Mental health impacts of racial discrimination in Victorian culturally and linguistically diverse communities

Experiences of Racism survey: a summary

Localities Embracing and Accepting Diversity (LEAD)

Background

In 2007 VicHealth published findings from a survey of 4,000 Victorians, the majority of whom supported a society that included people from different cultures. These conclusions were published in the *More than tolerance: Embracing diversity for health*[1] report. Yet approximately one in 10 of those surveyed held views that were blatantly racist (e.g. 'some groups are inferior to others'; 'people from different 'races' should not marry') and approximately one in three suggested that they did not tolerate certain ethnic differences (e.g. the belief that some groups do not fit into Australian society).

The Localities Embracing and Accepting Diversity (LEAD) program was developed in response to these findings. LEAD was designed to trial new community interventions that address racism in two communities. The communities were selected due to their broad ethnic mix and local government commitment, not because they were any more or less racist than other localities. Two additional local government areas were selected as control sites because their demographic profiles matched the two pilot sites.

This research was conducted at the beginning of the LEAD program to ascertain the level of racism and its impacts on the mental health of CALD Victorians in these local government areas. It was envisaged that this research could inform the design of future evaluations and surveys.

For more information about the LEAD project, please go to www.vichealth.vic.gov.au/LEAD.

What is racism and race-based discrimination?

Racism can be broadly defined as behaviours, practices, beliefs and prejudices that underlie avoidable and unfair inequalities across groups in society based on race, ethnicity, culture or religion.

Race-based discrimination occurs when those behaviours and practices result in avoidable and unfair inequalities across groups in society.[2] This definition encompasses overt forms of racism, such as racial violence, as well as subtle forms such as race-based exclusion. Race-based discrimination can occur at individual, interpersonal, community and societal levels.

Direct racism is based in differential treatment that results in an unequal distribution of power, resources or opportunities across different groups, such as a refusal to hire people from a particular ethnic group.

Indirect racism is equal treatment that affects groups differently and results in an unequal distribution of power, resources or opportunities. For example, a policy that requires all employees to have their head uncovered while working is the same for all employees, although it jeopardises the employment opportunities of those who wear head coverings for religious or traditional reasons.[2]

A snapshot of the findings

A total of 1,139 people from culturally and linguistically diverse (CALD) communities were surveyed in two rural and two metropolitan areas of Victoria.

Prevalence of racism

- Nearly two-thirds of those surveyed experienced racism in the previous 12 months.
- Most had experienced racism multiple times, with 40% experiencing six or more incidents a year.
- Men were significantly more likely than women to experience racism.
- Sikhs and Muslims were significantly more likely to record racist experiences than Christians and Hindus.
- The proportion of people who experienced high volumes of racism decreased with age.
- People living in metropolitan areas were significantly more likely to report experiencing racism than people in rural areas.
- People educated at higher levels reported significantly more experiences of racism than people with lower levels of education.
- We cannot say that the results of this research are any higher or lower than any other area of Victoria or Australia. These comparisons were not made in this study and the context and definitions of racism vary across other studies.

Types and experiences of racism

Participants were asked about their experiences of racism in the previous 12 months.

- 55% were called racist names, teased or heard jokes or comments that relied on stereotypes about CALD people.
- 49% were sworn at, verbally abused or subjected to offensive gestures because of their race.
- 44% were ignored, treated with suspicion or treated rudely because of their race.
- 44% were told they were less intelligent than or inferior to people from other races.
- 44% were told that they did not belong because of their race.
- 38% were left out or avoided because of their race.
- 32% were spat at, had an object thrown at them, were hit or threatened to be hit because of their race.
- 26% had their property vandalised because of their race.

Mental health impacts of racism

The survey included a psychological distress test that indicated the participants' risk of mental illness.

- People who experienced the most racism also recorded the most severe psychological distress scores.
- Over 40% of those who experienced nine or more incidents of racism recorded high or very high psychological distress scores. This suggests that every incident of racism that is prevented can help reduce the risk of a person developing mental health problems such as anxiety or depression.
- Almost 40% worried at least a few times a month that their family and friends would be victims of racism. This demonstrates that the impact of racism spreads beyond the person directly targeted.
- People who experienced racism in shops, government and public transport settings were significantly more likely than others to experience high or very high psychological distress.

