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Advocacy from the Ground Up

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INTRODUCTION

Advocacy is a broad term, arising from the Latin word 'advocare' meaning 'coming to the aid of someone'. (1) Implied in this definition is the concept of lending one's own power to the cause of another. The power to direct the goals of any advocacy effort should remain with the individual or group that will benefit from the advocacy campaign. Advocacy can be misdirected if the voices of the individuals for whom advocacy is sought do not speak, or are not sufficiently heard. (2)

There are numerous models of advocacy, many tailored to specific causes. However, in some cases, political lobbying is presented as advocacy for a particular group. The United Nations highlights this concern, referring to it as 'greenwashing'. Originally, this term described marketing practices used by companies claiming environmental responsibility to enhance their brand appeal. However, it also applies to governments and other organisations that mask ineffective policy decisions with advocacy language. (3) The United Nations calls for transparency, accountability and integrity – principles that should form the foundation of any advocacy programme.

At its core, advocacy is about persuasion. It requires understanding how the system sustaining the problem operates, identifying who within it must change to shift the system towards a more positive direction, determining how this shift can be achieved, and involving the necessary stakeholders to make it happen. In the end, advocacy is a complex process with multiple moving parts.

Advocacy must be contextually relevant to truly meet the needs of the people it claims to support. This book seeks to underscore the importance of context, showing how various disciplines, countries, and perspectives shape and inform pathways to change. Advocacy can take place on multiple levels: from individuals learning to advocate for their own rights, to representative groups, organisational bodies, national leadership, and international organisations, including but not limited to the United Nations and its initiatives around the Sustainable Development Goals, such as gender equality. It is also important to recognise the roles of numerous non-governmental and humanitarian organisations that represent, protect, and assist

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populations facing conditions of vulnerability, exclusion, or disenfranchisement. These organisations often mediate between these populations and both governmental and non-governmental powerholders. (4)

THE ADVOCACY PROCESS

In their synthesis of the literature, Farrer et al. describe six key dimensions of effective advocacy, which we use here as a framework for this text. (5) To bring these elements to life, we have invited advocates contributing to this book to share their advocacy journeys, drawing on their personal experience to illustrate important principles and practices.

Dimension 1: *The Kinds of Evidence Needed to Advocate*

When we present this work, we often face a series of questions. Over time, we have come to recognise these recurring questions as attempts to reconcile the gap between people's perceptions and the realities we are addressing. Common questions include:

- Is this problem real, and if so, how significant is it?
- If it is real, is it relevant to me?
- If it is relevant to me, is it truly my problem or someone else's responsibility or fault?

For audiences to engage with our message meaningfully, they first need to believe in our credibility as advocates and in the reliability of the data we present. This credibility is crucial in overcoming the cognitive dissonance that often arises when considering the occurrence of sexual harassment within their own contexts and under their watch.

This book aims to synthesise different types of evidence to create a series of compelling arguments for change. The editors recognise that advocacy involves engaging with different audiences, each of whom may respond differently to the types of evidence presented. One significant barrier in addressing sexual harassment is the scarcity of robust quantitative data that demonstrates prevalence. Gathering accurate data on such a sensitive issue, marked by shame, stigma, and invisibility, is challenging, yet it is essential to substantiate calls for change. For governments and policy makers, one area of interest is assessing the costs and benefits of policy action and inaction, (6; 7) which in this field may include quantitative estimates related to workforce attrition, absenteeism or patient outcomes (see chapter 7). Such data answers whether the problem is 'real' and significant. Furthermore, it strengthens our credibility as advocates and reinforces the legitimacy of our message.

It is equally crucial to consider how these data-driven narratives can be communicated and enriched. (8) This is particularly challenging when the data contradicts

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long-held opinions among advocacy audiences. Relying solely on quantitative data is often insufficient to drive engagement, as there will never be 'enough' evidence to satisfy everyone, and the data is likely to be criticised as 'weak'. (5) In medicine, which values scientific rigour, there is a tendency to privilege precise data – yet 'accuracy' can be difficult to achieve when measuring complex social phenomena like sexual harassment. Hence, the tendency to endlessly debate prevalence statistics.

