-strategy-research/stress-tip-sheets/overview-of-work-related-stress>
- Smith, T.D., Hughes, K., DeJoy, D.M., & Dyal, M-A. (2017). Assessment of relationships between work stress, work-family conflict, burnout and firefighter safety behavior outcomes. *Safety Science*, 103, 287-292.
- State Insurance Regulatory Authority. (2018). Statistical Bulletin 2016/17 NSW workers compensation statistics. Retrieved from [https://www.sira.nsw.gov.au/\\_data/assets/pdf\\_file/0006/386097/2016-2017-NSW-Workers-Compensation-Statistical-Bulletin.pdf](https://www.sira.nsw.gov.au/_data/assets/pdf_file/0006/386097/2016-2017-NSW-Workers-Compensation-Statistical-Bulletin.pdf)
- State Insurance Regulatory Authority. (2020). Claims Data – SIRA. Retrieved from <https://www.sira.nsw.gov.au/open-data/system-overview/claimsdata#!>
- Williams, C., Thorpe, B., & Chapman, C. (2003). Aboriginal workers and managers: History, emotional and community labour and occupational health and safety in South Australia. Henley Beach: Seaview Press.
- World Health Organization. (2019). *11th Revision of the International Classification of Disease (ICD-11)*.
- Xiang, J., Mittinty, M., Tong, M.X., Pisaniello, D., & Bi, P. (2020). Characterising the burden of work-related injuries in South Australia: a 15-year data analysis. *International Journal of Environmental Research and Public Health*. doi:10.3390/ijerph17062015

# Appendices

## A: Survey

|   | Question (as displayed to participant)   | Response   |
|---|--|--|
| 1 | What is the first letter of your mother's name?<br>(If not applicable, please enter 'N/A') | Free text response   |
|   | What is the first letter of your father's name?<br>(If not applicable, please enter 'N/A') |  |
|   | What day of the month were you born? (e.g. for 30th of April, please enter '30')           |  |
|   | What is the first letter of the place where you were born?                                 |  |
| 2 | Please select your age   | Forced choice response:<br>Under 18 (automatic exit from survey)<br>18-29<br>30-44<br>45-59<br>60 or more<br>Prefer not to say   |
| 3 | Please select your gender  | Forced choice response:<br>Male<br>Female<br>Non-binary<br>Prefer not to say   |
| 4 | Where is your primary work location?   | Forced choice response:<br>NSW<br>ACT<br>Victoria<br>Queensland<br>Tasmania<br>South Australia<br>Northern Territory<br>Western Australia  |
| 5 | What area of the country do you live in?   | Forced choice response:<br>Major city<br>Regional Australia<br>Remote Australia  |
| 6 | Do you identify as Aboriginal and/or Torres Strait Islander?                               | Forced choice response:<br>Aboriginal<br>Torres Strait Islander<br>Both Aboriginal and Torres Strait Islander<br>Neither Aboriginal nor Torres Strait Islander (automatic exit from survey)  |
| 7 | What is the highest level of education you have attained?                                  | Forced choice response:<br>Have not completed high school<br>Completed high school<br>Certificate level (Certificate 1-4)<br>Advanced Diploma or Diploma<br>Bachelor's degree<br>Graduate diploma or certificate<br>Post-graduate degree: Masters or PhD |
| 8 | Are you currently employed?  | Forced choice response:<br>Yes<br>No<br>Prefer not to say  |



