More than tolerance:
Embracing diversity for health

Discrimination affecting migrant and refugee communities in Victoria, its health consequences, community attitudes and solutions

A summary report

State Government
Victoria

VicHealth

Vulnerable and marginalized groups in society bear an undue proportion of health problems. Many health disparities are rooted in fundamental social structural inequalities, which are inextricably related to racism and other forms of discrimination in society. … Overt or implicit discrimination violates one of the fundamental principles of human rights and often lies at the root of poor health status.

The Constitution of the World Health Organization (WHO) of 1948 declares that: 'The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being'. It defines health as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' and prohibits discrimination in its enjoyment.

World Health Organization, 2001

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Contents

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About this publication

This publication summarises the key findings of research supported by the Victorian Health Promotion Foundation (VicHealth) in 2006 and 2007. The research was implemented to guide future work undertaken by VicHealth and others to address discrimination.

Scope of this report

This report is concerned with discrimination affecting people from migrant and refugee backgrounds. However, VicHealth is committed to addressing discrimination of concern to other groups and has a formal program to address discrimination in partnership with Victorian Indigenous communities. Many of the lessons learned in this report are transferable to addressing discrimination affecting other groups.

The focus of this report is on interpersonal discrimination (see 'Definitions' overleaf). However, it is important to note that both institutional and interpersonal discrimination have a negative impact on health and, as discussed later in this report, are inter-related problems (see p. 52).

Further detail

The following reports on which this publication is based are available on www.vichealth.vic.gov.au:

- Donovan, RJ & Vlais, R 2006, *A review of communication components of anti-racism and pro-diversity social marketing/public education campaigns* (Paper 1), Report to VicHealth by RJD Consulting Pty Ltd, June.

- Forrest, J & Dunn, K 2007, *Strangers in our midst? Intolerance and discrimination toward minority cultural groups in Victoria* (Paper 2), Report to VicHealth.

- Pedersen, A, Walker, I & Wise, M 2005, '"Talk does not cook rice": Beyond anti-racism rhetoric to strategies for social action' (Paper 3), *Australian Psychologist,* vol. 40, no. 1, pp. 20–30.

- Paradies, Y 2005, 'Antiracism and Indigenous Australians' (Paper 4), *Analyses of Social Issues and Public Policy,* vol. 5, pp. 1–28.

- Paradies, Y 2006, 'A systematic review of empirical research on self-reported racism and health', *International Journal of Epidemiology* (Paper 5), 35(4), pp. 888–901.

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Definitions

Culture refers to the distinctive patterns of values, beliefs and ways of life of a social group. It is a dynamic concept, which is influenced by environmental, historical, political, geographical, linguistic, spiritual and social factors (UNISA 2004).

Ethnicity is a social construct of group affiliation and identity. An ethnic group is a social group whose members share a sense of common origins; claim a common and distinctive history and destiny; possess one or more dimensions of collective cultural individuality; and feel a sense of unique collective solidarity. Ethnicity is self-perceived and can change over time (Ministry of Economic Development 2003).

Discrimination is the process by which a member, or members, of a socially defined group is, or are, treated differently (especially unfairly) because of his/her/their membership of that group (Collins *Dictionary of Sociology* in Krieger 1999). Discrimination is generally understood not as random acts of unfair treatment but rather a broader pattern, which is justified by beliefs and expressed in interactions among and between individuals and institutions intended to maintain privileges for members of dominant groups at the cost of deprivation for others (Krieger 1999).

This definition of discrimination is broad and is distinguished from a legal definition which includes only those discriminatory acts that are against the law.

Discrimination can occur on the basis of a range of characteristics, including sexual preference, ethnicity, culture, gender, religion, disability, age, relationship status, social class and religion as well as on the basis of perceived racial distinctions (see below).

Discrimination can be direct (overt) or indirect (covert) in nature. **Direct discrimination** is the unfair or unequal treatment of a person or a group (e.g. some one not being hired because of their cultural background). This type of discrimination is typically deliberate. **Indirect discrimination** appears to be equitable on the surface, but in practice disadvantages people from particular groups. For example, a rule that says that all students must not wear anything on their heads could result in discrimination against students whose religion requires the wearing of headwear. Indirect racial discrimination can occur even when there is no intention to discriminate (Department of Education and Training 2007).

Institutional discrimination, sometimes called organisational or systemic discrimination, refers to discriminatory practices carried out by state and non-state institutions (Krieger 1999). It occurs when policy and procedures or laws disadvantage a specific group. Institutional discrimination involves the application of beliefs, values, presumptions, structures and processes by the institutions of society (be they economic, political, social or cultural) in ways that result in differential and unfair outcomes for one or more social groups. It can also involve a failure to acknowledge historical discrimination against a particular group that has resulted in that group today occupying an inferior or unequal position in society (UNISA 2006). Institutions validate these rules and understandings that are often seen as being universal, but which actually reflect and protect dominant social interests (Gopalkrishnan 2004). In the past, institutional discrimination has been quite overt, as in the case of Apartheid in South Africa or the White Australia Policy, but today is more likely to be a product (whether deliberate or unintentional) of the ethno-centric viewpoints of policy and decision makers.

Interpersonal discrimination refers to directly perceived discriminatory interactions between individuals, whether in their institutional roles (for example, between employer and employee) or as public or private individuals (for example, between shopkeeper and shopper) (Krieger 1999).

Internalised oppression/internalised racism refers to the acceptance by marginalised populations of the negative societal beliefs and stereotypes about themselves. It is premised on the assumption that in a racially stratified society, one response of populations defined as inferior would be to accept as true the dominant society's ideology of their inferiority (Williams & Williams Morris 2000).

Prevention of interpersonal discrimination and its health consequences can occur at three levels. **Primary prevention** involves taking action to prevent discrimination before it occurs by building the knowledge and skills of individuals or changing behaviours. At the institutional level, primary prevention interventions are those which aim to change environments so that they are safe and welcoming, or to shape policies, programs and procedures to achieve equitable outcomes for all. **Secondary prevention** interventions focus on the early signs of discrimination occurring. They can be targeted either to potential perpetrators or to individuals and groups at risk of being subjected to discrimination (e.g. a support group to build young people's skills to identify and deal with discrimination should it occur). **Tertiary prevention** involves strategies to prevent or minimise the impact of discrimination once it has occurred (e.g. complaints mechanisms or counselling for victims).