Quantitative data is most impactful when enriched with personal stories. Brief stories or 'cameos' can vividly illustrate specific situations or interventions to stakeholders. (9) Well-chosen and skilfully communicated stories can effectively challenge people's tendency to dismiss the data, helping to address questions around whether the problem is real, relevant to them, and whether they bear some responsibility for addressing it. Narratives of lived experience counteract dismissive attitudes that label survivors as 'overly sensitive' or frame perpetrators as merely 'bad apples' whose behaviour can be managed individually rather than systemically.

However the data story is conveyed, it should be locally relevant and summarised for policy makers in a digestible format – often as a 'one-pager'. (10) Creating a clear, one-page narrative for change is an essential tool not only to communicate findings and recommendations, but also to focus the team on obtaining the right data to anchor key messages. This also keeps messaging consistent, ensuring that the various people and agencies working to create change remain aligned and goal-focused.

Good communication requires people with the right skills and tools, able to convey data clearly and meaningfully, avoiding unnecessary complexity and ensuring that the audience understands the message. This often involves difficult but necessary discussions about what constitutes effective data. For instance, while policymakers may be more persuaded by economic arguments that highlight the financial burden sexual harassment places on hospitals, survivors on the team may feel uncomfortable about reducing their experiences to cost figures or data points on a page. Given there are likely to be multiple stakeholders in any meeting or presentation, it is often a challenge to determine which arguments to present, and the timing of each.

In Table 33.1, Dabota Yvonne Buowari describes her work gathering evidence in Nigeria and other countries in Africa to drive change. She illustrates the importance of community-based participatory research, a particularly effective method in advocacy programmes. (11–14) This approach empowers local participants through active involvement in the research process, enabling them to translate findings within their communities and ensuring the data genuinely reflects local experiences. (12; 15)

In their work on sexual harassment, the editors of this book have discovered that trends are often more readily accepted than individual statistics. Therefore, we often present simplified graphs that illustrate findings across multiple studies in diverse contexts, acknowledging that each study may have its own methodological limitations. This approach mitigates the tendency of stakeholders to sidestep the issue by focusing on

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TABLE 33.1 *Creating and communicating evidence in Nigeria*

My experience as an advocate of sexual harassment (Dabota Yvonne Buowari)

Advocacy involves creating awareness. In my case, it focused on the problem of sexual harassment, especially as it is affected by culture and traditional beliefs in some regions of the world. I am an African and a victim of sexual harassment in the medical workplace. That is why I developed an interest in the topic. Several strategies can be taken by stakeholders in the health sector to bring sexual harassment in the medical workplace to an end. Such strategies can also be taken by stakeholders in every place where there is the probability of sexual harassment occurring and even sexual assault and rape. These include workplaces and educational institutions. Anywhere there is an employer–employee, boss–subordinate, master–servant, supervisor–supervisee, and the teacher–student relationship. There is a need to create awareness as there are usually power dynamics when sexual harassment occurs. Working in a developing country I did not have the privileges of a formal reporting system.

First, I conducted a survey on sexual harassment in the workplace among participants at the Medical Women's International Association (MWIA) session at the United Nations (UN) Commission on the Status of Women (CSW). The results of this study were presented at the triennial congress of the MWIA which took place in Vienna, Austria. This sparked the interest of the then-president of the MWIA on sexual harassment. A study was conducted on sexual harassment, and the research team was made up of four members which included me.

The study consisted of qualitative and quantitative aspects. Thirty respondents, who gave their consent, were interviewed. The results of this study have been presented at various fora to create awareness of sexual harassment. These include the MWIA triennial congress in New York; Medical Women's Association of Nigeria (MWAN) biennial conferences in Abuja and Asaba, Delta State, Nigeria; and the MWIA Near East and Africa regional conference in 2018 that took place in Nairobi, Kenya.