Where did racism happen?

- People mainly experienced racism in public settings (35%), employment (32%), shops (30%) and public transport (29%). It was also common in educational (22%), sports (20%) and housing (18%) settings.

How did CALD Victorians cope with racism?

- 64% of the sample avoided situations where they predicted that racism would take place. This suggests that experiences of racist incidents may have been even higher than reported if people did not avoid these situations.
- It also indicates that many did not feel safe to participate in activities that many other Australians might take for granted, with 23% avoiding these situations often or very often.
- Only one coping strategy out of 12 ('ignoring it or pretending it didn't happen') was associated with significantly decreased levels of psychological distress. It is not clear whether these incidents were less serious than others.

Conclusions

1. Racism is prevalent in the lives of many of the CALD Victorians surveyed.
2. Racism is associated with poorer mental health and reduced quality of life for CALD Victorians. Reducing the experience of racism is an important approach to improving health in this population.
3. Individual coping strategies do not appear to provide sufficient protection from harm.
4. Organisational and community interventions are needed to reduce racism.

Please note that a non-random sampling method was used in this study. Therefore, we cannot conclude that these results represent the experiences of all culturally and linguistically diverse Victorians.

Racism and health

The link between poorer physical and mental health and self-reported perceptions or experiences of racism is well-documented.[3–6] Racism can affect mental health through a range of pathways. In particular, there is a risk that targets of racism will develop a range of mental health problems such as anxiety and depression.[3, 6, 7]

Racism can have a negative impact on health for a number of reasons. It can restrict people's access to resources required for good health. It can also result in stress and negative emotions that have negative psychological and physiological effects and may cause injury through racially motivated assault.[2] People who become worried about being racially discriminated against may experience anxiety. Past experiences of racism may cause social isolation of both individuals and communities, which can contribute to mental disorders.

While the available Australian literature supports the validity of this link within the Australian context,[8, 9] the Australian evidence base around the mental health effects of racism against CALD communities is relatively lacking.

About the survey

The CALD Experiences of Racism survey investigated participants' self-reported experiences of racism, their responses and reactions to racist incidents and the association between these experiences and measures of psychological distress. The survey included questions about the frequency, types and locations of people's experiences of racism. Participants were also asked to indicate how often they saw racist incidents, anticipated and worried about experiencing racism or took action to avoid racism and how they reacted to racist incidents.

An indication of participants' mental health was assessed through the inclusion of the Kessler 6 (K6) scale. This is a well-established assessment tool that screens for psychological distress. High psychological distress is an indicator of an increased risk of mental illness.

The K6 involves six questions about emotional states, each with a five-level response scale. This measure has demonstrated excellent internal consistency and reliability as well as consistency across major socio-demographic sub-samples.[10] The K6 can be used as a brief screen to identify levels of psychological distress.

The 1,139 survey participants were aged 18 years or older and lived within two rural and two metropolitan local government areas. The surveys were administered to a non-random sample between September 2010 and May 2011 by CALD community workers, face-to-face in individual or group sessions. Table 1 lists the demographic details of the sample.

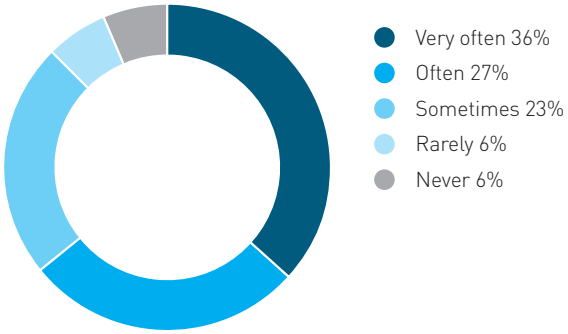
Table 1 Demographic details of survey participants