|    |   |  |
|----|---|--|
| 8b | [If respondent indicates that they are not currently employed to Q8]<br>How recently were you last in employment?[2]  | Forced choice response:<br>Up to six months ago<br>Six months to one year<br>One to two years<br>Three to five years<br>Five to nine years<br>Ten years or above<br>Prefer not to say  |
| 9  | [If respondent indicates that they are currently employed to Q8]<br>How many jobs are you currently employed in?  | Drop-down<br>1<br>2<br>3 or above<br>Prefer not to say   |
| 10 | [If respondent indicates that they are currently employed to Q8]<br>What industry are you employed in? If you are employed in multiple industries, please select the industry for your primary employment.          | Forced choice response:<br>Agriculture, forestry and fishing<br>Mining<br>Manufacturing<br>Electricity, gas, water and waste services<br>Construction<br>Wholesale trade<br>Retail trade<br>Accommodation and food services<br>Transport, postal and warehousing<br>Information media and telecommunications<br>Financial and insurance services<br>Rental, hiring and real estate services<br>Professional, scientific and technical services<br>Administrative and support services<br>Public administration and safety<br>Education and training<br>Health care and social assistance<br>Arts and recreation services<br>Other services |
| 11 | [If respondent indicates that they are currently employed to Q8]<br>What is your level of seniority in your workplace?<br>If you are employed in multiple roles, please select the role for your primary employment | Forced choice response:<br>Director / Senior Management<br>Senior Professional Staff / Middle Management<br>Professional Staff / Administrative Staff / Associate or Assistant<br>Entry-level employee<br>Prefer not to say  |
| 12 | [If respondent indicates that they are currently employed to Q8]<br>How long have you been employed in your current role?   | Forced choice response:<br>Less than 3 months<br>Three months to six months<br>Six months to one year<br>One to two years<br>Three to five years<br>Five to nine years<br>Ten years or above<br>Prefer not to say  |
| 13 | [For all respondents, regardless of current employment status]<br>How long have you been in the workforce, in total?  | Forced choice response<br>Less than one year<br>One to five years<br>Five to ten years<br>Ten to twenty years<br>Twenty years or above<br>Prefer not to say  |
| 14 | [If respondent indicates that they are currently employed to Q8]<br>On what basis are you employed?   | Forced choice response<br>Full-time<br>Part-time<br>Casual<br>Contract<br>Prefer not to say  |

|     |  |  |
|-----|--|--|
| 15  | [If respondent indicates that they are currently employed to Q8]<br>Do you work for an Aboriginal- or Torres Strait Islander-owned business?                         | Forced choice response<br>Yes<br>No<br>Not sure<br>Prefer not to say   |
| 15a | [If respondent indicates that they are currently employed to Q8]<br>Does your workplace have a Reconciliation Action Plan or an Aboriginal Engagement Plan in place? | Forced choice response:<br>Yes, my workplace has a Reconciliation Action Plan<br>Yes, my workplace has an Aboriginal Engagement Plan<br>Yes, my workplace has both a Reconciliation Action Plan and an Aboriginal Engagement Plan<br>No, my workplace does not have either of those plans<br>Don't know<br>Prefer not to say   |
| 16  | How would you rate your overall physical health?   | Very Poor<br>Poor<br>Fair<br>Good<br>Very good<br>Prefer not to answer   |
| 17  | How would you rate your overall mental health?   | Very Poor<br>Poor<br>Fair<br>Good<br>Very good<br>Prefer not to answer   |
| 17a | Overall, based on your definition of burnout, how would you rate your level of burnout? <sup>4</sup>   | Forced choice response<br>1 = I enjoy my work. I have no symptoms of burnout<br>2 = Occasionally I am under stress, and I don't always have as much energy as I once did, but I don't feel burned out<br>3 = I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion<br>4 = The symptoms of burnout that I'm experiencing won't go away. I think about frustration at work a lot<br>5 = I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help. |
| 18  | My employer provides me with a safe workplace  | 1-7 Likert scale, 1 = Strongly disagree, 7 = Strongly agree  |
| 19  | What is the physical layout and location of your primary workplace?  | Forced choice response:<br>I primarily work in an office environment<br>I primarily work outside of an office (i.e., construction, transport, factory, mining)   |
| 20  | What are your workplace's policies for coming into work when you are unwell or sick?   | Forced choice response, can select multiple:<br>I can inform my employer that I am unwell, and am not expected to come to work<br>I need to get a doctor's certificate<br>I am expected to complete the day's work from home while I am unwell<br>I am discouraged from missing work due to illness<br>My employer expects me to work while I am unwell  |
| 21  | My employer is required to provide me with a safe workplace  | 1-7 Likert scale, 1 = Strongly disagree, 7 = Strongly agree  |

<sup>4</sup> This is a simple measure of employee burnout, tested against the proprietary Maslach Burnout Inventory [here](#) in primary care teams and [here](#) among physicians