I have also authored some articles on sexual harassment in the medical workplace. I have continued to be an advocate of sexual harassment irrespective of any intimidation and lack of support. I do not have any support because of the society where I live and work. However, I am not discouraged. I will always be an advocate for the elimination of sexual harassment, especially among women doctors.

the methodological flaws of individual prevalence studies. As we often say, knowing that prevalence is well above zero should be sufficient data to ground our advocacy work.

The team from 'Surviving in Scrubs' discusses in chapter 35 how they have gathered and communicated lived experience narratives to advocate for change. One common issue they highlight is the importance of having clear reporting pathways for survivors. It is essential that the person or organisation receiving and managing the report is independent enough to assure the survivor that their report will be heard objectively and without impact on their future career. While providing options for survivors is important, there must also be transparency, so they are fully informed about what will happen next, the boundaries of confidentiality, potential costs (including time), and possible outcomes. Holding organisations accountable for their processes and outcomes is one way advocates can help survivors be heard and appropriately supported.

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Analysing and communicating gaps in these processes requires in-depth policy analysis, ideally presented as a diagram accompanied by a story that illustrates the real-life impact of these gaps on survivors. Although constructing these visual narratives can be complex, they provide a focused pathway for driving change.

Lived experience narratives are powerful tools to persuade and inspire change, especially when survivors share their stories themselves. However, presenting these stories requires a trauma-informed approach to avoid retraumatising survivors who may be in the audience. One effective way to handle this is by providing these narratives as supplementary material, allowing participants to engage with the content on their own terms. The goal is to empower survivors to own their stories while protecting them from potential exploitation, a frequent concern for survivors of sexual harm when engaging with media.

Ideally, a policy argument combines multiple forms of evidence. Whitehead et al. recommend advocacy organisations present a 'jigsaw of evidence', which is 'not one single piece of evidence, but rather many different bits, of varying quality, creatively pieced together'. (16) This collection of varied pieces, each with different strengths, can be assembled to form a comprehensive argument. In Table 33.2, Dabota Yvonne Buowari discusses her approach for creating change in Nigeria.

TABLE 33.2 *Setting up reporting options to give voice and choice to survivors (Dabota Yvonne Buowari)*

It is important to create a system that is safe for anyone to report the incident. These reporting channels should be easy to access and safe for victims. It should be free from any form of discrimination, intimidation and stigmatisation. This is a challenge in countries with high levels of corruption and patriarchal societies. In some contexts, a victim's report may not be acted upon without the payment of a bribe. In patriarchal societies, victims – particularly women and girls – are often not taken seriously, as decision-making is male-dominated and discrimination persists. As a result, reports from survivors may be disregarded, and female victims are frequently sidelined.
Policies are important to define situations, processes, and protocols. They also outline punishments for offenders. It is important that there are policies against sexual harassment at various levels of government, in health facilities, educational institutions and other workplaces. Such policies can also be included in the constitution of a country, state, county, province or constituency and should also be enshrined in the legislature. Legal support should be provided for victims, to allay anxiety, ensure safety, give confidence and provide encouragement to other victims to speak out and not keep quiet.
Stigmatization is one of the barriers and obstacles to sexual harassment advocacy and awareness campaigns. Intimidation and stigmatization deters victims from giving testimonies in court and becoming advocates against sexual harassment. Sexual harassment activists need to have meetings with the authorities and educational institutions to engage and remind them about any existing policies, including penalties and disciplinary action to be taken against perpetrators and also provide psychological care for victims. Advocates can help protect against the mental health impact of sexual harassment on the victims. All victims and survivors of sexual harassment should be encouraged and supported to be advocates and ambassadors for the reduction and elimination of sexual harassment.

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Dimension 2: Who Advocates for Change and Who Should Hear their Message?

Every stakeholder has the potential to be either an advocate or a target of advocacy, making it essential to map the field at the outset. Working in teams allows communication to be managed by the best-suited team member for a given situation and context. (5) Ideally, the advocacy team should include representatives from the organisations and individuals who will be integral to enacting change. Farrer et al. suggest each stakeholder should be considered with the following questions: (5)

- who has the power to effect change?
- who is most vulnerable to pressure?
- who holds the power that is necessary to change the system?
- who is an ally?
- who is likely to actively oppose efforts?