Racism is a form of privilege or oppression resulting from a societal system in which people are divided into 'races', with power unevenly distributed (or produced) based on these racial classifications. Classifications are socially constructed and are based on perceived biological, cultural, religious or other differences which are reflected in and reinforced through attitudes, beliefs, behaviours, laws, norms and practices (adapted from Paradies 2006a). The existence of biologically distinct races is now contested, with recent studies showing that genetic differences between 'races' are minimal (Brownlee 2005; Royal & Dunston 2004).

Social norms consist of rules of conduct and models of behaviour expected by a society or social group. They are rooted in customs, traditions and value systems that gradually develop in a society or group.

Cultural diversity has benefits for all

The promotion of mental health and wellbeing has been identified as a priority by VicHealth in both our current and previous strategic plans, with research indicating that depression alone is likely to be the second-greatest contributor to global disease burden into the 21st century.

VicHealth recognises that an individual's mental health is determined by a range of factors, among them both heredity and luck. However, there is also solid evidence that influences in our broader social and economic environment play a significant part. As many of these influences can be modified, there is an important role for health promotion in reducing the disease burden associated with mental illness. This is particularly the case for mental health problems such as depression, anxiety and stress. In this respect, VicHealth's contribution complements the roles of treatment and rehabilitation services for people diagnosed with mental illness and those services established to identify and support people with early signs of mental ill health.

On the basis of research, VicHealth has identified four themes as being particularly important for promoting mental health and wellbeing. These are:

• Improving access to economic resources such as income, housing and meaningful employment
• Reducing violence, especially violence against women
• Improving opportunities for participation in social, recreational and civic activities
• Reducing discrimination and promoting acceptance of diversity.

Successive well-designed studies have indicated a strong relationship between exposure to ethnic and race-based discrimination and poor mental health. This represents a significant public health concern, with over 24% of Victorians being born overseas, three-quarters of whom were born in countries where English was not the main language spoken. One in five Victorians speaks a language other than English at home and 44% have at least one parent born in a country other than Australia. Addressing discrimination affecting Indigenous Victorians is also vital since this group continues to experience markedly poorer physical and mental health and to have lower life expectancy than other Victorians.

As well as affecting individuals, discrimination has the potential to harm us all by undermining harmonious community relations and social cohesion, compromising productivity and placing an unnecessary burden on our health, welfare and legal systems. Discrimination is also a violation of human rights, both in itself and because it compromises the enjoyment of other human rights. This includes the right to health, a fundamental human right to which VicHealth is strongly committed.

The program of research documented in this publication was designed to raise awareness of the health consequences of discrimination, to document its extent and to explore attitudes that support intolerant behaviours. Importantly, it also investigates ways of addressing the problem. Its primary focus is on discrimination affecting people from migrant and refugee backgrounds. However, many of its findings will also be useful in guiding work to address discrimination affecting other groups, most notably Indigenous Victorians.

Victoria has a longstanding and positive record in welcoming newcomers. By and large we have enjoyed harmonious intercultural relations and benefited significantly from the social, cultural and economic contributions of migrants and refugees. Community surveys on attitudes toward migration, migrants and cultural diversity suggest that Australia is among the leading countries in the western world in embracing diversity. They also suggest that Victoria leads the nation in this regard.
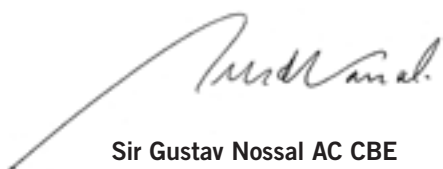
Nevertheless, the research in this report suggests people from migrant and refugee backgrounds continue to experience unacceptable levels of discrimination. Further, while our attitudes are generally positive, many of us continue to hold views that may lead to people being treated in ways which are unfair and which compromise their health and wellbeing.

Victoria's track record in managing cultural diversity to date has not occurred by accident. Successive political leaders have played a positive and active leadership role. While there remains room for improvement, Victoria also has a relatively well-developed program and legislative infrastructure for supporting cultural diversity and sound community relations. However, in light of an increasingly complex global environment and an alarming deterioration in intercultural relations, both elsewhere in Australia and internationally, it is clearly important that we remain vigilant.

We hope this report will not only raise awareness of the problem of discrimination and its associated health, social and economic costs, but will also provide some of the intelligence required to reduce it. Such effort is important both to promote the health of those directly affected by discrimination, and also to ensure that the wider community reaps the social and economic benefits of the diverse cultural heritage contributed both by newcomers to Victoria as well as by Indigenous Victorians, its original inhabitants and custodians.

Todd Harper
Chief Executive Officer
Victorian Health Promotion Foundation

Sir Gustav Nossal AC CBE
Patron of the Victorian Health Promotion Foundation

We inhabit a universe characterised by diversity. There is not just one planet or one star, there are galaxies of different sorts, a plethora of animal species, different kinds of plants, and different races and ethnic groups. How can one have a soccer team if all the members of the team are goalkeepers? How could it be an orchestra if all members played the French horn?

Archbishop Desmond Tutu, 2001

In the Somali community we have two names that we use, an Anglicised name that is acceptable to use and our real Somali name that we are too scared to use due to discrimination.

Faria, 18

Project overview and recommendations

There is increasing recognition internationally that discrimination affecting people from diverse cultural backgrounds is a common problem, with serious health, social and economic consequences for affected individuals and their families (World Conference Secretariat 2001; World Health Organization 2001). Discrimination is also costly to business and government and undermines the benefits of cultural diversity. This report summarises a program of research conducted by VicHealth in partnership with a team of researchers to address the problem.

Focusing on interpersonal discrimination, it includes:

- a review of studies investigating the link between self-reported discrimination and health;
- a survey of over 4,000 Victorians regarding their experiences of discrimination and their attitudes towards race, cultural diversity, discrimination and privilege;
- a review of strategies and approaches to achieve positive shifts in community attitudes and behaviours; and
- a review of past communications and marketing strategies, in Australia and overseas, designed to change discriminatory attitudes and behaviours toward people from different cultural backgrounds.

