

Addressing racism and its health impacts on children and young people

Research summary



Racism is a key driver of ill-health and health inequalities. Children and young people are particularly vulnerable to racism's harms. Intergroup attitudes, beliefs and behaviours are established in childhood, making this a priority time for action.

Racism is present in the everyday lives of many Victorian young people.

How racism harms health

Racism has detrimental health, social and economic consequences for individuals, communities and societies.

Children and young people are particularly vulnerable to the harmful effects of racism.^{1,2} Racism can negatively affect development with profound consequences for health and mental wellbeing, and educational and social outcomes throughout their lives.

Racism harms children and young people's health in multiple, complex and reinforcing ways.^{3,4} Direct exposure – as well as structural, societal and institutional legacies of historical and contemporary racism – shapes risks and opportunities and creates unjust, unnecessary and preventable differences.

The COVID-19 pandemic has further reinforced the need to address racism's negative consequence on health.⁵

To optimise wellbeing – and to achieve health equity for all – eradicating racism and racial discrimination from the lives of children and young people in Victoria is an urgent priority.

About this research

This report focuses on Australian data collected in the last five years (2016–2020) and underscores the high prevalence of racial discrimination experienced by children and young people from Aboriginal and Torres Strait Islander backgrounds, and from some ethnic minoritised groups.

It also focuses on what works in interventions to reduce the impacts of racism on health.

Existing data is under-utilised and substantial data gaps remain. To inform the targeting of future action across policy, research and practice, investment is needed in the analysis of data already collected and to quantify and capture children and young people's contemporary experiences of racial discrimination.

While high-quality evidence of effective anti-racism strategies among children and young people is relatively sparse, we have identified promising approaches and key principles for action to enable a more detailed understanding of the response required to address racism as a fundamental cause of ill-health and health inequalities for children and young people.

Understanding racism

Racism is a deeply entrenched and complicated health issue. It can take many forms and is the result of individual attitudes, social values and institutional practices. It perpetuates inequalities in access to resources and opportunities, and it often manifests through unconscious bias or prejudice.

Different aspects of social identity, such as gender, sexuality, socioeconomic position, ability/disability, migration status, religion, geography and age all intersect with race.⁷ Children and young people can experience multiple forms of discrimination related to their multiple marginalised identities.⁸

Cyber racism is on the rise and can have the same effects as offline racism. It is increasingly a key way in which systemic racism can influence health, including via media and online representation of groups.⁹

Addressing racism is a priority in numerous Victorian and national policies and frameworks, many of which explicitly identify racism as a key social determinant of health requiring attention, including for children and young people.

Given the high prevalence of racial discrimination experienced by children and young people from Aboriginal and Torres Strait Islander backgrounds, across Victoria, these communities are at the centre of much planning, discussion and decision-making about anti-racism efforts and are featured in this report.

Indigenous and minority ethnic groups

In Australia, Aboriginal and Torres Strait Islander peoples experience profound structural, systemic and institutional racism, which uniquely and actively manifests in many ways including dispossession of land, child removal policies, and disproportionately high incarceration rates. These are expressions of the deep injustices of ongoing colonisation that persist today.

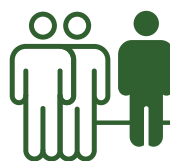
Ethnic minoritised and migrant communities experience systemic racism related to historical and contemporary migration and settlement experiences and legacies of legislation such as the White Australia policy.

Forms of racism



Systemic/ institutional racism

Policies, conditions or practices that disadvantage certain groups in education, housing, employment, media (including online and social media), health care, and in the policing and criminal justice systems and so on.



Interpersonal racism

Discrimination between individuals, with varying degrees of frequency and intensity, including verbal abuse, racially motivated assault, ostracism and exclusion, both in person and online.



Internalised racism

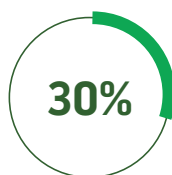
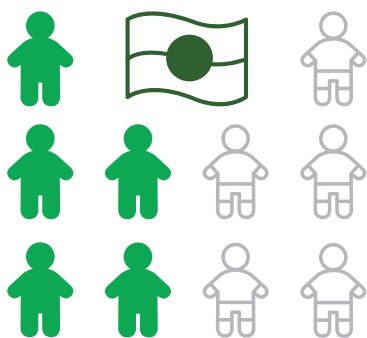
Accepting as true, the pervasive negative societal beliefs and stereotypes about stigmatised racial/ethnic groups.

Self-reported racial discrimination

Racism and racial discrimination are everyday experiences for many Australian children and young people from Indigenous and minority ethnic groups. The data below relates to four studies conducted between 2016 and 2020.