TABLE 33.3 *Becoming a grassroots activist in Malaysia (Betty Yeoh Siew Peng)*

The advocacy I've been working on for the last twenty years is the draft Anti-Sexual Harassment legislation. I hope that by sharing glimpses of my advocacy journey, I can inspire and enable others to support those in the fields they choose to advocate for. My mother is the matriarch in the family. She made me and my siblings do home chores. How does this connect to advocacy work? It can be said these home chores disciplined us from a young age. We became responsible and accountable to ourselves while also sharing the responsibilities of the family. Similarly, when we advocate for an issue, we must ensure that our actions align with our words and set an example through our behavior. For instance, if we call for anti-sexual harassment legislation, we cannot be sexually harassing others, be it our friends or colleagues.
In my younger days, due to financial constraints, I did not get a tertiary education, but my work provided me with valuable lessons. I learnt to be resourceful as I followed the good advice from my mother, that is be willing to learn from work given to me. My first formal job was with an oil and gas company. The employees were union members of the Chemical Workers Union of Malaya (CWUM). They were picketing due to a breakdown in negotiation of their collective agreement with the management. The union members were mostly production workers who did not have high education. By the time I joined the union, I was able to contribute to the worksite team because as the saying goes, 'In the Kingdom of the Blind, the Man with One Eye is King'. With my basic education, equivalent to a General Certificate, I was slightly better educated and able to help the union worksite team compare our collective agreement (CA) with those of similar industries.
It was essentially research work, helping to design the best terms of service to include in our collective agreement, which the Union then had to 'bargain' with the company. Successful negotiations often led to better remunerations and terms/benefits for the members. This was the start of my activism, as a I learnt the importance of working in a team. Research, such as surveys and studies, is important when it comes to making change or advocating for change.

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This mapping process is invaluable for crafting narratives tailored to specific audiences. It is equally important to map the team involved in advocacy work. In chapter 14, we discussed VeneKlasen's four types of power. (17) Understanding the sources of power within the team – including their formal, institutional roles ('power over'), their social capital and potential for collective action ('power with'), their individual capacities ('power to') and own self-knowledge, sense of agency and personal qualities ('power within') – can help leverage team strengths effectively.

Betty Yeoh Siew Peng, an advocate for women's rights in Malaysia, reflects on the principles that guide her activism. She describes how she developed these principles through her personal and professional life and through her work with a range of groups, from grassroots movements and unions to dedicated advocacy organisations.

Dimension 3: *Advocacy Messages*

There are core narrative arcs frequently used in advocacy. While not universal, these familiar narratives offer stakeholders a recognisable structure. In medicine, audiences often expect a certain format – such as a literature review, method, results, and discussion. Changing this narrative arc demands greater cognitive effort work for the audience, so it is essential to structure the story carefully and logically.

Common advocacy narratives are often built around themes such as:

- Values and social justice
- Human rights
- Legal obligations
- Economics
- Self-interest (e.g. reputation as an employer of choice)

The chosen narrative, mode of communication, and presenters may vary considerably and should be selected thoughtfully. Presenters and participants bring different forms of influence, whether it is the authenticity of survivors, the authority of senior colleagues, or the enthusiasm of medical students. For example, Surviving in Scrubs shares stories, including anonymous ones, to help other survivors find language and voice to address their own trauma. (18) The Time's Up movement in the US emphasised collecting defensible data on workplace harassment – an essential advocacy tool for organisations. (19) In contexts like hospitals, one of the most compelling narratives to engage health care professionals in addressing harassment is its direct impact on patient outcomes and the overall quality of care. Harassment not only harms individuals but also disrupts teamwork, communication, and morale within medical teams, ultimately affecting patients. The CanMEDS framework emphasises advocacy

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as a core competency for physicians, encouraging them to 'respond to the needs of the communities or populations they serve by advocating with them for system-level change in a socially accountable manner'. (20) In this context, addressing harassment is not only about creating a respectful workplace but also about fulfilling a professional duty to advocate for safe, high-quality patient care.