		n	%
LGA	Rural Council 1	298	26.2
	Rural Council 2	280	24.6
	Metropolitan Council 1	335	29.4
	Metropolitan Council 2	226	19.8
Gender	Male	541	47.5
	Female	580	50.9
Age	18–24	257	22.6
	25–34	246	21.6
	35–44	217	19.1
	45–54	155	13.6
	55–64	75	6.6
	65+	39	3.4
Education	Tertiary qualifications	271	23.8
	Trade or TAFE	141	12.4
	Higher School Certificate	267	23.4
	School certificate	109	9.6
	Primary school	79	6.9
	Other	119	10.4
Religion	Buddhism	44	3.9
	Christianity	351	30.8
	Hinduism	69	6.1
	Islam	435	38.2
	Sikhism	53	4.7
	Other	8	0.7
	None	50	4.4
Country of birth	Australia/New Zealand	69	5.8
	Middle East	306	25.6
	Africa	259	21.7
	East Asia	166	13.9
	South Asia	122	10.2
	Pacific Islands	116	9.7
	Europe	74	6.2
	Americas	4	0.4
Years in Australia	0–5	366	37.5
	5–10	244	25.1
	10–15	111	11.4
	15–20	89	9.1
	20+	165	16.7

Note: Missing data on some items mean that some figures do not add up to 100%. This applies to all tables and charts in this publication.

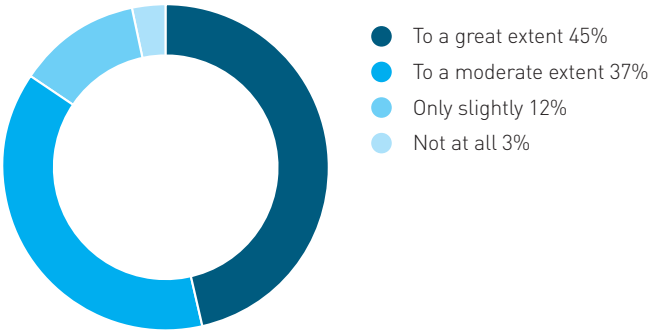
Approximately two-thirds of the CALD participants reported feeling good about their racial, ethnic, cultural and religious identity often or very often (see Figure 1).

Figure 1 The proportions of participants who felt good about being from a CALD background



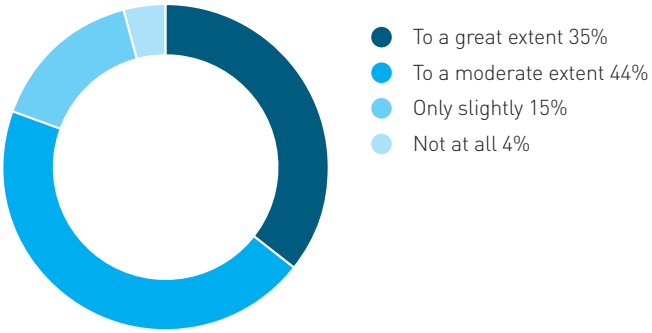
Figures 2 and 3 show that the majority of respondents (82%) indicated a moderate or great sense of belonging to Australia, while a slightly lower proportion (79%) indicated the same sense of belonging to their local area or neighbourhood.

Figure 2 The proportions of participants who felt a sense of belonging in Australia



Please note that a non-random sampling method was used in this study. Therefore, we cannot conclude that these results represent the experiences of all culturally and linguistically diverse Victorians.

