ESF 2026 International Women's Day Survey Report

Introduction

The ESF International Women's Day (IWD) survey was a brief pulse check of perceptions conducted at ESF's 2026 IWD event. It invited event participants from across Victoria's emergency services to share both quantitative responses and personal reflections on wellbeing, inclusion, and leadership. Data was analysed in full and was also disaggregated to reveal gendered differences in perceptions, wellbeing, and workplace experience.

The survey did not reach a representative sample and so its findings cannot be broadly generalised to the emergency services workforce. Even though it is not a definitive prevalence study, it does however highlight patterns and trends that should prompt targeted, gender-aware research and immediate leadership attention.

The report is structured as follows:

> Part A: Overall Survey Findings
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> Part B: Gender Disaggregated Findings
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> Annex A: All survey responses: quantitative data and key themes
>
> Annex B: Survey responses: disaggregated by gender

Part A: Overall Survey Findings

Workforce Profile of Respondents

Women made up most of the respondents, with 82.3% (116) identifying as women and 17.7% (25) as men. This imbalance is highly significant, for it indicates the survey mostly reflects women's experiences so that findings about harms to women are more reliable. On the other hand, comparisons with the small male sample are less statistically stable.

Respondents represented a broad age range, though most were in mid-career groups (between 25 and 54 years of age). Participants came from a wide range of agencies, including FRV, DEECA, CFA, Triple Zero, DJCS, Ambulance Victoria, and Victoria Police. There was a large "Other" category capturing EMV, AFAC, unions, insurers, and consultants.

Nearly half of respondents identified as being in leadership or management roles. One-fifth were frontline or operational. Staff with six–ten years of service made up 24.3% of respondents, while those with more than 20 years of service accounted for 23.6%, reflecting a strong presence of both mid-career and long-tenured personnel in the survey.

Identity Factors Shaping Workplace Experience

There were no responses to the 'non-binary' or 'prefer not to answer category and about half reported that none of the listed identity factors shaped their experience at work. Among those who did, caring responsibilities were the most common (at 29%). Smaller proportions identified cultural background, disability, sexual orientation, or Aboriginal and Torres Strait Islander identity as shaping their work experience.

Th finding about identity factors that shape experience at work cannot be read at face value. For one, the skewed gender sample means the survey primarily reflects women's experiences. For another, if senior, long-tenured, or majority-group respondents are over-represented among those saying "none," the result may reflect privilege or positional power rather than universal absence of identity-based effects. People in dominant groups often do not recognise how identity shapes experience; saying "none" can indicate lack of awareness rather than absence of impact.

Perceptions of Respect, Leadership Access, and Support

Views on gender equity and inclusion were mixed. Only around one-third agreed that women are equally respected, while 42.6% disagreed or strongly disagreed. Perceptions of equal access to leadership opportunities were similarly divided. In contrast, two-thirds felt supported to balance work and family commitments, and a similar proportion felt confident raising gender or wellbeing concerns.

Experiences of Stress, Bias, and Harm

The survey revealed high levels of burnout and exposure to harmful behaviours. Burnout/chronic stress (63.8% or 90 respondents) was the most reported experience, followed by gender bias, traumatic events, bullying, and sexual harassment. Only 11.4% reported experiencing none of these issues.

Open-text responses described significant impacts, including PTSD, anxiety, exhaustion, sleep disturbance, career disruption, and long recovery periods. Respondents wrote about feeling unsupported, powerless, and worn down over time. One respondent noted, "Burnout takes a long time to recover from. Not many 'women's issues' are taken seriously including harassment."

Reports of PTSD, career exits and prolonged recovery are more than wellbeing concerns. They erode workforce capacity, increase replacement and training costs, raise the likelihood of workers' compensation claims, and create reputational and operational risk.

Wellbeing Support and Leadership Role Modelling

Most respondents felt at least somewhat supported in their mental health and wellbeing, though only 29.8% said they felt well supported. Over half reported that they saw senior leaders modelling positive wellbeing behaviours, and a similar proportion saw role modelling of gender inclusivity. A significant minority however did not see this leadership behaviour or were unsure.

Inclusion, Psychological Safety, and Organisational Commitment

Most respondents felt included and valued, and many saw genuine organisational commitment to improving wellbeing. However, fewer felt psychologically safe, and less than half observed colleagues taking time to rest, recover, or seek help. This suggests a gap between organisational intent and lived experience.