An important aspect of delivering advocacy messages is not just the content, but the tone. It is our experience that presenters need to 'calibrate outrage' – while outrage can be mobilising, it can also cause audiences to disengage. There have been moments in the narratives around sexual harassment in medicine that have used shocking content to draw attention. For example, the initial push to address this type of harassment in Australia involved a female surgeon, Dr Gabrielle McMullin, sharing a case where a registrar was propositioned by her supervisor. After recounting the case, Dr McMullin remarked, 'Her career was ruined by this one guy asking for sex on this night. Realistically she would have been better to have given him a blowjob on that night and to have left it at that.' (21) Predictably, this statement divided the surgical community, but it ultimately led to significant change, including the 'Operating with Respect' campaign. (22) This narrative was effective because Dr McMullin used her status as a senior surgeon to deliver a powerful message to the right audience at the right time.

Louise Stone recalls meeting a senior bureaucrat to request research funding to explore the experiences of international medical graduates in Australia. The bureaucrat responded, 'Well, I'm prepared to read a proposal as long it doesn't take a victim mindset with more whining women'. In situations like these, the tone must be highly objective and data-based. We have found that it is crucial to keep the message within 'the zone of proximal development' – challenging enough to stretch the audience's thinking, but not so confronting that it causes them to disengage.

Dimension 4: *Tailoring Arguments to Different Political Standpoints*

Advocacy messages must be tailored to the audience, which requires understanding where the advocate's goals align with the organisation they are addressing. This includes recognising and addressing unhelpful narratives, such as the idea that a perpetrator is merely a 'bad apple' and the target of harassment needs to build resilience because they are 'over sensitive'. (23) These misconceptions often need to be confronted directly.

A common issue is the belief that sexual harassment and its management are individual rather than collective responsibilities. People vary in the extent to which they attribute responsibility to individuals versus systems, as seen in health care debates. For instance, in the United States, right-wing groups are more likely to hold individuals accountable for their own behaviour and social standing, (5) while those

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with left-wing views are more likely to attribute issues to inequitable social and economic systems. (24) Depending on the audience, advocacy narratives should be shaped in a way that ensures that organisations do not evade their obligations by placing responsibility solely on survivors.

The Working Party on Sexual Misconduct in Surgery was formed in the UK in 2022 and published their groundbreaking paper titled 'Sexual harassment, sexual assault and rape by colleagues in the surgical workplace and how women and men are dealing with different realities'. (25) It has been insightful to observe this team develop an advocacy strategy using a combination of research, workshops and publications. (26) One of their effective strategies involved working with, rather than opposing, the Royal College of Surgeons of England, beginning their advocacy with a scientific paper – a strategic choice that resonates with doctors who prioritise evidence-based approaches. Their report integrates diverse forms of evidence, with lived-experience quotes, research outcomes, evidence of organisational support and a solution-focused series of recommendations, all presented in a concise and impactful manner. (21)

Dimension 5: *Barriers Impeding Effective Advocacy in Medicine.*

There are a several ingrained social assumptions about the medical profession that make it difficult for many to accept that sexual harassment is a significant issue. Hospitals are often seen as safe, controlled environments, and people may find it hard to accept that sexual harassment occurs in these settings and that doctors – typically viewed as dedicated professionals – can be perpetrators. Additionally, doctors are generally seen as privileged and therefore immune to risks of sexual harassment or abuse.

Medicine is a conservative field, characterised by lengthy training periods and steep hierarchies. Those at the top of these hierarchies may be reluctant to change, as they hold privileged positions with considerable power. Beyond individual resistance, broader societal barriers also impede progress. The current political and economic climate emphasises individualism and neoliberal values, both of which create obstacles to systemic reform. Short-term political cycles and the high-output, low-investment model of many academic institutions further delay necessary changes.