This research was undertaken to:

- raise awareness of the seriousness of the problem of discrimination affecting people from migrant and refugee backgrounds;
- provide data and information to guide efforts to address the problem by both VicHealth and others; and
- provide benchmark data against which to monitor progress in reducing discrimination.

Key findings

- There is a strong relationship between exposure to discrimination and poor mental health, especially depression. It is predicted that by 2023, depression and anxiety will be the greatest contributors to disease burden in Australian women and the third-greatest in Australian men (Begg, Vos et al 2007). Depression-associated disability costs $14.9 billion annually and results in more than six million working days lost each year (beyondblue 2004).
- Discrimination and intolerance affect a substantial portion of people from non-English speaking backgrounds, with nearly two in every five individuals from these backgrounds reporting having been treated with disrespect or called names and insulted on the basis of their ethnicity at some time. One third report having been treated with distrust. Experiences of discrimination were highest in workplace and education settings. Two in five report having encountered discrimination and intolerance in the workplace at some time and 30% report having done so in education settings.
- Although for most, reported experience was at the less frequent end of the scale, small but concerning proportions reported experiencing discrimination often.
- Only a small proportion of Victorians hold blatantly racist attitudes and most support and feel comfortable with cultural diversity. However, significant proportions hold attitudes which may be manifest in discriminatory behaviour and undermine health and wellbeing. Of particular concern are the more than one in three Victorians who identified cultural or ethnic groups they believed do not fit into Australian society.
- 84% of Victorians agree that there is racial prejudice in Australia, suggesting that there would be community support for efforts to counter the problem.

- There is substantial regional variation in both experiences of discrimination and attitudes to cultural diversity. This has implications for both setting priorities and for planning interventions to address the problem.
- Addressing discrimination will require coordinated effort from both government and non-government personnel and input from a range of disciplines. It is best addressed through multiple and reinforcing strategies implemented across a range of sectors and settings and targeted to individuals and families, communities and organisations.
- While there are some promising strategies to prevent discrimination, there is a dearth of rigorously evaluated interventions.
- There is a need for more Australian research on the health, social and economic consequences of discrimination.
- Interpersonal discrimination is part of the problem. However, institutional discrimination also makes a contribution to poor health. While this was beyond the scope of this particular program of research, it also requires attention, especially in key institutions that influence access to basic resources required for health such as employment, education and housing.

The Victorian Government has adopted a whole-of-government approach to supporting and promoting cultural diversity based on principles of:

- valuing diversity;
- reducing inequality;
- encouraging participation; and
- promoting the social, cultural and economic benefits of cultural diversity for all Victorians (VOMA 2002).

The Victorian Government's *Population and Diversity Policy Statement* identifies a commitment to growing the population, supporting Victoria's multicultural community and promoting tolerance. 'Supporting a fairer society that reduces disadvantage and respects diversity' is among the 10 goals of the government's policy statement *Growing Victoria Together.* This is supported by a well-developed legislative framework. The Victorian Equal Opportunity and Human Rights Commission plays an important role in supporting this framework and in undertaking activity to prevent discrimination.

In addition there is also a range of non-government organisations working to promote diversity and promote fair and equitable treatment of people from migrant and refugee backgrounds. In the Victorian research community there is mounting interest in undertaking work to better understand discrimination and its health, social and economic costs.

Recommendations

Maintaining and building on positive developments

It is recommended that:

The Australian and Victorian governments continue to support whole-of-population activity to promote diversity and positive intercultural relations, with a view to maintaining and building on the positive attitudes to diversity and newcomers found in Victoria in this research.

The Australian and Victorian governments consider the evidence-informed strategies summarised in Table 1 below to guide activity to promote positive attitudes and behaviours in this area.

Table 1 Promising strategies for primary prevention of interpersonal discrimination affecting migrant and refugee communities

Public health strategy	Promising strategies
Direct participation programs	• Initiatives to promote learning about other cultures and to address false beliefs and stereotypes • Anti-discrimination/pro-diversity community and school-based education programs • Deliberative polls[1] • Programs increasing contact and cooperation among groups between whom there is social distance[2]
Communications and marketing	• Anti-racial discrimination/pro-diversity training for journalists • Media policies and procedures, guidelines and ethical codes designed to promote fair reporting on issues relating to ethno-cultural communities • Inclusion of anti-discrimination/pro-diversity messages in entertainment media • Resources to raise awareness of and address discrimination/promote cultural diversity • Whole-of-population and geographically targeted communications campaigns[3]
Community development	• Cultivating local leaders to take a stand in support of cultural diversity/against discrimination • Cultivating leadership and networks within cultural communities to build the capacity of these communities to address discrimination and participate in a diverse society • Initiatives to build cross-cultural networks and cohesion within communities
Workforce and organisational development	• Anti-discrimination/diversity management training • Policies, protocols and resources to address discriminatory behaviour/promote diversity at the organisational level • Strategies to address institutional discrimination
Advocacy	• Campaigns to promote leadership in support of cultural diversity/against discrimination • Activities to promote positive changes in policy and programs at the organisational and societal levels
Policy and legislative reform	• Laws and policies to generate social norms against discrimination and in support of diversity (e.g. racial vilification legislation, anti-discrimination legislation) • Social policy platforms to address institutional and systemic discrimination
Research and monitoring	• Use of research findings to raise awareness of the problem of discrimination and its impacts or to promote the benefits of diversity

[1] While their format varies deliberative polls generally involve engaging a group in hearing about and discussing an issue, with participants being polled before and after this deliberation.

[2] Measures to increase contact between cultural groups are effective in reducing discrimination providing that certain conditions are met.

[3] As discussed later in this report, practice and rigorous evaluation in this area is sparse and findings are mixed.

Source: Table compiled from reviews conducted by Donovan & Vlais 2006; Pedersen, Walker & Wise 2005; Paradies 2005; and an overview of strategies prepared by the Council for Aboriginal Reconciliation (nd).

Priority settings, areas and target groups

It is recommended that planning of future activity to prevent discrimination affecting people from migrant and refugee backgrounds be:

• guided by the geographic variations identified in this report;

• targeted to addressing attitudes toward Victorians from Muslim, Middle Eastern, African and Asian backgrounds, given the findings of this and other research of particular intolerance toward these groups;

• targeted to workplaces and educational and sports settings, given evidence that these are settings in which discrimination is particularly likely to occur and the importance of employment and education to both current and future health and wellbeing; and

• targeted to children and young people, given evidence of the particularly damaging health impacts of discrimination in childhood and adolescence (especially through its impacts on psychological adjustment and educational attainment).

