

DIVERSITY & INCLUSION TRAINING

July 2021 - consolidated training slides

Respectful Communities monash.edu/respectful-communities/home

Respectful Communities wishes to acknowledge the people of the Kulin Nations, on whose land this training was developed and delivered on. We pay my respects to their Elders, past, present and emerging



OVERVIEW

THE TRAINING COVERS:

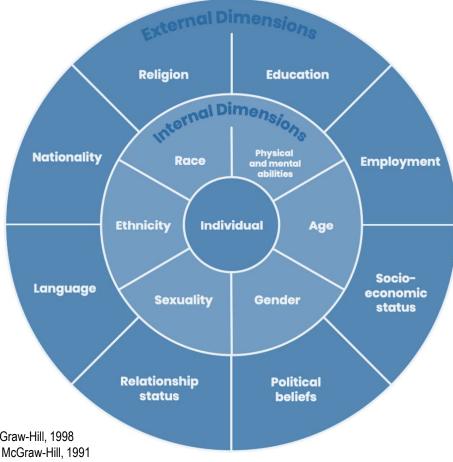
- The importance of inclusion at Monash
- The diversity of people that make up our community
- Our six Diversity and Inclusion priority areas
- How inequality, power and privilege affect people's lived experiences
- Inclusive practice
- Where to go for further support



DIMENSIONS OF DIVERSITY

DIVERSITY WHEEL

What are the identity label(s) that you use for each category?



Adapted from

Gardenswartz, Lee and Rowe, Anita. *Managing Diversity: A Complete Desk Reference & Planning Guide*, McGraw-Hill, 1998 Loden, Marilyn and Rosener, Judy B. *Workforce America! Managing Employee Diversity as a Vital Resource*, McGraw-Hill, 1991



AT MONASH

DIVERSITY AND INCLUSION FRAMEWORK

SIX PRIORITY AREAS:

- Aboriginal and Torres Strait Islander Staff and Students
- •Staff and students from culturally and linguistically diverse backgrounds
- •Staff and students of diverse genders, sexes and sexualities
- •Staff and students with disability, ongoing medical or mental health condition
- Gender equality and gender equity
- •Students from low socio-economic backgrounds



EXCLUSION/ MARGINALISATION





RACISM IN HEALTH CARE

A 2016 study found many white medical students wrongly believe Black people have a higher pain tolerance than white people. Of all the participants, 73% held at least one false belief about the biological differences between races.¹

Indigenous doctors are 5.5 times more likely to report bullying as a major source of stress, 10 times more likely to experience racism, and 27% of Indigenous health students reported being very stressed by racism.²

¹Racial bias in pain assessment, Kelly M. Hoffman, Sophie Trawalter, Jordan R. Axt, M. Norman Oliver, Proceedings of the National Academy of Sciences Apr 2016, 113 (16) 4296-4301; DOI: 10.1073/pnas.1516047113

²Australian Indigenous Doctors' Association https://www.aida.org.au/wp-content/uploads/2017/08/Racism-in-Australias-health-system-AIDA-policy-statement_v1.pdf



LGBTQIA+ HEALTH OUTCOMES

41.9% of LGBTQ people had considered attempting suicide in the previous 12 months.¹

74.8% had considered attempting suicide at some point during their lives. 1

60% of intersex people reported having had medical treatment interventions related to their intersex variation,

66% reported they had experienced discrimination on the basis of their intersex variation from strangers. ³

39.5% reported experiencing social exclusion,

verbal abuse 11.8% sexual assault

3.6% harassment such as being spat at or offensive gestures

3.9% physically attacked or assaulted with a weapon due to their sexual orientation or gender identity in the past 12 months.²

41.7% of LGBTQ reported having ever been in an intimate relationship where they felt they were abused

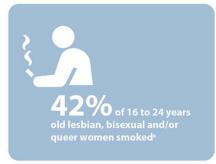
felt they were abused in some way by their partner/s. 38.5% reported ever feeling abused by a family member. 4 Illicit drug use in the last 12 months was more common among people who identified as homosexual or bisexual



36% homosexual or bisexual⁵

16.1°

16.1% heterosexual people⁵



 Hill, A. O., Bourne, A., McNair, R., Carman, M. & Lyons, A. (2020). Private Lives 3: The health and wellbeing of LGBTIQ people in Australia. ARCSHS Monograph Series No. 122. Melbourne, Australia? Australian Research Centre in Sex, Health and Society, La Trobe University

2. Ibid

 Jones, T., Hart, B., Carpenter, M., Ansara, G., Leonard, W., and Lucke, J. (2016). Intersex: Stories and Statistics from Australia. Cambridge, UK: Open Book Publishers. http://dx.doi.org/10.11647/OBP.0089

Hill et al. (2020).

 AIHW (Australian Institute of Health and Welfare) (2020). National Drug Strategy Household Survey 2019. Drug statistics series no. 32. Cat. no. PHE 270. Canberra: AIHW

Mooney-Somers, J., Deacon, RML, Scott, P., Price, K., Parkhill, N. (2018). Women in contact with the Sydney LGBTQ communities: Report of the SWASH Lesbian, Bisexual and Queer Women's Health Survey 2014, 2016, 2018 Sydney: Sydney Health Ethics, University of Sydney.

https://www.lgbtiqhealth.org.au/2021_policy_priorities



DISABILITY DISCRIMINATION

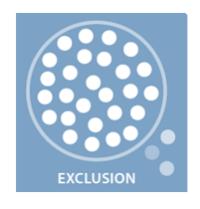




TOLERNACE? ACCEPTANCE? INCLUSION?