Both medicine and contemporary society have deeply entrenched, gendered cultural norms that create barriers to addressing harassment and promoting effective advocacy. Dominant gender norms shape social and professional hierarchies, reinforcing power dynamics that protect the status quo. (27) Additionally, the high prevalence of childhood trauma and gender-based violence can normalise harassment, making it harder to address these issues in adulthood. (28)

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Biomedical training and research approaches often do not incorporate or prioritise social science perspectives, which can hinder the profession's ability to respond effectively to complex issues like harassment. Furthermore, with multiple actors operating in this space, each with differing priorities and goals, aligning advocacy efforts requires significant coordination and collaboration.

Despite these barriers, there are promising developments at both the national and global levels. States and multilateral organisations are increasingly committed to advancing Sustainable Development Goals (SDGs) that focus on gender equality, safe work environments, and accountability.

In the health care sector, specific initiatives address the protection of doctors from harassment by colleagues. For instance, the International Labour Organization (ILO) adopted the Violence and Harassment Convention (C190) in 2019, which applies to all sectors, including health care. This landmark convention establishes the right to a workplace free from violence and harassment, emphasising employer accountability and preventive measures. (29) As of the end of 2024, forty-five countries had ratified the Convention, though its impact will only become evident once it is translated into local legislation and fully implemented within the sector.

Additional professional efforts have also been introduced. In 2015, the Royal Australasian College of Surgeons launched the Operating with Respect (OWR) programme in response to evidence of bullying and sexual harassment in surgical environments. This programme includes mandatory training on respectful behaviours, reporting mechanisms, and support systems. While an initial survey indicated moderate effectiveness in reducing bullying, findings also underscored the need for a broader, sustained strategy to build a respectful, safe, and inclusive environment. (30)

The American Medical Association (AMA) has similarly developed guidelines to promote a respectful workplace, with the AMA Code of Medical Ethics providing specific guidance on addressing harassment and maintaining professional conduct among colleagues. These guidelines aim to foster a culture of respect and accountability in health care settings. (31)

The UK's National Health Service (NHS) has implemented the Civility and Respect Framework, which aims to improve workplace culture by tackling harassment and bullying across all levels of medical hierarchies.

While these initiatives indicate a growing recognition of the need to protect health care practitioners from intra-professional harassment, achieving sustained change requires a comprehensive approach. Isolated initiatives have shown limited impact, emphasising the need for a coordinated strategy that includes policy reforms, robust accountability mechanisms, and cultural shifts within medical institutions. (32)

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TABLE 33.4 *Learning and implementing change with different people in different roles in Malaysia (Betty Yeoh Siew Peng)*

When embarking on an advocacy work, we need to know very clearly what would affect the project or proposal, including the availability of human resources, apart from money and materials.

I learnt about self-reliance from an organisation called the Indian Self-Employed Women's Association (SEWA). This organisation encouraged their members to be self-reliant and autonomous, individually and collectively, including in decision-making. Self-reliance is important for women, especially among women survivors of gender-based violence. This campaign raised the awareness on the issue of Violence Against Women (VAW), for the first time, making VAW no longer an issue suffered in silence. 'Break the Silence' was the tagline for the campaign, and for many women who have experienced the various forms of violence, their voice was amplified. The campaign showed women's groups a way to build community awareness as an advocacy tool. The importance for people and organisations with diverse interests to work together for a common goal. It was also important to bring in other stakeholders to play a part in any campaign.

Mobilisation is a very important element in any advocacy. In the past, mobilisation was in person and via placards and petitions. Nowadays, social media plays a very important role in getting messages out to various stakeholders. Another important area of advocacy work, especially by women's groups, was to work with men. In this campaign, it was the male activists who helped to manage the childcare that enabled women with children to attend the workshop. Working with men was a key strategy in the advocacy against violence against women. Alliance building was an important strategy to carry out advocacy work.