Figure 3 The proportions of participants who felt a local sense of belonging



Survey findings

Experiences of racism

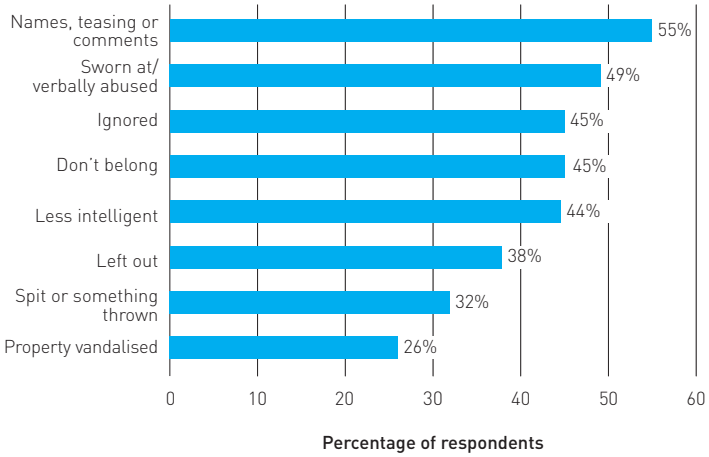
Nearly two-thirds of CALD Victorians who participated in this survey had experienced racism in the previous 12 months. Most experienced racism multiple times, with 23 per cent reporting between one and five experiences, 22 per cent reporting between six and eight experiences and 18 per cent of all respondents reporting nine or more experiences.

There were some significant differences in the level of racism experienced by some sub-groups of the sample. For example, participants with a university education reported significantly higher levels of racism than other people in shops, sport, employment, public spaces and justice settings. No differences in reported exposures were found between the groups across other settings.

Men were significantly more likely to experience racism than women and people living in metropolitan areas were significantly more likely to report experiencing racism than people in rural areas. Sikhs and Muslims were more likely to have experienced racism in the previous 12 months than Christians and Hindus. The proportion of people who experienced a high volume of racism decreased with age.

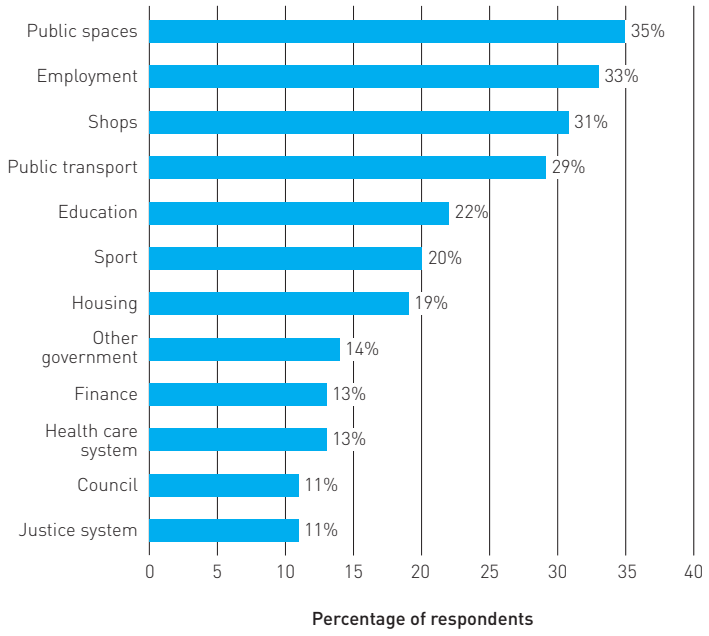
Figure 4 shows that race-based teasing, jokes or stereotypes were the most common form of racism and were experienced by more than half the sample. Almost every second participant also experienced being sworn at (49%), being ignored because of their race, told that they didn't belong (both 45%) or told that they were less intelligent than other Australians (44%). Approximately one-third reported being left out and spat at, physically threatened or assaulted in a race-based attack. One in four had property vandalised because of their race in the previous 12 months.

Figure 4 CALD Victorians' experiences of racism



Approximately one-third of respondents indicated that they had experienced a racist incident in public spaces and employment settings. A slightly lower proportion experienced incidents in shops and public transport (see Figure 5). Data was not collected on perpetrators in specific settings. It is not known whether the racist behaviours in settings such as health care, local council or justice settings were initiated by staff, clients or members of the public.

Figure 5 Settings where CALD Victorians experienced racism



Perpetrators of racism

When the respondents were asked about the most recent racist incident they had experienced, a high proportion (92%) indicated that the perpetrator was someone outside of their racial, ethnic, cultural or religious group. Approximately one-fifth (19%) of respondents knew the perpetrator a little, while over two-thirds (70%) did not know the perpetrator at all. The perpetrators were not interviewed, so their motives cannot be determined.