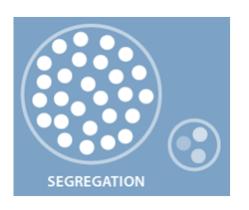


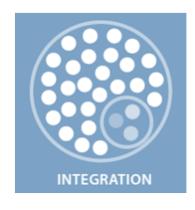




Exclusion occurs when people are directly or indirectly denied access.

Segregation occurs when marginalised people are provided access in isolation from the mainstream community.





Integration is the process of placing marginalised people within the mainstream community, so long as the former can adapt to the expectations of the mainstream community.

Inclusion involves systemic reform to dismantle barriers and provide all people within a community with an equitable experience.



BENEFITS OF INCLUSION

INDIVIDUAL

- Better mental health
- Higher job satisfaction
- Higher productivity
- 9.8 times more likely to look forward to going to work
- 6.3 times more likely to have pride in their work

WORKPLACES

- 5.4 times higher employee retention
- Higher productivity
- Higher employee morale
- Increased organizational flexibility
- Increased ability to recruit a diverse talent pool



EQUALITY VERSUS EQUITY



In the first image, it is assumed that everyone will benefit from the same supports. They are being treated equally.



In the second image, individuals are given different supports to make it possible for them to have equal access to the game. They are being treated equitably.



In the third image, all three can see the game without any supports or accommodations because the cause of the inequity was addressed. The systemic barrier has been removed.



WHAT ARE THE BARRIERS TO INCLUSION?





BARRIERS TO INCLUSION

Physical /
Environmental

Social /
Attitudinal

Institutional /
Systemic

Communication /
Interpersonal



IMPLICIT / UNCONCIOUS BIAS

"Unconscious biases are thought patterns; mental shortcuts.

Everybody has them. We learn these tendencies over our lifetime because they help us. We can do a complex activity like riding a bike, without consciously thinking about it. In a very similar way, biases help us navigate a complex social world.

Unfortunately, biases also have negative effects. We make snap judgments about others all the time: on the street, online, or when interviewing for a job. We use stereotypes to judge people from other groups."

- Martijn Van der Kamp, Teaching Fellow, Monash Business School



THE EFFECT OF BIAS

A 2016 study suggests doctors are less likely to diagnose alcohol addiction in Asian Americans compared to white people, despite having the same symptoms.

This may occur due to the "model minority" stereotype, which frames Asian Americans as successful and self-reliant. The implicit bias this creates may lead doctors to overlook signs that Asian American patients require help.¹

¹Alice W. Cheng, Derek K. Iwamoto & Daveon McMullen (2018) Model minority stereotype and the diagnosis of alcohol use disorders: Implications for practitioners working with Asian Americans, Journal of Ethnicity in Substance Abuse, 17:3, 255-272, DOI: 10.1080/15332640.2016.1175990



WORKPLACE FACTORS AND DYNAMICS

Workplaces with increased **power imbalances** are more likely to have incidents of sexual harassment, gender-based violence and other forms of unacceptable behaviour.

In addition:

- A culture that tolerates sexual harassment,
- Lack of understanding of sexual harassment, and
- Use of alcohol all contribute to an increased risk of sexual harassment.

One medical professional spoke about 'the hierarchical issues and control issues' which permeate medical training, registration processes and referrals, such that, 'for your entire duration of your medical work, you're dependent on the hierarchy for your reputation'

-- Respect at Work (2020)



POWER

Power is the ability to influence the behaviour of others or change the course of events. This can be exercised either by encouraging a particular choice, or by limiting available choices.

Social Power is a form of power found within the rules and norms of a society and is dictated by groups that are dominant within the society. Benefiting from social power is what we call **Privilege**.



WHAT IS INCLUSIVE PRACTICE?





INCLUSIVE PRACTICE

Empathy and self-awareness

- Understand your own biases and challenge them
- •Educate yourself by doing research or attending training
- •Be aware of the feelings, thoughts and experiences of others

Communication

- Acknowledge that people communicate differently
- •Be patient and listen
- •Understand that your slang may not be inclusive for someone else

Creating safe and inclusive spaces

- •Use inclusive language to show respect for others
- •Challenge stereotypes of others



SUPPORT AND ADVICE

Respectful Communities

• Prevention of gender-based violence, LGBTIQA+ community, Anti-racism

Disability Support Services

• Disability, ongoing medical or mental health condition

William Cooper Institute

Aboriginal and Torres Strait Islander staff and students

Access Inclusion and Success

• Students from low socio-economic backgrounds

Staff Equity and Diversity

Monash HR support



INTERESTED IN RUNNING A TRAINING LIKE THIS FOR YOUR STUDENTS OR STAFF?

REACH OUT TO RESPECTFUL-COMMUNITIES@MONASH.EDU



Please note these slides have been adapted from a complete training session with additional interactive elements that was presented by Respectful Communities at Monash University