Suggestions for Improving Women's Wellbeing

The open responses highlighted a desire for practical, systemic improvements. Themes included stronger leadership accountability, better reporting pathways, workload and rostering reforms, targeted programs for women's health and life stages, and more interactive and well-resourced wellbeing events. Respondents stressed the need for tangible action rather than awareness-raising alone.

Part B: Gender-Disaggregated Findings

Due to the gender imbalance in the sample, the analysis emphasises gender-based differences in experience and impact instead of focusing on raw percentages.

Differences in Workforce Profile

Men who participated in the survey were more likely to be older, long-tenured, and in leadership roles. Women respondents were more likely to be earlier in their careers and to report caring responsibilities. This reflects wider demographic patterns in the workforce, with men concentrated in older, long-serving leadership cohorts and women more present in early-career roles and balancing greater caring responsibilities.

Differences in Perceptions of Equity and Leadership

Men were far more likely to perceive leadership opportunities as equal and to report visible role modelling of wellbeing and gender inclusivity. Women were much less likely to share these positive views. This is a significant divergence that underscores a gendered dimension to the broader gap between perception and experience across the sample. It highlights a clear divide in how men and women understand and interpret the organisation's culture.

On the one hand, this difference can be partly explained by the composition of the small male sample: men were disproportionately senior, long-tenured, and in leadership roles. This introduces a leadership-perspective bias, especially given the lack of weighting from early-career women and those with caring responsibilities.

On the other hand, even though the sample was non-representative, the pattern aligns with broader workforce findings: men in senior roles tend to report higher levels of perceived fairness, visibility of leadership behaviours, and organisational support. Women, on the other hand and particularly those earlier in their careers or balancing caring responsibilities, tend to report more barriers and less visibility of inclusive leadership. This is consistency with findings of deeper, structural gender differences in how organisational culture is experienced and interpreted for women.

Differences in Experiences of Harm

Women reported much higher rates of gender bias and provided more detailed, severe personal impact narratives. Qualitative differences suggest deeper cumulative harm for women, of long-term wellbeing impacts, including PTSD, burnout, and career exits. Men reported higher exposure to traumatic events.

Rates of sexual harassment were identical across genders and burnout was high for both groups. Due to the small (nonrepresentative) and gender skewed sample, this result is statistically unstable and raises questions of how experience and even definitions of harassment differ across genders.

Differences in Perceived Support

Men were more likely to say they felt well supported, while women more often reported feeling only "somewhat supported." This is consistent with women's higher reports of bias, exclusion, and cumulative harm. It suggests supports exist but are not equally accessible or effective for women—an equity and effectiveness problem.

This pattern aligns with broader workforce evidence where senior men consistently report higher levels of psychological safety, access to opportunity, and visible leadership support and women,

especially those earlier in their careers, report more friction points, less clarity around progression, and fewer observable signs of inclusive leadership. It is critical that caring responsibilities amplify gender differences and experiences of women as they navigate workload and perceived fairness.

Summary and conclusion

This pulse survey is not a final verdict but a directional alarm. The gendered patterns in the data are clear: men were more likely to view the organisation as fair, supportive, and modelling inclusive behaviours, while women were far less likely to see these behaviours enacted or to feel that opportunities are genuinely equal.

This gap matters. When leaders rely on their own experience as evidence of organisational culture, those who generally report more positive perceptions (usually those with more power) may genuinely believe the environment is equitable and inclusive. But this vantage point does not capture the barriers, inconsistencies, and cumulative pressures experienced by women and other under-represented groups.

It is important to recognise that the positive perceptions held by senior men are not invalid. Rather, they reveal that different groups are having different experiences of the same workplace. This divergence signals that leaders need to look beyond their own vantage point and actively seek out perspectives from those earlier in their careers, those balancing caring responsibilities, and those who may be less visible in decision-making spaces.

By acknowledging and addressing these perception gaps, leaders can strengthen trust, improve retention, and build a culture where inclusive behaviours are not only espoused but consistently experienced across the workforce.