Mental health impacts of racism

The scores recorded on the Kessler 6 Psychological Distress Scale indicated that the volume of racism affected the participants' mental health. While the average (mean) scores did not reach the threshold figure of 19 for high or very high psychological distress, levels of psychological distress increased as the volume of racism increased (see Figure 6). This suggests that every incident of racism that is prevented can help reduce the risk of a person developing mental health problems such as anxiety or depression.

Figure 6 Experiences of racism and mean K6 score

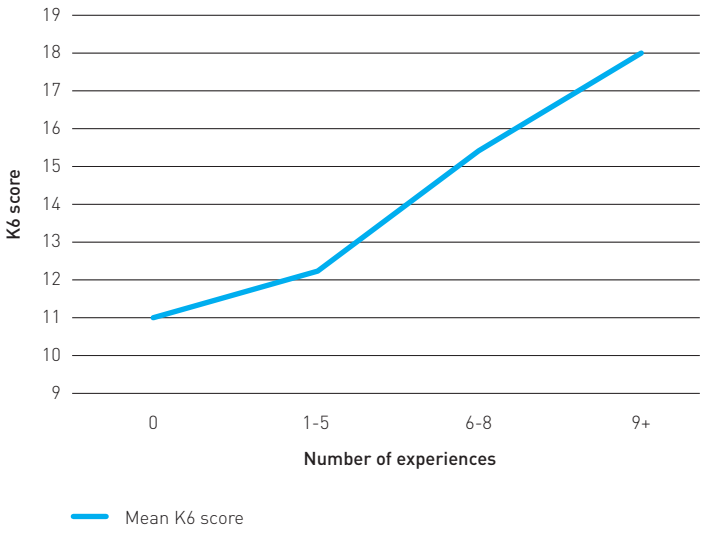
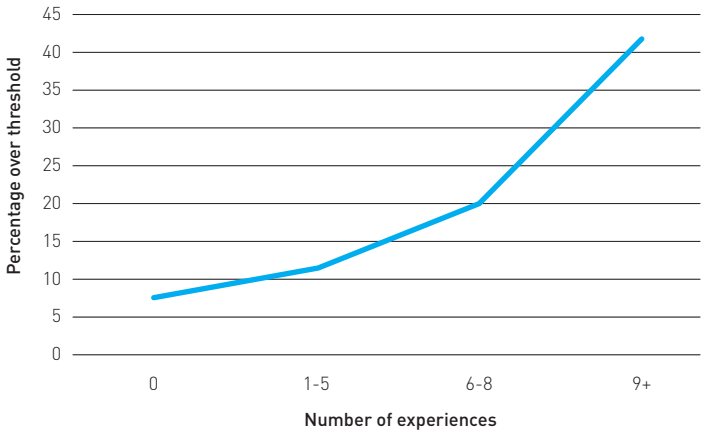


Figure 7 highlights this trend further. While the average mean scores were below the high or very high threshold for psychological distress, the proportions of people within these groups that exceeded this threshold (had a K6 score of 19 or more) climbed consistently as the number of experiences increased. People who experienced six or more experiences of racism were significantly more likely to be above the threshold than others with lower or no experiences of racism.

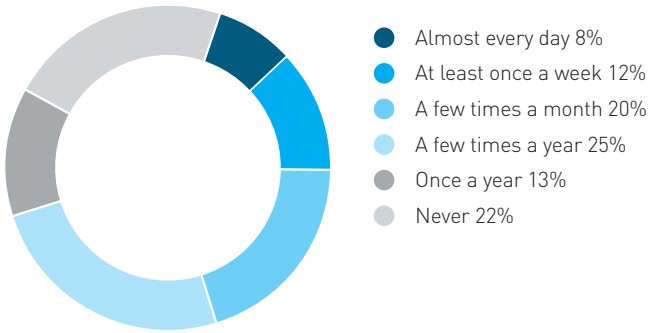
Figure 7 Number of experiences of racism and psychological distress threshold



These results suggest that mental health impacts were associated with the volume of racist experiences, but not with any specific type of racist incident. However, racist incidents that occurred in some settings – shops, government and public transport – were significantly associated with higher levels of psychological distress.