Building our knowledge about what works

Given the need to further develop the evidence and knowledge base for reducing discrimination and promoting acceptance of a diversity, it is recommended that consideration be given by relevant organisations in Victoria to establishing an intervention research trial to address these issues, which would:

• be implemented in one or more local or regional areas;

• be supported by government, non-government, philanthropic and corporate partners;

• be developed in partnership with local government, media, businesses, schools and community groups, including migrant and refugee groups;

• be implemented across a range of settings and sectors (e.g. workplaces, schools, community organisations, sports clubs);

• use multiple and reinforcing methods (as outlined in Table 1);

• address both interpersonal and local-level institutional discrimination

• trial innovative methods and approaches;

• involve high-level expert support from relevant disciplines (communications and marketing, geography, behavioural science, social psychology, community development); and

• be rigorously evaluated.

Much of the research and development work that would be required for such a program is the subject of a current national submission to the Australian Research Council. This submission has been developed by the University of New South Wales Geographies of Racism Project and involves the Victorian Equal Opportunity and Human Rights Commission, the Onemda VicHealth Koori Health Unit, University of Melbourne, and the Institute for Ethnicity, Community Engagement and Policy Alternatives (ICEPA), Victoria University, as Victorian partners.

A geographically-focused program is consistent with the finding of this report that interventions need to be tailored to the characteristics of particular regions. It would also allow more efficient and rigorous evaluation of the impact of particular strategies and of the approach as a whole.

Beyond attitudes

It is recommended that the McCaughey Centre, (The VicHealth Centre for the Promotion of Mental Health and Community Wellbeing, University of Melbourne) lead the development of an evidence-informed framework to guide primary, secondary and tertiary-level interventions to address interpersonal and institutional race/ethnic discrimination in Victoria. The framework would be developed in partnership with others with relevant academic, policy and practice expertise in the area of discrimination and would serve as a guide to practice and inform broader program and policy development.

This recognises that:

• both institutional and interpersonal discrimination are implicated in negative health outcomes;

• a complex range of factors – in addition to attitudes – are implicated in both interpersonal and institutional discrimination; and

• there are benefits in adopting a spectrum of prevention interventions (primary, secondary and tertiary) to reduce the health impacts of discrimination.

Discrimination, regional development and rural and regional settlement of migrants and refugees

It is recommended that initiatives designed to reduce discrimination and promote harmonious intercultural relations are given priority in the development of policies and programs to support Victorian regional development, particularly in areas in which settlement of refugees and skilled migrants is occurring (either through formalised programs or informal secondary migration).

Research and monitoring

It is recommended that:

Research is undertaken to estimate the costs to the Victorian economy of race/ethnic discrimination.

Researchers with expertise in measuring discrimination and its health impacts explore the feasibility of including further questions to measure and monitor the experience of race/ethnic discrimination and its health impacts in existing data collection and monitoring systems such as the Victorian Public Health Survey, Community Indicators Victoria and/or the Department of Justice Victorian Perceptions of Justice Survey.

VicHealth's contribution

VicHealth has a role in adding value to the work of others in Victoria through the application of a number of public health strategies, as follows:

Direct participation programs

The Building Bridges program will continue to be supported. This program is designed to address discrimination affecting migrant and refugee communities through engagement in activities promoting intercultural contact. Forty projects were funded in 2005, from which up to four will be selected and scaled up over a three-year period. Rigorous evaluation will be undertaken to determine the impact of the program in reducing discrimination and promoting harmonious intercultural relations and to identify implications for future policy and practice.

VicHealth will continue to engage people in group activities to reduce discrimination and promote positive intercultural relations through its arts, community festivals and active recreation programs and to explore ways of strengthening the role of these programs in preventing discrimination.

Community development and strengthening

Activity to support and strengthen leadership and networks within ethnic communities, and between them and other groups, will continue to be supported through VicHealth's arts, community festivals and active recreation programs.

Conferences and forums to discuss and develop local responses to addressing discrimination and promoting diversity will continue to be supported.

Organisational and workforce development

This publication will be distributed to relevant workforces and community groups.

Organisational development activity to prevent discrimination (interpersonal and institutional) and to promote diversity will continue to be supported through VicHealth programs (in particular its sports and recreation programs given evidence found in this research of discrimination occurring in these contexts).

VicHealth will continue to raise awareness of the link between discrimination and health through its Mental Health Promotion short course, research summaries and website.

Ethnic and race-based discrimination will be one of the four themes around which *'From Margins to Mainstream: The 5th World Conference on the Promotion of Mental Health and Prevention of Mental and Behavioural Disorders'* will be structured. This conference is being hosted by VicHealth in 2008.

Communications and marketing

Support will continue to be given to arts organisations to use creative mediums to explore issues and educate the public about discrimination.

Media activity will be undertaken to raise awareness of discrimination and its health consequences.

Research, monitoring and evaluation

A Research Leader position will be established as a University/VicHealth partnership to build research capacity in Victoria to improve understanding of:

• the link between discrimination and health;

• the health, social and economic costs of discrimination; and

• effective strategies for the prevention of discrimination.

VicHealth will work with others to establish and evaluate the regionally focused intervention research trial designed to address discrimination proposed above.

Given reported experiences of discrimination in sporting and other public events found in this research, VicHealth will continue to support and monitor funded activity in arts, active recreation and community festivals to ensure that safe and welcoming environments are maintained.

Policy development, advocacy and legislative reform

Advocacy will be undertaken with a view to establishing the regionally based multi-method intervention research trial to reduce discrimination in Victoria (as above).

VicHealth will liaise with relevant bodies, in order to have questions included in existing data collection and monitoring systems, to enable ongoing monitoring of the experience of discrimination and its links to health outcomes.

Through its Health Inequalities program, VicHealth will take opportunities to support policy development and advocacy initiatives to address institutional discrimination.

The findings of this report will be brought to the attention of relevant government departments and ministers.

Addressing discrimination affecting Indigenous Victorians

VicHealth will continue to take opportunities to address discrimination affecting Indigenous communities when undertaking the activities above.