|    |  |  |
|----|--|--|
| 22 | <p>Please indicate the extent to which you agree with the following statements:</p> <p><i>A. Job demands and complexity</i></p> <ol style="list-style-type: none"> <li>1. My job is more stressful than I had ever imagined.</li> <li>2. My job is complex and difficult.</li> <li>3. My job often requires me to learn new skills.</li> <li>4. I use many of my skills and abilities in my current job.</li> </ol> <p><i>B. Job control</i></p> <ol style="list-style-type: none"> <li>1. I have a lot of freedom to decide how I do my own work.</li> <li>2. I have a lot of say about what happens on my job.</li> <li>3. I have a lot of freedom to decide when I do my work.</li> </ol> <p><i>C. Job security</i></p> <ol style="list-style-type: none"> <li>1. I have a secure future in my job.</li> <li>2. The company I work for will still be in business 5 years from now.</li> <li>3. I worry about the future of my job.</li> </ol> <p><i>D. Effort reward fairness</i></p> <ol style="list-style-type: none"> <li>1. I get paid fairly for the things I do in my job.</li> </ol> | 1-7 Likert scale, 1 = Strongly disagree, 7 = Strongly agree  |
| 23 | <p><i>A. Exposure to hazards</i></p> <p>Please indicate how frequently you have to perform the following tasks as a part of your current employment:</p> <ol style="list-style-type: none"> <li>1. Have to manually lift, carry, or push items heavier than 20 kg at least 10 times a day</li> <li>2. Have to do repetitive movements with your hands or wrists (packing, sorting, assembling, cleaning, pulling, pushing, and typing) for at least 3 hours during the day.</li> <li>3. Have to perform work tasks, or use work methods that you are not familiar with.</li> <li>4. Interact with hazardous substances such as chemicals, flammable liquids, and gases.</li> <li>5. Have to work in a bent, twisted, or awkward posture.</li> <li>6. Work at a height that is 2 metres or more above the ground or floor.</li> <li>7. Work in noise levels that are so high that you have to raise your voice when talking to people less than 1 metre away.</li> <li>8. Have you been bullied or harassed at work?</li> <li>9. Have to stand for more than 2 hours in a row.</li> </ol>       | <p>1-7 scale, where</p> <ol style="list-style-type: none"> <li>1 = never</li> <li>2 = once a year</li> <li>3 = every 6 months</li> <li>4 = every 3 months</li> <li>5 = every month</li> <li>6 = every week</li> <li>7 = every day</li> </ol> |
| 24 | <p><i>B. WHS policies and procedures (PP)</i></p> <ol style="list-style-type: none"> <li>1. At my workplace, everyone receives the necessary work health and safety training when starting a job, changing jobs or using a new technique.</li> <li>2. There is regular communication at my workplace between employees and management about safety issues.</li> <li>3. Systems are in place at my workplace to identify, prevent, and deal with hazards at work.</li> <li>4. There is an active and effective health and safety committee at my workplace and/or a health and safety representative.</li> <li>5. Incidents and accidents are investigated quickly at my workplace in order to improve work health and safety.</li> <li>6. Communication about workplace health and safety procedures is done at my workplace in a way I can understand.</li> </ol>   | 1-5 Likert scale, 1 = Strongly disagree, 5 = Strongly agree, 6 = Don't know or Not Applicable  |

|    |   |  |
|----|---|--|
|    | 7. My workplace considers health and safety at least as important as production and quality in the way work is done.  |  |
| 25 | <p><i>C. WHS awareness (AW)</i></p> <p>1. I clearly understand my rights and responsibilities in relation to workplace health and safety.</p> <p>2. I clearly understand my employer's rights and responsibilities in relation to workplace health and safety.</p> <p>3. I know how to perform my job in a safe manner.</p> <p>4. If I became aware of a health or safety hazard at my workplace, I know who (at my workplace) I would report it to.</p> <p>5. I have the knowledge to assist in responding to any health and safety concerns at my workplace.</p> <p>6. I know what the necessary precautions are that I should take while doing my job.</p>   | 1-5 Likert scale, 1 = Strongly disagree, 5 = Strongly agree, 6 = Don't know or Not Applicable  |
| 26 | <p><i>D. WHS empowerment (EM)</i></p> <p>1. I feel free to voice concerns or make suggestions about workplace health and safety at my job.</p> <p>2. If I notice a workplace hazard, I would point it out to management.</p> <p>3. I know that I can stop work if I think something is unsafe and management will not give me a hard time.</p> <p>4. If my work environment was unsafe, I would not say anything and hope that the situation eventually improves.<sup>5</sup></p> <p>5. I have enough time to complete my work tasks safely.</p>  | 1-5 Likert scale, 1 = Strongly disagree, 5 = Strongly agree, 6 = Don't know or Not Applicable  |
| 29 | <p>In your current employment, have you experienced, seen, or heard about someone experiencing any of the following incidents?</p> <ul style="list-style-type: none"> <li>● High work demands, for example long work hours, shift work, high workloads</li> <li>● Exposure to a traumatic event or events, for example robbery, violence, or being assaulted</li> <li>● Low job demands, for example having too little to do or a monotonous task</li> <li>● Low job control, for example not having a say in how or when you do your work, or not being involved in decisions that affect you</li> <li>● Poor job support, for example not having the training, information or equipment to perform your role</li> <li>● Lack of clarity about your role, for example frequent changes to your tasks and responsibilities, or conflicting roles and priorities</li> <li>● Poor environmental conditions, for example working in a hot and humid environment, a loud room, or poor air quality</li> </ul> | <p>Tick box, matrix:</p> <p>Yes, this happened to me</p> <p>I saw this happen to someone else</p> <p>I heard about this happening to someone else</p> <p>I have not seen or heard about this happening in my workplace</p> |