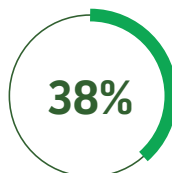
Empowering all children to understand how race works is one way to create empathy and warriors for the battle ahead.²¹

Aboriginal & Torres Strait Islander children and youth



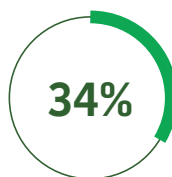
of 9–14 year olds

experienced interpersonal racial discrimination (from teachers **44%**; from society **59%**).²²



of 10–15 year olds

were called names at least once or twice; **30%** were left out by peers; **19%** were spat on, pushed or hit; **48%** witnessed bad treatment and name-calling of others.²³



of 15–24 year olds

reported experiencing name-calling at least once or twice; **20%** were left out by peers; **10%** were physically discriminated against; **21%** experienced poor service at least once or twice; **25%** were hassled by police; **53%** witnessed discrimination of others in the media.²³

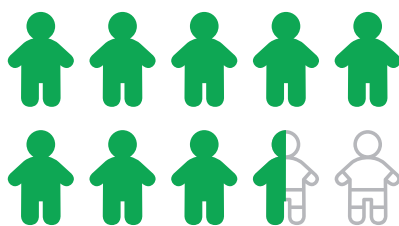
50% of 10–15 year olds

reported direct experiences of racial discrimination (by peers **43%**, teachers **21%**, society **37%**); **72%** reported vicarious racial discrimination.¹⁶

Ethnic minoritised children and youth

Between 58% and 68% of 10–15 year olds

from Pacific/Maori, Middle Eastern, African, South Asian, East Asian and Southeast Asian backgrounds reported direct racial discrimination; between **67%** and **83%** experienced vicarious racial discrimination.¹⁶



85% of 16–24 year olds

from a multicultural background had at least one experience of direct racism and/or discrimination.²⁴



reported at least one experience of vicarious discrimination since the start of COVID-19.



reported consciously adjusting their behaviour in public to reduce their exposure to racism.



reported being worried to return to their everyday lives for fear of experiencing racial discrimination.

Health impacts of racism

There is a growing body of evidence documenting effects of racial discrimination on child and adolescent health, from infants and young preschoolers right through childhood and adolescence to young adulthood.^{2,10}

Experiences of racial discrimination can cause **mental health** issues like depression, anxiety, behaviour problems and even suicide risk. Behavioural and psychological impacts include hypervigilance, rumination, heightened threat perception¹¹ and sleep disturbances.¹²

It can also negatively impact children's **physical health**, and their immune and inflammatory systems, increasing their risk for chronic diseases later in life such as obesity, diabetes, stroke and heart disease.^{13,14}

While many children and young people are the direct target of racism, **witnessing or hearing about others' experiences**, including online, also contributes to ill-health,^{15,16} causing social-emotional adjustment and sleep problems.¹⁰ In addition, caregiver experiences of racial discrimination are associated with adverse physical and emotional health outcomes for their children.^{17,18}

Racism can also impact on children and young people's **access to safety and security** in their families and communities because it can increase exposure to other risk factors for ill-health, including unemployment, neighbourhood violence and financial stress.^{19,20}

Racism can influence education quality and access, health care quality and access, discriminatory incarcerations, discriminatory child protection and out-of-home care systems. These are further ways in which racism impacts on child and youth health in Australia both directly and indirectly.



What works?

There is no single solution that can protect young Australians from the harms of racism.

Strategies that support all children, their families and their broader communities to develop positive attitudes towards cultural diversity, and deal with racism could effectively reduce its harmful long-term effects.

To improve the lives and health of 5–25 year olds experiencing racial discrimination, we need to reduce the incidence of and exposure to racism.

Initiatives and programs need to be delivered across key settings in which children and young people live, grown learn and play, including **education, health care, sport and online**.

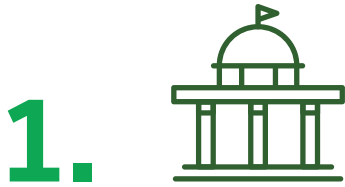
Importantly, the focus should be on **multi-level, multi-strategy initiatives** that target structural, systemic and institutional change not just individual-level attitudes and beliefs.



Systems, policies, procedures, cultures, attitudes and behaviours must be reoriented to counter and prevent systemic, interpersonal and intrapersonal racism.



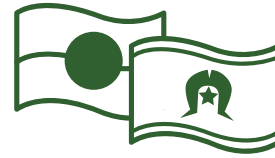
Key processes and approaches



1.

Explicitly name and address racism at a systemic, institutional level

Too often interventions focus on addressing disadvantage instead of on the racism that creates, maintains and justifies that disadvantage.