VicHealth will continue to address discrimination affecting Indigenous communities by:

• contributing to the strengthening of Indigenous leadership

• supporting the promotion of the achievements and contributions of Indigenous communities.

We are highly educated but when people see that we are African they speak to us slowly, like we don't understand.

Berhan, 50

I was walking down to the Chadstone shopping centre, where I always go shopping. On the way an Australian guy came up to me and abused me. He put his hand up close to my buttock and slapped me. When I turned around I thought it was somebody who knew me. I realised it wasn't and then he asked me, 'Are you married, single or a terrorist?' He was very aggressive and just itching for a fight.

… I felt myself burning up, inside and out. I thought of hitting the guy. Despite my anger, I tried to put aside the rage I felt and instead I tried to feel sorry for him, and people like him, for his prejudices and ignorance. Our differences are skin-deep and even our deep cultural differences don't make us incompatible. I try to think positively about the whole issue. I try to put things into perspective. I don't want to let a few isolated events colour my thinking. And usually I succeed.

Kerima, 31

Why address discrimination and promote diversity?

Evidence from a number of Australian studies suggests that culturally-based discrimination is a problem. It affects people in everyday contexts (Dunn, Forrest et al 2004) as well as in their access to housing (Allbrook 2001; Moriarty, Babacan & Hollinsworth 2006; DHS 2000), health-care (Grove & Zwi 2006), employment (Colic-Peisker & Tilbury 2005, 2006; Thapa 2004; Tiecher, Shah & Griffin 2002; Ho & Alcorso 2004) and education (Dunn, Forrest et al 2005). Of particular concern is evidence indicating high levels of discrimination toward Australians of Muslim, Middle Eastern, African and Asian backgrounds (HREOC 1999, 2004; Mellor 2004).

Discrimination has serious consequences for those affected:

• People experiencing discrimination face a higher risk of developing a range of mental health problems (Paradies 2006; Williams et al 2003). It has a particular impact on young people as it has the potential to negatively effect their psychological adjustment (Mossakowski 2003; Wong, Eccles & Sameroff 2003; Brody, Chen et al 2006; O'Brien Caughey, O'Campo & Muntaner 2004) and thereby their wellbeing into adulthood (Carter 2000);

• Discrimination has an impact on individual productivity, with consequences for achievement in both education and employment (Nichols, Sammartino et al 2005);

• Discrimination affects people's access to other resources which are vital for health and wellbeing, such as employment, health services and education (Williams & Williams Morris 2000);

• Children of parents affected by discrimination are at higher risk of developing behavioural and emotional problems (Mays, Cochran et al 2007; O'Brien Caughey, O'Campo & Mutaner 2004).

Although the nature of the relationship between discrimination and health is complex, there is consensus among the experts that its health impacts are generally 'dose related': that is, individuals experiencing more frequent discrimination are at particularly greater risk of developing health problems (ibid; Krieger 1999; Krieger & Sidney 1996). Discrimination affecting one generation can also compromise the social and economic prospects of future generations, contributing to intergenerational cycles of poverty and disadvantage (Blank, Dabaday & Citro et al 2004, Mays, Cochran et al 2007, Rollock & Gordon 2000).

The impacts of discrimination are not confined to those directly subjected to it, but can also create a climate of apprehension and fear that may curtail the activities and aspirations of others from similar cultural backgrounds (Szalacha, Erkut et al 2003; Harell 2000). This was graphically illustrated in the aftermath of the World Trade Center aeroplane bombing when women from Muslim backgrounds reported restricting their movements to avoid racially motivated harassment (HREOC 2004).

Discrimination is a human rights violation both in its own right and because it compromises the attainment and enjoyment of other human rights, including the right to health (WHO 2001). It is identified as such in a number of treaties and agreements to which the Australian and Victorian governments are signatories (Attorney-General's Department 2004). As a community we have a special obligation to protect people settling through the Humanitarian Program from discrimination. Coming from conflict zones around the world, refugees are likely to have had a history of discrimination and human rights abuses prior to arrival and may be particularly vulnerable to its health impacts in Australia (UNHCR 2002).

At a broader level, discrimination has the potential to undermine positive intercultural relations and community cohesion. At its worst it can lead to large-scale community conflict and violence warranting police intervention (Forrest & Dunn 2007).

While no Australian studies exploring the economic costs of discrimination for governments and businesses were identified in this research, such costs are understood to be considerable, including those associated with:

- responding to grievances through formal complaints mechanisms. Estimates made on the basis of 1999 New South Wales data indicate that when all costs are considered these averaged around $55,000 per case (EEO NSW 1999);
- reduced productivity and absenteeism. An estimated 70% of workers exposed to violence, harassment or discrimination take time off work as a result (EEO NSW 1999). Discrimination can also affect overall workplace morale and productivity (Nichols, Sammartino et al 2005);
- staff turnover, and recruiting and inducting replacement staff (Blank, Dabaday & Citro et al 2004); and
- health care and social service costs associated with the long- and short-term consequences of discrimination (e.g. treatment and rehabilitation, income support payments).

Discrimination has also been implicated in the disproportionate exposure of those from certain cultural groups to a range of other social and economic problems, including unemployment, early school leaving, poor educational outcomes and involvement in the criminal justice system (Williams & Williams Morris 2000). These problems are themselves associated with direct economic costs as well as compromising economic growth (Dusseldorf Skills Forum & Business Council of Australia 2005).

 Addressing discrimination as a contributor to poor mental health is likely to result in increased workforce participation. A recent paper produced by the Productivity Commission found that among six common conditions, mental health and nervous conditions, when addressed have the largest impact on work-force participation (Laplagne, Glover & Shomos 2007).

Maximising the benefits of cultural and linguistic diversity

It is widely accepted in both Victorian and Australian government policy that migrants make important contributions to the workforce and economy through:

- establishing new and innovative businesses;
- providing links to international markets;
- stimulating demand for tourism;
- improving international trade by offering unique language skills and knowledge of other countries and cultures; and
- contributing to the revenue base and stimulating demand (DIMIA nd, DPC 2004).

Migrants can also enrich Australian society by bringing unique historical perspectives, cultural and artistic traditions and ways of thinking, and ways of ordering civic and family life.