<sup>5</sup> The response scale is reversed for this item (i.e. 1 = Strongly agree; 5 = Strongly disagree) to maintain the same meaning as the other outcomes in this section.

|    |  |  |
|----|--|--|
|    | <ul style="list-style-type: none"> <li>Remote or isolated work, for example where communication with others is difficult or where long periods of travel are expected</li> </ul>   |  |
| 30 | When you saw (or heard of) this happening to yourself or someone else, what did you do?  | <p>Tick box, can select more than one:</p> <p>Checked with the person who experienced the incident to see if they were OK</p> <p>Offered advice to the person who experienced the incident</p> <p>Reported the incident to my employer</p> <p>Reported the incident to an authority (e.g., the Police, or a government agency or regulator)</p> <p>I did not do anything</p> <p>Other: Please specify</p>  |
| 31 | <p><i>[If they indicated that they reported an incident to their employer to the previous question]</i></p> <p>What happened when you reported the incident to your employer?</p>  | <p>Tick box, can select more than one:</p> <p>My employer took steps to prevent such incidents from happening again</p> <p>My employer developed policies to prevent such incidents from happening again</p> <p>My employer investigated the situation, but I don't know what happened after that</p> <p>My employer did not take any action</p> <p>Other: Please specify</p>  |
| 32 | <p><i>[If respondent indicated that they did not report an incident to the previous question]</i></p> <p>What is the reason that you chose not to report the workplace health and safety incident?</p>   | <p>Tick box, can select more than one:</p> <p>Someone else was already assisting with the incident</p> <p>I did not feel comfortable raising the incident with my employer</p> <p>I did not know how to raise the incident with my employer</p> <p>I was worried about negative repercussions for myself, if I reported it</p> <p>The person who experienced the incident asked me not to report it</p> <p>I didn't think it was serious enough to report it</p> |
| 33 | <p>In your current employment, have you experienced, seen, or heard about someone experiencing any of the following incidents?</p> <ul style="list-style-type: none"> <li>Racist comments or inappropriate comments about your background or culture</li> <li>Everyday sexism, for example someone making assumptions about your career ambitions, abilities or job roles based on your sex or gender?</li> <li>Sexual harassment, for example someone making unwanted sexual comments or jokes, sharing unwanted images of yourself or another person, or unwelcome physical contact?</li> <li>Workplace bullying, for example a work colleague or boss acting unreasonably towards you for a long period of time, for example by assigning you work tasks that are unreasonable</li> <li>Lack of support for culturally appropriate considerations, for example time off for sorry business, community events, or similar</li> </ul> | <p>Tick box, matrix:</p> <p>Yes, this happened to me</p> <p>I saw this happen to someone else</p> <p>I heard about this happening to someone else</p> <p>I have not seen or heard about this happening in my workplace</p>   |
| 34 | When you saw (or heard of) this happening to yourself or someone else, what did you do?  | <p>Tick box, can select more than one:</p> <p>Checked with the person who experienced the incident to see if they were OK</p> <p>Offered advice to the person who experienced the incident</p> <p>Reported the incident to my employer</p> <p>Reported the incident to an authority (e.g., the Police, or a government agency or regulator)</p>  |