Looking ahead: Why these survey signals should trigger further research

Targeted, gender-aware research combined with immediate, measurable leadership actions can translate the findings of this pulse survey into effective policy, funding and practice changes. Investing now in gender representative studies, gender-disaggregated metrics as well as structural changes at work will reduce harm, protect operational readiness and improve retention, especially for women, while lowering longer-term risks.

The ESF IWD survey points to areas for further inquiry, with urgency captured in the findings that burnout/chronic stress was the most reported experience, followed by gender bias, traumatic events, bullying, and sexual harassment. As respondents noted, "Burnout takes a long time to recover from" and "Not many 'women's issues' are taken seriously including harassment."

The findings of the survey raise questions worthy of deeper investigation and action. For example:

- **Workload and role design:** If nearly two-thirds report burnout, what aspects of rostering, task allocation, and escalation protocols are driving chronic stress? Which roles or shifts concentrate risk, and how do cumulative exposures (trauma + overtime + caring responsibilities) interact to produce burnout?

- **Organisational responsibility and risk:** With reports of PTSD and career disruption, what are the legal, financial, and operational risks to agencies that do not systematically identify, treat, and mitigate work-related mental injury? How are return-to-work and career-support pathways resourced and tracked?

- **Visibility versus impact:** If many respondents see senior leaders modelling wellbeing while harm persists, where is the breakdown between visible commitment and measurable change? Are leadership behaviours concentrated in certain teams or levels and not translating across the workforce?

A gender lens must be central to further research. For example, in relation to the last point "visibility versus impact" a gender lens would note that men report more positive leadership and support perceptions while women report higher rates of bias and long-term harm. This gap is a research priority because it creates a systemic blind spot. If decision-makers (who are disproportionately male and senior in this sample) believe things are working, they may underinvest in solutions. Research should therefore:

- **Study behaviours and experience, and not only verbal reports**: Positive perceptions can be dissonant with experience, as is highlighted in Bittman and Pixley's theory of 'pseudomutuality'.[1]

- **Disaggregate outcomes (not just reports)** by gender, identities, role, tenure, and caring responsibilities to reveal where supports fail.

- **Examine differential impacts** (not just rates) of harassment, bias, and burnout on career trajectories, promotion, and retention for women.

- **I**n relation to **equity of support,** two-thirds say they feel supported to balance work and family but is that support experienced equally? Are men's more positive perceptions masking gaps in women's access to flexible rostering, leave, or informal supports?

Annex A: All survey responses: quantitative data and key themes

1.How do you describe your gender?

- 82.3% Woman (116); 17.7% Man (25). There were NO non-binary or "prefer not to answer" responses.

- Predominantly women responded to the survey.

2. What is your age range?

- 35–44: 27.7%; 25–34: 24.1%; 45–54: 22.7%; 55+: 22.0%; 18–24: 3.6%.

- Broad age spread but concentrated in mid-career groups (25–54).

3.Which service do you currently work or volunteer for?

- Other (various): 23.4% (33); FRV: 13.5% (19); DEECA: 11.4% (16); CFA: 8.5% (12); Triple Zero: 7.8% (11); DJCS: 7.1% (10); smaller counts for Ambulance Victoria, Victoria Police, LSV, St John, etc.

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[1] Pseudomutuality describes a false or staged reciprocity within families. IT refers to how partners present a narrative of mutual support and shared responsibility while denying, minimising, or concealing the unequal distribution of care, domestic work, and emotional labour. The outward image of equality preserves family identity and social expectations even as structural inequalities persist (Bittman, Michael, and Jocelyn Pixley. 1997. The Double Life of the Family. Sydney: Allen & Unwin)

- Responses were had from many agencies. A large "Other" category includes EMV, AFAC, EML, unions, insurers and consultants.

4.What best describes your role type?

- Leadership / Management: 45.4% (64); Support / Corporate: 27.7% (39); Frontline / Operational: 20.6% (29); Other: 6.4% (9).

- Nearly half of respondents are in leadership/management roles; there were a smaller number of frontline workers present.

5. Years of service across emergency services

- 1–5 years: 24.3%; 6–10 years: 24.3%; 20+ years: 23.6%; 11–20 years: 20.0%; <1 year: 4.3%.

- Mix of early, mid and long-tenure staff with a large cohort of staff with long-service (20+ years).

6. Employment type

- Full-time: 83.7%; Volunteer: 7.8%; Part-time: 7.1%; Prefer not to answer: 1.4%.