Discrimination can undermine these benefits by acting as a barrier to both individuals and communities realising their potential. While no Australian studies estimating the costs to the economy of contributions foregone as a consequence of discrimination were found in this study,

US research addressing African-American discrimination estimates this to be around 3.8% of GDP per annum (Brimmer 1995).

Increased settlement of migrants from overseas has been identified as a key plank in the Victorian Government's overall vision for growing Victoria's population, especially in regional areas (DPC 2004). Creating a welcoming environment for newcomers will be critical to Victoria's capacity to attract and retain skilled migrants in an increasingly competitive global context, as well as for ensuring that new settlers are able to contribute their unique skills and attributes to the Victorian community and economy.

The public health sector's contribution: a public health response

VicHealth has identified discrimination affecting people from migrant and refugee backgrounds as a priority for action. It is seeking to make a contribution to addressing this issue through the development of a public health response. Significant health gains have been achieved through such an approach in tackling other major public health issues. Prominent examples include tobacco control and road safety, where major reductions in avoidable death, injury and illness have been achieved through a combination of legislative reform, law enforcement, communications and marketing and services and programs to support individuals.

In applying this approach to reduce discrimination and promote acceptance of diversity, VicHealth is working in partnership with government, service providers, the research community, migrant and refugee communities and the philanthropic and corporate sectors to:

- support community development and community strengthening approaches to foster understanding of the problem and encourage dialogue and action to address it at the local level;
- share information about discrimination and diversity through local, regional and national media as well as through other avenues such as community meetings, conferences and forums;
- develop education and training programs to strengthen the capacity of workforces across sectors to implement strategies to prevent discrimination and promote acceptance of diversity;
- develop the capacity of organisations to work collaboratively across sectors to implement preventative initiatives and to create safe and welcoming environments for people from migrant and refugee backgrounds;
- undertake communication and marketing activities to increase knowledge about and improve attitudes toward migrants and cultural diversity and the link between discrimination and health;
- support research and evaluation to increase understanding of discrimination and its health, social and economic costs and to assess the effectiveness of intervention strategies; and
- advocate policy and program development, resource allocation and legislative reform.

An emphasis on primary prevention

VicHealth is particularly interested in strengthening the primary prevention of discrimination. That is, taking action to prevent discrimination before it occurs by building the knowledge and skills of individuals, changing behaviour, building environments that are safe and welcoming and supporting policies, programs and procedures to achieve equitable outcomes for all. However, VicHealth recognises that there is value in supporting a spectrum of primary, secondary and tertiary interventions to address the problem (see the 'Definitions' section earlier).

One of the most important challenges facing modern societies, and at the same time one of our most significant opportunities, is the increase in ethnic and social heterogeneity in virtually all advanced countries. The most certain predication that we can make about almost any modern society is that it will be more diverse a generation from now than it is today. This is true from Sweden to the United States and from New Zealand to Ireland

Robert Putnam,
Professor of Public Policy, Harvard University, 2007

There was a lady that I helped who was looking for a job for a long time without any luck, so she took her hijab (head scarf) off. Then when she went back to work and put her hijab on, there were major problems at work and she was treated very differently.

Sally,
job search counsellor

Building on our strengths

In the post-war period Australia has settled over 6 million migrants and refugees from countries around the world (Jupp 2002). Around one-third of these newcomers have settled in Victoria, the highest proportion of any state and territory, with the exception of New South Wales. Victoria's share of new arrivals to Australia has increased in recent years and is likely to continue to do so given the pivotal place of overseas migration in the Victorian Government's Population Policy (DPC 2004).

Over 24% of Victorians were born overseas, while 44% per cent have at least one parent born outside of Australia. Of Victorians born overseas, nearly three-quarters were born in a country where the main language is not English and one in five people speak a language other than English at home (ABS 2007). Victorians come from over 200 different countries, practice over 110 different faiths and between them speak 180 different languages and dialects (VOMA 2002).

In recent decades in Victoria, migrant and refugee settlement has been supported through a strong policy and legislative infrastructure underpinned by the principles of valuing diversity, reducing inequality, encouraging participation and promoting the social, cultural and economic benefits of cultural diversity for all Victorians (VOMA 2002). This is also reflected in the Victorian Government's social policy statement *Growing Victoria Together,* with one of the 10 goals in the statement being to 'support a fairer society that reduces disadvantage and respects diversity' (DPC 2007, 2005). In 2004 the Victorian government introduced the *Multicultural Victoria Act 2004,* enshrining the principles of multiculturalism in legislation. These principles support the rights of Victorians to:
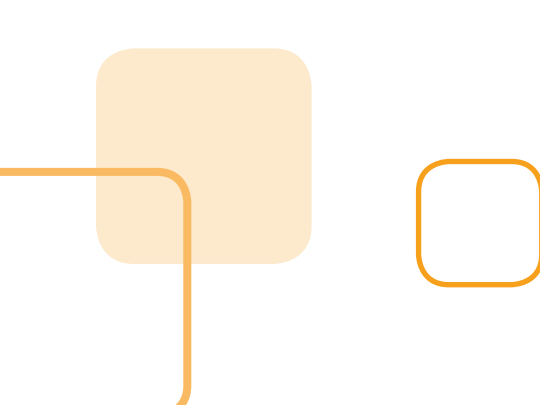
- mutual respect and understanding, irrespective of their cultural, religious, racial or linguistic backgrounds within the context of shared laws, rules, aspirations and responsibilities; and

- participate in and contribute to the social, cultural, economic and political life of the state.

There is also a strong policy and legislative approach to prevent and respond to discrimination, including the *Equal Opportunity Act 1995,* the *Racial and Religious Tolerance Act 2001* and the *Charter of Human Rights and Responsibilities 2007.* The Victorian Government supports the Equal Opportunity and Human Rights Commission, both to administer the *Equal Opportunity Act* and *Human Rights Charter* and to undertake work to prevent discrimination and human rights violations in Victoria.

Community attitudes surveys show that Australians have generally positive attitudes toward migration, migrants and cultural diversity:

- 81% of Australians support a policy of multiculturalism (*The Age* 2005).

- nearly 80% of Victorians believe that multiculturalism makes life in their area better (DHS 2006).

- 69% of Australians believe that immigrants are generally good for the economy (Goot & Watson 2005).