2.

Foreground Aboriginal and Torres Strait Islander sovereignty and leadership

Place First Nation people's right to self-determination at the heart of each strategy and action.



3.

Make anti-racism action life-course appropriate

Avoid reinforcing rather than countering prejudice and stereotypes. Match the action to the social, emotional, cognitive and developmental skills of children and adolescents.



4.

Co-design with community groups (architects and leaders) as well as children and young people (active participants)

Involve people in the decisions that will have an impact on them and incorporate multiple perspectives into the design process.



5.

Strengthen collaboration between health promotion, First Nations and ethno-specific agencies

With sustained commitment, concerted planning and extensive cross-sectoral collaboration comes meaningful participation and sustained change.



6.

Increase evaluation of interventions and monitoring of racism and racialised inequalities

Prior to large-scale implementation, programs should undergo high-quality effectiveness evaluations to ensure they do no harm and do not perpetuate the very issues they are intending to address.

Anti-racism needs to be compulsory content across all areas and levels of education, repeated and deepened according to age and setting.²¹



Effective anti-racism interventions targeted at children and young people^{25, 26}

 <p>Structural/Institutional/Community Interventions</p>	<p>Objectives: To promote examples of racial harmony as a source of normative anti-racism behaviour and attitudes. To collect data about policies and practices to identify issues of racism that are specific to organisations or communities.</p>
<p>1. Advertising and mass media campaigns that feature real-life people and experiences</p>	<p>Example: VicHealth See Beyond Race campaign. Also, interactive resources to help children navigate their own experiences of race and racism.</p>
<p>2. Regular reviews and data collection on the nature, prevalence and impacts of racism</p>	<p>Example: 2017 ‘Speak Out Against Racism’ Student Survey (data from 4600 school students in Victoria and NSW).</p>
<p>3. Regular organisational audits (workplaces, schools, sporting clubs), with accountability for inaction</p>	<p>Example: VicHealth’s Localities Embracing and Accepting Diversity project. Also, NSW Racism No Way resource.</p>
<p>4. Improved reporting and monitoring of racism</p>	<p>Example: Wyndam Support Services for marginalised communities</p>
<p>5. Legal/policy changes in health care, child protection and out-of-home care, policing and youth justice</p>	<p>Example: The Victorian Aboriginal Child Care Agency’s Cultural Support Plan for every child in care.</p>
<p>6. Prominence of sovereignty and leadership</p>	<p>Example: Organisations can arrange for First Nations advocates to speak about the Uluru Statement and publicly endorse it.</p>



Interpersonal Interventions

Objectives: To provide opportunities to appreciate the qualities and skills of individuals from different cultural backgrounds by cooperating towards a shared goal.

1. Promote tolerance by working together in diverse teams

Examples: [Student Teams Achievement Division](#); [Learning Together](#), [The Jigsaw Classroom](#)

2. Foster intergroup friendships

Example: [The Friendship Project for Children](#)

3. Teach students how to be proactive bystanders to racism

Example: [Speak Out Against Racism program](#)

4. Actively learn about cooperation between different groups

Example: [And the best essay is...](#)

5. Train health, education and social sector professionals who work with children and youth

Examples: [Engaging Patients and Families toolkit](#); [The Conscious Kid website](#)



Intrapersonal Interventions

Objectives: To address involuntary biases and develop awareness of racism and appreciation of diversity.

1. Training in empathy and perspective taking

Example: [A World of Difference curriculum](#) of the Anti-Defamation League

2. Promotion of intergroup harmony

Example: [Dual Identity Electronic Contact program](#)

3. Education on morals and values

Example: [Active Citizenship through Technology \(ACT\) program](#)

For further information

Priest N et al. Racism, racial discrimination and child and youth health: a rapid evidence synthesis (full technical report). Victorian Health Promotion Foundation. 2021.

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REFERENCES:

1. Sanders-Phillips K, Settles-Reaves B, Walker D, Brownlow J. Social Inequality and Racial Discrimination: Risk Factors for Health Disparities in Children of Color. *Pediatrics* 2009; 124(Supplement_3): S176-86.
2. Priest N, Paradies Y, Trenerry B, Truong M, Karlsen S, Kelly Y. A systematic review of studies examining the relationship between reported racism and health and wellbeing for children and young people. *Social Science and Medicine* 2013; 95: 115-27.
3. Gee GC, Walsemann KM, Brondolo E. A Life Course Perspective on How Racism May Be Related to Health Inequities. *American Journal of Public Health* 2012; Online: e1-e8.
4. Krieger N. Measures of racism, sexism, heterosexism, and gender binarism for health equity research: From structural injustice to embodied harm—An ecosocial analysis. *Annual Review of Public Health* 2020; 41: 37-62.
5. Devakumar D, Selvarajah S, Shannon G, et al. Racism, the public health crisis we can no longer ignore. *Lancet (London, England)* 2020; 395(10242): e112-e3.
6. Boyd R, Lindo E, Weeks L, McLemore M. On Racism: A New Standard For Publishing On Racial Health Inequities. *Health Affairs*; 2020.
7. Bauer GR. Incorporating intersectionality theory into population health research methodology: Challenges and the potential to advance health equity. *Social Science & Medicine* 2014; 110: 10-7.
8. Sharif M, Truong M, Kavanagh A, et al. Social Patterning of Racial Discrimination Among a Diverse Sample of School-Aged Children in Australia. *J Racial and Ethnic Health Disparities* under review.
9. Volpe V, Hoggard LS, Willis HA, Tynes BM. Anti-Black Structural Racism Goes Online: A Conceptual Model for Racial Health Disparities Research. *Ethnicity and Disease* in press.
10. Priest N, Chong S, Truong M, et al. Effects of direct and vicarious racial discrimination on socioemotional and sleep outcomes *Archives of Disease in Childhood* 2020.

11. Priest N, Williams DR. Racial Discrimination and Racial Disparities in Health. In: Major B, Dovidio J, Link B, eds. *The Oxford Handbook of Stigma, Discrimination, and Health*; 2017: 163.
12. Shepherd CCJ, Li J, Cooper MN, Hopkins KD, Farrant BM. The impact of racial discrimination on the health of Australian Indigenous children aged 5–10 years: analysis of national longitudinal data. *International Journal for Equity in Health* 2017; 16(1): 116.
13. Priest N, Truong M, Chong S, et al. Experiences of racial discrimination and cardiometabolic risk among Australian children. *Brain, Behavior, and Immunity* 2020.
14. Goosby BJ, Malone S, Richardson EA, Cheadle JE, Williams DT. Perceived discrimination and markers of cardiovascular risk among low-income African American youth. *American Journal of Human Biology* 2015; 27(4): 546-52.
15. Heard-Garris NJ, Cale M, Camaj L, Hamati MC, Dominguez TP. Transmitting Trauma: A systematic review of vicarious racism and child health. *Social Science & Medicine* 2017: 1-11.
16. Priest N, Chong S, Truong M, et al. Findings from the 2017 Speak Out Against Racism (SOAR) student and staff surveys. CSRM working paper no. 3/2019. Canberra: ANU Centre for Social Research & Methods, Australian National University, 2019.
17. Priest N, Paradies Y, Stevens M, Bailie R. Exploring relationships between racism, housing and child illness in remote Aboriginal communities. *Journal of Epidemiology and Community Health* 2012; 66(5): 440-7.
18. Becares L, Nazroo J, Kelly A. A longitudinal examination of maternal, family, and area-level experiences of racism on children's socioemotional development: Patterns and possible explanations. *Social Science & Medicine* 2015; 142: 128-35.
19. Williams DR, Mohammed SA. Racism and Health I: Pathways and Scientific Evidence. *American Behavioral Scientist* 2013; 57(8): 1152–73.
20. Priest N, Williams D. Racial Discrimination and Racial Inequalities in Health. In: Major B, Link BG, Dovidio JF, eds. *Oxford Handbook of Stigma, Discrimination and Health*: Oxford; 2018.
21. Bargallie D, Lentin A. *Improving racial literacy: what will it take?* Croakey; 2020.
22. Thurber KA, Banks E, Banwell C. Cohort Profile: Footprints in Time, the Australian Longitudinal Study of Indigenous Children. *International Journal of Epidemiology* 2015; 44(3): 789-800.
23. Gubhaju L, Banks E, Ward J, et al. 'Next Generation Youth Well-being Study:' understanding the health and social well-being trajectories of Australian Aboriginal adolescents aged 10–24 years: study protocol. *BMJ Open* 2019; 9(3): e028734.
24. Doery K, Guerra G, Kenny, E, et al. *Hidden Cost: Young multicultural Victorians and COVID-19*. Melbourne, Victoria: Centre for Multicultural Youth; 2020.
25. Berman G, Paradies Y. Racism, disadvantage and multiculturalism: towards effective anti-racist praxis. *Ethnic & Racial Studies* 2010; 33(2): 214-32.
26. Rao D, Elshafei A, Nguyen M, Hatzenbuehler ML, Frey S, Go VF. A systematic review of multi-level stigma interventions: state of the science and future directions. *BMC Medicine* 2019; 17(1): 41.



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