- The majority were full-time employees.

7. Do any of the following shape your experience at work?

- Caring responsibilities: 29.0%; None of the above: 49.3%; Cultural/linguistic background: 8.7%; Disability: 7.3%; Sexual orientation: 6.5%; Aboriginal/Torres Strait Islander: 1.5%.

- About half report none of the listed barriers, and caring responsibilities are the most common identity factor affecting work.

8. Agreement with sector experience statements

- I see women equally respected: *Agree/Strongly agree combined ≈ 34.8% (49); Neutral 22.7% (32); Disagree/Strongly disagree ≈ 42.6% (60).*

- Leadership opportunities equally available: *Agree/Strongly agree combined ≈ 32.6% (46); Neutral 30.5% (43); Disagree/Strongly disagree ≈ 36.9% (52).*

- I feel supported to balance work/family: *Strong positive: 67.4% (95) Agree/Strongly agree; Neutral 19.2% (27); Disagree/Strongly disagree ≈ 13.5% (19).*

- I feel confident raising gender/wellbeing concerns: *Agree/Strongly agree combined ≈ 66.0% (93); Neutral 15.6% (22); Disagree/Strongly disagree ≈ 18.4% (26).*

There were mixed views on the statements, with stronger agreement on support for balancing commitments, and confidence with raising concerns. There was a notable proportion that say women as not equally respected and leadership access as unequal.

9. Have you personally experienced any of the following?

- Burnout/chronic stress: 63.8% (90); Gender bias/discrimination: 43.3% (61); Exposure to traumatic events: 41.1% (58); Bullying/workplace harassment: 39.0% (55); Sexual harassment/inappropriate behaviour: 31.9% (45); None of the above: 11.4% (16).

- High prevalence of burnout and significant experience of bias, harassment and trauma exposure.

10. Impact descriptions

Fifty-six provided open response descriptions. Common impacts reported were PTSD, anxiety, burnout, sleep disturbance, career change or resignation, loss of confidence, relationship strain, physical health effects, and long recovery periods. A selection of quotes from respondents is as follows:

- "Stressed, unable to sleep, not able to enjoy anything. (At the time)"

- "Exhaustion, health impact requiring job change and career break."

- "Burnout Exhaustion Compassion Fatigue Despondency Feeling unsupported Powerless Helpless."

- "Need to change job, take pay cut and medication for mental health reasons."

- "Impacts sleep, personal relationships, physical and mental health."

- "Wears you down over time if you don't address it quickly. Hard to call out especially when they're in a position of perceived power."

- "To be treated as a second grade 'citizen' adversely impacts confidence and creates self-doubt."

- "Always hard to balance volunteering with a full-time role, second job and social life."

- "My voice shaked. I knew I had backing and had to be strong. I knew this person would not have been like this to a male."

- "Burnout takes a long time to recover from. Not many 'women's issues' are taken seriously including harassment."

11. Do you feel your mental health and wellbeing is well supported?

- Yes, well supported: 29.8%; Somewhat supported: 48.2%; Not well supported: 8.5%; Unsure: 5.7%; Prefer not to answer: 7.8%.

- Most feel at least somewhat supported, but only ~30% feel well supported.

12. Visible role modelling by senior leaders for wellbeing behaviours

- Yes: 56.0%; No: 22.0%; Unsure: 16.3%; Prefer not to answer: 5.7%.

- Over half see positive role modelling, but a significant minority do not.

13. Visible role modelling by senior leaders for gender inclusivity

- Yes: 57.5% (81); No: 21.3% (30); Unsure: 15.6% (22); Prefer not to answer: 5.7% (8).

- Similar pattern to the last question, most see it but notable number express uncertainty.

14. Agreement with inclusion, psychological safety and wellbeing commitment statements

- I feel included and valued: Strongly agree 28.4%; Agree 54.6%; Neutral 9.9%; Disagree/Strongly disagree 5.7%.

- I feel psychologically safe: Strongly agree 19.1%; Agree 52.9%; Neutral 16.2%; Disagree/Strongly disagree 10.3%.

- I feel safe to report discrimination/harassment/mental health: Strongly agree 22.7%; Agree 48.2%; Neutral 13.5%; Disagree/Strongly disagree 14.2%.