More than two-thirds of survey participants anticipated that others would intentionally or unintentionally say or do something racist and 46 per cent of the participants were also worried about experiencing racism sometimes, often or very often in the previous 12 months. Figure 8 shows that four out of ten worried at least a few times a month that their family and friends would experience racism. One in five (20%) experienced this worry at least weekly.

Figure 8 How often CALD Victorians worried about their friends and family experiencing racism



Coping strategies

People who experienced racism used a range of strategies to respond to these incidents. The participants who reported at least one incident were asked to recall how they coped with their most recent experience and rate how stressful they found it. Nearly half of participants who reported experiencing racism indicated that they had used more than one type of response.

The two most common responses were to ignore the incident (45%) or accept it (26%). Other strategies included talking to someone, trying to reason with the person, verbally confronting the person, trying to change themself, seeking or accepting help from others, making a complaint, reporting the incident to police or taking legal action. Some stated that they wanted to face up to the person, but did not.

The success of these strategies cannot be determined, as it is difficult to objectively judge how extreme or stressful each incident was or whether higher levels of stress were attributable to the response strategy chosen.

'Ignoring it or pretending it didn't happen' was the only response out of the 12 strategies that was associated with decreased odds of finding the last incident very stressful or extremely stressful. This suggests there is little that Victorians from CALD backgrounds can do as individuals to reduce the harmful effect of racism on their mental health.

Forty-six per cent of participants reported that they sometimes, often or very often avoided situations because of racism, while another 18 per cent avoided such situations on occasion. This suggests that rates of racism published in this report could have been much higher. This method of coping restricts opportunities for CALD Victorians to participate in activities that many other Australians may take for granted.

Conclusions

1. Racism is prevalent in the lives of many of the CALD Victorians surveyed.

Nearly two-thirds of CALD Victorians who participated in this survey had experienced racism in the previous 12 months. The majority of the sample (65%) felt that racism had negatively affected their life and more than four in 10 (46%) reported that they worried about racism sometimes, often or very often.

2. Racism is associated with poorer mental health and reduced life chances for CALD Victorians. Reducing the experience of racism is an important approach to improving health in this population.

This study highlighted that CALD Victorians who experience high levels of racism are more likely to also have elevated levels of psychological distress. This places them at an increased risk of developing mental health problems.

Survey results indicated that experiencing any form of racism was associated with worse mental health; the odds of being above the threshold for high or very high psychological distress were significantly higher for people with medium and high levels of experiences of racism.

Racist encounters in some settings, such as shops or public transport, were also shown to be more strongly associated with exceeding the threshold for high or very high psychological distress. Restricted access to settings such as these may limit a person's ability to acquire resources, goods and services that are important for other aspects of their health and wellbeing.

3. Individual coping strategies do not appear to provide sufficient protection from harm.

It appears that there is little that Australians from CALD backgrounds can do as individuals to reduce the harmful effects of racism on their health. The only strategy associated with lower odds of finding an experience very or extremely stressful was 'ignoring it or pretending it didn't happen'. However, the survey was not able to determine whether these incidents were less serious than others.

In any case, it is problematic to suggest that this should be CALD people's preferred response to racist experiences, as some of the actions covered in the survey were not only harmful, but illegal (e.g. vandalising property, physical violence).

It seems that strategies which prevent racism are much more likely to effectively protect the mental health of people who experience racism than interventions that work with individuals after the racism has occurred.

4. Organisational and community interventions are needed to reduce racism.

A strong understanding of the patterns of racist experiences and the ways in which racism influences health is crucial for the effective design and implementation of relevant intervention strategies. The variety of ways that racism can influence poorer health outcomes indicates the need for multilevel, multi-setting, multi-strategy interventions. At an organisational level, employers and educators may need more support to comply with existing anti-discrimination legislation.

Community-based programs such as LEAD can play an important role in protecting the mental health of CALD Victorians.[11, 12] Other community strategies such as the promotion of social norms that curtail the expression of racism in public spaces may also help more Victorians from CALD backgrounds participate in public life without fear of racial discrimination.

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