The advocacy for a Domestic Violence Act (DVA) was a first for The Joint Action Group against Violence Against Women (JAG-VAW). We had to lobby the lawmakers in Parliament and the political groups to support the passing of the Domestic Violence Bill. We developed a booklet on 'How to Lobby Your MP' and started to train the members on lobbying skills and advocacy work. Training was an advocacy too as it provided information on issues we advocated. With these skills and knowledge, members of our group went to lobby the members of Parliament, political groups and ordinary people in the community. We learned how to hold press conferences. Every time there was a gross injustice case to women, the All Women's Action Society (AWAM) together with the other partner organisations wrote press statements and called for a press conference to ensure the public knew of these violations. It worked very well on the issues of domestic violence when JAG-VAW was lobbying for the Domestic Violence Act. This strategy has continued to this day, better supported now by digital media.

The JAG-VAW organisations were also familiar with reviewing laws that affected women. The group looked into laws related to rape as the existing laws and practices then were detrimental to the survivors of rape. By 2017, the Joint Action Group for Gender Equality (JAG-GE) were asked to review and redraft the sexual harassment legislation. This is the value of advocacy work, to be able to be mainstreamed into decision-making bodies and committees where our views were listened to.

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Dimension 6: *Practices and Activities that Increase the Effectiveness of Advocacy Efforts*

Coordinated organisational efforts can create a multiplier effect, amplifying the impact of advocacy initiatives. It is essential to identify and mobilise advocacy leaders across all levels of the health care profession to raise awareness and drive sustained change. This includes engaging medical colleges, health boards, trusts, education bodies, and unions. (33) Mobilising these diverse stakeholders ensures a comprehensive approach that can address harassment more effectively.

In Table 33.5, Dabota Yvonne Buowari showcases the range of stakeholders she has targeted in her advocacy efforts in Nigeria, demonstrating the importance of a multi-stakeholder approach.

Finally, there is an art to using media to create change. Simon Fleming is a fierce advocate for cultural change in medicine, and has written an article about his approach, with the intriguing title 'A lot of people just wish I would shut up, but I won't – how a surgeon has made it his mission to stand up to bullies and discrimination'. (34) Simon is known for his social media advocacy, and in Table 33.6 he describes his approach.

TABLE 33.5 *Using organisations to advocate for sexual safety in Nigeria (Dabota Yvonne Buowari)*

Stakeholders have an important role to play raising awareness around sexual harassment.
Educational Institutions have a role to play at all levels from primary to tertiary. Sexual harassment can occur between students, between teachers, between teachers and students, and between teachers and non-academic staff. Some educational institutions have policies against sexual harassment and the capacity to develop policies and processes across the entire educational spectrum.
Professional Associations have been established for women doctors, but there is still a need to support other survivors, including men, lesbian, gay, bisexual and transgender (LGBT) people. Professional associations have a role to play in creating awareness of sexual harassment, including through conducting studies among their members.
Sexual Harassment Taskforces can be established across workplaces, educational institutions, and associations to help curb sexual harassment. The goal of a sexual harassment task force is to create awareness and develop a guideline for reporting, including outlining consequences for perpetrators. For instance, the Medical Women's International Association (MWIA) – a global association of women doctors – created a violence against women and girls special interest group during the 2019–22 triennium.
Groups for Talking Therapy can be helpful. Therapy is not available in all countries, especially in low- and middle-income countries (LMIC). Health facilities and educational

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TABLE 33.5 *(continued)*

institutions should provide access to therapy for all survivors and victims of sexual harassment – including group therapy encourages victims to talk about the incident and how they feel about it. Engaging in talking therapy can lead to the formation of support groups for victims and survivors of sexual harassment. Participants can also act as advocates of sexual harassment.

The Media can be a useful advocacy tool. In organised work settings, memos, posters and emails can be used for information dissemination. Various forms of mass media can also be used as advocacy tools for creating awareness of sexual harassment at work. These can include the use of electronic, print and social media. Short videos and skits can be produced on the impact of sexual harassment and on how to report incidents, as well as for advocacy and awareness campaign against sexual harassment. The target audience will determine the type of advocacy tool and medium to be used.