- I see people take time to recover/rest/seek help: Agree 37.9%; Neutral 27.1%; Disagree/Strongly disagree 28.6%.

- I see genuine commitment to improving wellbeing: Strongly agree 17.9%; Agree 50.7%; Neutral 25.7%; Disagree/Strongly disagree small.

- Most felt included and see commitment to improvement. Less than half felt psychologically safe and took time to rest and recover.

15. What could be done to better support women's mental health and wellbeing (open responses)

- Themes across responses:

  - More practical supports and resources (tools, handouts, implementation steps).

  - Improved leadership accountability and visible role modelling for wellbeing and gender equity.

  - Better reporting pathways and organisational justice for harassment and discrimination.

  - Workload and rostering changes to reduce burnout (shift work, flexible arrangements).

  - Targeted programs for menopause, family planning, transition to retirement, and older women in emergency services.

  - More interactive, peer-support and table-based activities and improved AV/venue logistics for events.

- Respondents want concrete, systemic changes and practical supports rather than only awareness-raising.

Part B: Survey responses, disaggregated by gender

Gender disaggregated data findings and summary of gender differences from IWD survey.

Metric	Men (n = 25)	Women (n = 116)	Key difference (accounting for skewed sample)
Age profile	Most 35–44 (36%); 55+ (28%)	Most 25–44 (≈51%); 45–54 (24%)	Women skew slightly younger overall; men have larger 55+ share.
Role type	Leadership 72%; Frontline 12%	Leadership 40%; Frontline 22%	Men respondents are much more likely to be in leadership roles, noting that the male sample is smaller and mostly senior.
Years of service	20+ years 48%; 11–20 28%	1–10 years ~54%; 20+ 18%	Men sample is more senior and long-tenured, which shapes power and privilege.
Employment type	Full-time 92%	Full-time 82%	Both are majority full-time, with men slightly higher but this

			unlikely to alone explain gender wellbeing gaps.
Caring responsibilities	16%	32%	Caring responsibilities reported twice as often by women. Combined caring and shift work may increase cumulative risk for women.
Perceive leadership equality	Agree/Strongly agree 48%	Agree/Strongly agree ~29%	Men are much more likely to view leadership access as equal. This perception gap risks under-recognition of barriers women face.
Feel supported to balance work/family	Agree/Strongly agree 68%	Agree/Strongly agree ~67%	Very similar positive perception across genders. Self-reported parity does not confirm actual practice.
Confidence raising concerns	Agree/Strongly agree 64%	Agree/Strongly agree ~66%	Comparable levels of confidence raising concerns. Similar confidence levels do not guarantee similar outcomes for men and women after reporting.
See senior role modelling (wellbeing)	Yes 68%	Yes 53%	Men more likely to report visible positive role modelling. Visibility may not translate to equitable impact across teams
See senior role modelling (gender inclusivity)	Yes 68%	Yes 55%	Men are positive about leaders' gender-inclusivity modelling. Perception gap suggests leaders' actions are not experienced uniformly.
Burnout / chronic stress	68%	63%	Is high in both groups. Despite similar rates, women report more cumulative, long-term impacts in the open responses.
Gender bias / discrimination	28%	47%	Women report substantially more gender bias, which aligns with open response accounts of exclusion and career impact.
Sexual harassment	32%	32%	Nearly identical rates reported yet apparent parity should be interpreted cautiously because of the far fewer number of men which make comparisons unstable
Bullying / workplace harassment	44%	38%	Comparable, slightly higher among men. Worth iinvestigating whether sources, forms and consequences of bullying differ by gender.
Exposure to traumatic events	68%	35%	Men report much higher trauma exposure in this sample. Worth exploring how role/shift clustering and help seeking interacts with trauma by gender.

Feel well supported	Yes 48%; Somewhat 36%	Yes 26%; Somewhat 51%	Men more likely to say they are well supported; women more often "somewhat." This indicates support may be experienced as less adequate by women.
Open response wellbeing impacts	Gave 9 responses with these themes - exclusion, burnout, motivation loss, career worry	Gave 47 responses with these themes- PTSD, long-term burnout, career exits, sleep loss, family impacts.	Women provided more detailed, severe personal impact narratives. Qualitative differences suggest deeper cumulative harm for women.