- 75% of Australians believe that immigrants make people open to other cultures (ibid).

An increasing proportion of Australians would like to see the country's immigration intake maintained or increased, with 38% holding this view in 1995 and 57% in 2003 (Goot & Watson 2005). This trend would appear to have been sustained, with a 2005 survey indicating that 56% of respondents believe that immigration levels were either 'about right' or 'too low' (*The Age* 2005).

Community attitudes surveys indicate that Victorians lead the nation in their positive assessments of migration, migrants and cultural diversity. For example, a recent international survey found that:

- 63% of Victorians believed that immigrants had had a good influence on Australia compared with 54% for Australia as a whole;
- only 18% believed that migrants were more likely than nationals to be involved in criminal activity compared with 22% for Australia as a whole (Ipsos Mackay 2006).

Australian's attitudes, meanwhile, compare favourably with other European and North American countries. On most measures in the recent international survey discussed above Australians rank second only to Canada in their positive assessments of migrants and diversity (ibid). Around one in 10 Australians identify themselves as personally prejudiced against other cultures compared with one in three in western European countries (Forrest & Dunn 2007a). Only 4.6% of Australians say they would not like neighbours who were of a different race. On this measure Australia ranks 5th among 23 western countries behind Canada, New Zealand, Iceland and Sweden (Borooah & Mangan 2007).

Only a small (though nonetheless worrying) proportion of Australians openly admit to holding what would be regarded as 'traditional' racist beliefs, such as the notions that races should be kept separate or that some races are inferior to others (Dunn 2003). Nevertheless, as indicated elsewhere in this report, interpersonal discrimination continues to affect an unacceptably large number of people from migrant and refugee backgrounds in Australia (see p. 32).

A number of experts have sought to explain the seeming contradiction between ongoing experiences of discrimination and increasingly tolerant attitudes. They have pointed to the increasing significance or emergence of other beliefs, which while sometimes of a covert or subtle nature, underlie contemporary intolerance. Three themes have been highlighted in particular. These include:

- **The identification of certain groups as not 'belonging' or 'fitting into' Australian society**
  These groups (often referred to by experts as 'out-groups') are distinguished not on the basis of inherent racial differences, as may have been the case in the past, but rather due to the perceived 'lack of fit' between their different cultural, political or religious practices and beliefs and dominant ideas about what it means to be a 'good Australian' (Dixon 1999, Johnson 2002 cited in Forrest & Dunn 2007). Beliefs supporting out-group identification are often grounded in false beliefs and stereotypes about the out-group and views about what defines Australian national identity, values and culture. For example, studies suggest that anti-Muslim sentiment is commonly based in views that Muslim Australians constitute a threat to national security or hold values that are an affront to the Australian way of life (Dunn, Forrest et al 2004, McAllister & Moore 1989; Pedersen, Attwell & Heveli 2005).
- **Discomfort with difference and resistance to migrant groups maintaining their cultural heritage**
  While as indicated above there is wide support for the proposition that Australian society should be diverse (i.e. that it should be made up of people from different cultures), surveys show that smaller proportions of Australians support newcomers maintaining their culture-of-origin or strong ties to cultural groups and institutions (Forrest & Dunn 2007b; Goot & Watson 2005).

- **Denial that privilege and intolerance exist in Australian society.** Experts have pointed to a prevailing consensus that Australian society is both egalitarian and tolerant and that racism and discrimination are no longer significant problems. Where they do occur they are exceptions or are associated with an aberrant minority (Bonnett 1997, Kobayashi & Peake 2000 cited in Forrest & Dunn 2007). Allied to this is denial, despite significant evidence to the contrary (see box), of the privilege Australians of an Anglo-Celtic background enjoy relative to those from other cultural groups.

Prior research conducted elsewhere in Australia suggests that there is support for attitudes such as these (Forrest & Dunn 2007). It also demonstrates that there are regional variations in both attitudes and experiences of intolerance. The survey in this program of research was conducted to explore the extent and patterns of intolerance in Victoria. It is anticipated that this information will be useful for both setting priorities for anti-discrimination effort and for tailoring and targeting programs to address the problem.

Do Anglo-Celtic Australians enjoy a privileged position in Australian society?

- Within the Australian Public Service, a position at the highest classification level is four times more likely to be held by a person from an English speaking background than someone from a Non-English speaking background. There are five times more new trainees at entry level from English speaking backgrounds, than those from non-English speaking backgrounds (Australian Public Service 2006).

- A 2004 study comparing employment outcomes for migrants three years after arrival in Australia found that 47% of those from the UK and America were using their qualifications, compared with only 31% of migrants from non-English speaking backgrounds (Ho and Alcorso 2004).

- While people from non-English speaking backgrounds constitute approximately 17% of the Victorian population, only 11% of Victorian parliamentary members are from non-English speaking backgrounds (Anthony 2006)

- 92.5% of Victorian Government appointments to boards and authorities are of people who do not identify as being from a culturally or linguistically diverse background (DVC 2005).

- Only 9% of Victorian local government councillors are born in non-English speaking background countries (Jupp 2003)

- A 1999 study found that only 3% of roles in Australian television drama are filled by actors born in non-English speaking countries (May 1999). Further, across 38 hours of local programming in a typical two week period, no sustaining cast members with a non-English speaking background were involved in a role which referred to their ethnicity.

A growing body of evidence shows that the perception of racial discrimination is associated with poorer physical health among minority groups. [The] systematic elimination of discrimination may not only be a moral prerogative, but also a health promotion priority. … Recent resolutions… highlight the need to eliminate structural and interpersonal discrimination as a preventive health action and as a remedy to prior inequalities. A systematic and coordinated effort to eliminate all forms of oppression will help promote a healthier society.

Andrew Ryan, Gilbert Gee & David Laflamme, Health Researchers, 2006

Health problems experienced by people affected by discrimination

A search for studies exploring the link between self-reported discrimination and health was conducted. A systematic review of relevant studies published to 2004 was undertaken by Australian researcher Yin Paradies in 2006 (Paradies 2006). Accordingly the search period was confined to studies published between 2004 and 2006. Paradies' review identified 138 studies exploring 613 different outcomes. An additional 15 studies published after 2004 were found, examining 25 outcomes between them.