TABLE 33.6 *Using social and mainstream media as a vehicle for change: advocacy, allyship and arguing online (Simon Fleming)*

When exploring advocacy and what works and what doesn't work, it is nearly entirely a tale of mistakes made and lessons learned. So I write both acknowledging my privilege and recognising that advocacy is often written or spoken about from the viewpoint of dominant group members (in this context, a straight white man). There is also literature that investigates how 'non-dominant' people perceive, or experience allyship. (35) As such, I will try to explore my advocacy, acknowledge my own privilege and endeavour to not speak 'for' others, but rather amplify voices and empower others to do similarly.

There is increased interest in allyship, as both a concept and in real world 'what does it mean for me' terms. So before I start talking about my journey, I do think it is important to define a little and to expound on the journey nearly all people take to becoming an agent for positive change. I will aim to avoid any mansplaining (better referred to as 'correctile dysfunction').

Many think of advocacy as being purely disruptive, of calling things out on social media and being the one at the conference or meeting to ask why all the panels are male/pale/stale. Yet really, of course, it is easier for me to challenge things in many/most contexts, as I am generally not the one targeted by the prejudice in the first place. (36–40)

The spectrum of advocacy, for me, is a continuum, the Four As of Allyship, (41–44) which are broadly speaking Apathetic, Aware, Active, Advocate. My advocacy sits at the end of the scale – but that isn't for everyone. It is a proactive choice, to actively, every day, be an ally, in every context. So I would ask the men reading this, 'do you sponsor, amplify and empower? Do you resist the urge to "ladder pull"?' If not, why not? What are you afraid of?

For me, like many, what I was afraid of was getting it wrong. Making mistakes. Saying the wrong thing and being called out and cancelled. What changed for me was leaning into that. Accept that if you're going to challenge things in any context, you will get it wrong. Moreso, if you aren't getting it wrong, I'd suggest you aren't trying hard enough. The trick is to accept that either 'you win or you learn'. If you are trying to do better, because you know

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TABLE 33.6 *(continued)*

better and you don't get it right, apologise when you make mistakes. (41–44) Because if you decentre yourself, if you accept it's not about you, it's not about you feeling better or you getting closure, but rather those you aspire to support, you'll be ok with that. And yes, it might mean you get blocked on twitter or you are never forgiven but . . .
. . . its not about you.
Rather, if you are going to use platforms like social media or really any remote media method (papers, radio, TV, etc.), your advocacy needs to be informed by listening to and seeking out interactions with those people who are not in your circle, who are on the fringes. It is through those interactions that your biases and unintentional mistakes are reduced and, more than that, positive perceptions can be garnered. Positive changes can come from your advocacy, rather than finger pointing and blame. (45; 46)
This is my final point: it really isn't about you. You should be listening and reflecting far more than you should be soapboxing and monologuing. If you aren't listening, you aren't advocating, you're just doing harm, with advocacy sprinkles, and that is as true in the online world as it is in the real world.
If you listen, if you decentre yourself and if you apologise when you screw up, whether it's on your phone or on a podium, you will make a difference for the better. (35; 43–45)

CONCLUSION

Effective advocacy is a complex and dynamic endeavour, requiring a nuanced understanding of the structural and societal barriers that impede progress. To achieve meaningful impact, advocacy efforts must align with the values, priorities, and motivations of specific audiences, while drawing on the credibility, insights, and unique strengths of those delivering the message. By combining reliable data with narratives grounded in lived experience, advocacy can foster both intellectual and emotional connections to the issue.

However, advocacy alone is not enough for sustainable change. Addressing harassment within medicine and clinical settings demands a comprehensive approach that integrates coordinated initiatives, cultural transformation, and robust accountability mechanisms. This effort also benefits from a team-based approach, which not only amplifies impact but provides essential support to advocates who face considerable personal and professional costs.

Ultimately, advocacy is a lasting commitment to justice, equity, and compassion. It is a contribution to the legacy of a more inclusive and respectful profession.

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