|     |   |   |
|-----|---|---|
|     |   | I did not do anything<br>Other: Please specify  |
| 35  | <i>[If they indicated that they reported an incident to their employer to the previous question]</i><br>What happened when you reported the incident to your employer?  | Tick box, can select more than one:<br>My employer took steps to prevent such incidents from happening again<br>My employer developed policies to prevent such incidents from happening again<br>My employer did not take any action<br>My employer investigated the situation, but I don't know what happened after that<br>Other: Please specify  |
| 36  | <i>[If respondent indicated that they did not report an incident to the previous question]</i><br>What is the reason that you chose not to report the workplace health and safety incident?   | Tick box, can select more than one:<br>Someone else was already assisting with the incident<br>I did not feel comfortable raising the incident with my employer<br>I did not know how to raise the incident with my employer<br>I was worried about negative repercussions for myself, if I reported it<br>The person who experienced the incident asked me not to report it<br>I didn't think it was serious enough to report it |
| 37  | If you could change one thing to make your workplace safer, what would it be?   | [Free-text]   |
| 38  | Have you left a previous employer, or considered leaving a previous employer, due to WHS risks?   | Forced choice<br>Yes, I left a previous employer due to a WHS risk<br>Yes, I considered leaving a previous employer due to a WHS risk (but did not leave)<br>No<br>Prefer not to say  |
| 38a | <i>[If respondent answers yes to 38]</i><br>What were the reasons for leaving or considering to leave a previous employer due to WHS risks?   | Free text response  |
| 39  | Do you have any other comments, or things you would like to tell us?  | Free text response  |
|     | Thank you for completing this survey. If you would like to send this survey to other Aboriginal and/or Torres Strait Islander workers or colleagues for them to complete, please send this link [link here] to any other people who you think would be interested.<br>You can enter the prize draw to win one of ten \$100 vouchers. If you would like to enter the prize draw, please click this [link] You will be taken to an online form where you can enter your email address. Your email address will be stored separately to your answers to the survey, so your participation in this survey will stay anonymous regardless of whether or not you choose to enter the prize draw.<br>If you would like to withdraw the information you provided at any point, please contact [redacted]. |   |
| 1a  | Please provide your email address to win one of ten \$100 vouchers.   | Free text response  |
| 2a  | I would like to receive a copy of the survey results.   | Checkbox  |

## B: Analysis

### Scoring the WHS vulnerability measure

In the current study, WHS vulnerability was measured based on the method report in Lay et al. (2016). The WHS vulnerability measure included 9 statements on the frequency of exposure to hazards in the workplace, 7 items related to WHS policies and procedures, 6 items on WHS awareness, and 5 items on WHS empowerment (see below for examples of each of these categories). Participant responses to these items were scored using Lay et al.'s scoring methods. Specifically, participants were considered to have met criteria for hazard exposure if they indicate exposure to two or more of the WHS hazards on a weekly basis or more frequently, or if they indicated that they had to manually lift, carry or push items heavier than 20kg at least 10 times a day, or interact with hazardous substances or work at heights two metres above ground level, or have been bullied or harassed at work.

We classified participants as having inadequate policies and procedures, inadequate WHS awareness, or inadequate empowerment if they disagreed or strongly disagreed with one of more of the statements on each measure. An overall vulnerability measure was also created: participants were classified as meeting the criteria for overall vulnerability if they met the criteria for hazard exposure and either inadequate policies and procedures, or inadequate WHS awareness, or inadequate empowerment.

Example statements for each measure described above are:

WHS policies and procedures:

- At my workplace, everyone receives the necessary work health and safety training when starting a job, changing jobs or using a new technique.
- There is regular communication at my workplace between employees and management about safety issues.
- Incidents and accidents are investigated quickly at my workplace in order to improve work health and safety.
- Communication about workplace health and safety procedures is done at my workplace in a way I can understand.

WHS Awareness:

- I clearly understand my rights and responsibilities in relation to workplace health and safety.
- I know how to perform my job in a safe manner.
- If I became aware of a health or safety hazard at my workplace, I know who (at my workplace) I would report it to.

## WHS Empowerment:

- I feel free to voice concerns or make suggestions about workplace health and safety at my job.
- If I notice a workplace hazard, I would point it out to management.
- I know that I can stop work if I think something is unsafe and management will not give me a hard time.

## Scoring the Psychosocial Job Quality index

We used the method published by Butterworth et al (2011) to score the Psychosocial Job Quality index (in line with the national WHS leading indicator survey in 2017; Collie et al., 2017). This questionnaire included four items related to job demands and complexity, three items related to job control, three items on job security, and one item on effort-reward fairness. Respondents provided their responses on a 1-7 Likert scale (1=Strongly disagree, 7 = Strongly agree). All item responses within each subscale were summed, with a higher score indicating greater job demands and complexity, job control, job security, and effort-reward fairness. Cut-off points for each subscale were total scores in the quartiles corresponding to the greatest difficulty (fourth quartile for job demands and complexity, first quartile for the job control, job security, and effort-reward fairness subscales).

Note that there are different sample sizes for the vulnerability and psychosocial measures as scores on the Psychosocial Job Quality measure were imputed, based on the participant's average response to the other items within a subscale (where there was at least one response within the subscale).