Key findings

The key findings of the review are summarised in Table 2:

- The relationship between discrimination and poor mental health and certain risky health behaviours is well established, with the majority of studies indicating an association. This is particularly the case for depression, a concern given that depression and anxiety are predicted to be the greatest single contributors to disease burden in Australian women and the third greatest in Australian men by 2023 (Begg, Vos et al 2007).

- The studies yield conflicting findings as to whether discrimination negatively affects mental wellbeing (e.g. self esteem or quality of life). That is, some studies find an association while others do not. This is also true for physical health such as obstetric outcomes and high blood pressure.

- A link between discrimination and chronic diseases, such as diabetes and heart disease, has also been found in a small number of studies.

The equivocal nature of research findings in relation to physical health is likely to be because the impacts on physical health accrue over time and hence are more difficult to correlate with recent or current environmental exposures. However, a strong body of theoretical work proposes a link between discrimination and poor physical health (Giscombe & Lobel 2005; Mays, Cochran et al 2007; Harrell, Hall et al 2003; Krieger 1999). Further discrimination increases exposure to many other factors which have been demonstrated to increase the risk of poor physical health. For example, the link between social isolation (which may be a consequence of discrimination) and heart disease is well established (Bunker, Colquhuon et al 2003). Discrimination has also been implicated in the predominance of migrants in stressful jobs where working conditions are poor, and over which they have very little control (Colic-Peister & Tilbury 2005; 2006; Junakar & Mahuteau 2004; Tiecher et al 2002). Such conditions have been found to be associated with an increased risk of a range of physical health problems (Head et al 2002; Ferrie 2003).

Table 2 The association between self-reported discrimination and poor health outcomes

	Well established[1]	Established in some studies[2]	Possible[3]
Negative outcomes for mental health	Depression Obsessive-compulsive symptoms Negative affect	Psychological, psychiatric, emotional distress Somatisation Anxiety Stress	
Negative outcomes for mental wellbeing		Life/personal/patient/work satisfaction quality Self-esteem General mental health Involvement in peer violence	
Negative outcomes for physical health		Increased blood pressure/ hypertension Infant low birth weight Increased heart rate	Heart disease Diabetes Increased body mass index
Health related behaviours	Cigarette smoking Substance misuse	Alcohol misuse	

Sources: Paradies 2006; Borrell, Kiefe et al 2006; Brown, Mathews et al 2006; Brody, Chen et al 2006; Bhui Stansfeld et al 2005; Caldwell, Kohn-Wood et al 2004, Chimata, Jason et al 2006; Cozier, Palmer et al 2006, Gee, Chen et al 2006; Gee, Ryan et al 2006; Greene, Way & Pahl 2006; Harris, Tobias et al 2006; Locher, Ritchie et al 2005; Ryan, Gee et al 2006; Schulz, Israel et al 2006; Les Whitbeck, Chen et al 2004. Also see Wong, Ecceles & Sameroff 2003. [1] The majority of studies indicate an association. [2] Studies yield conflicting findings. [3] Small number of studies yields conflicting findings.

The positive association between poor mental health and self-reported discrimination was found:

- across age cohorts, including children and young people;
- for both men and women;
- after taking into account other factors that might also explain poor outcomes for different cultural groups, especially social and economic disadvantage;
- across a range of ethnic and racial groups; and
- across different countries including America, Canada, New Zealand and the Netherlands.

There has been very little published Australian research investigating the link between discrimination and health. Existing published studies have focused on discrimination affecting Indigenous Australians (ABS 2006; Gillies, Larson et al 2004; Zubrick et al 2005). One study addressed discrimination affecting people from migrant backgrounds (Mak & Nesdale 2001).

The association between discrimination and health has been found in studies with both cross-sectional and longitudinal designs (Paradies 2006). Cross-sectional designs explore the relationship between health and an exposure at a given point in time, while longitudinal studies assess this relationship at different points in time. Longitudinal studies are generally regarded as providing greater power to determine if there is a causal relationship between an environmental exposure and a health outcome. This is because they allow researchers to determine if health changes with changes in exposure.

While the relationship between health and the frequency of discrimination is complex, it is generally understood to be 'dose related'. That is, the risk of suffering health consequences associated with discrimination appear to increase with more frequent exposure (O'Brien Caughey, O'Campo & Muntaner 2004; Krieger 1999; Krieger & Sidney 1996).

There is evidence to suggest that the association between discrimination and poor mental health strengthens with increasing duration of settlement in a new country (Gee, Chen et al 2006). This suggests that it may be a factor contributing to the declining health status observed in migrants with increasing years in a new country (ibid).

Both institutional and interpersonal discrimination can contribute to poor health (Krieger 1999). However, there is evidence that interpersonal discrimination exerts an influence additional to that contributed by the effects of institutional discrimination (Gee 2002; Schulz, Williams et al 2000; Nazroo 2003; Karlsen & Nazroo 2002).

Why the discrimination health link?

While the reasons for the link between exposure to discrimination and health are not well understood, a number of possible explanations have been advanced:

- there is a strong body of evidence indicating a link between health and one's access to resources such as employment, income, social support, housing, and education. These are often referred to by health experts as 'social determinants of health'. Generally, the better one's access to these resources, the better one's health is likely to be (VicHealth 2005). Discrimination can restrict access to many of these resources (Link & Phelan 2006; Dressler, Oths et al 2005; Williams & Williams-Morris 2000);

- negative evaluations and stereotypes can be internalised by affected individuals and groups leading to unfavourable self-evaluations that affect psychological well-being (Williams & Williams-Morris 2000). This is referred to by experts as 'internalised racism' or 'internalised oppression'. Studies suggest that internalised oppression is not uncommon and is associated with an increased risk of a number of mental health problems including depression, alcohol consumption and psychological stress (ibid);

- discrimination can provoke stress as well as fear and other negative emotions, which in turn have been found to have negative impacts on mental health and on the immune, endocrine and cardio-vascular systems (Brondolo, Rieppi et al 2003, Harrell, Hall et al 2003; Mays, Cochran et al 2007; Williams & Williams-Morris 2000); and

- affected individuals may attempt to manage the stress associated with discrimination by engaging in behaviours which are themselves damaging to health (e.g. smoking, alcohol use) (Cooper, Friedman et al 2005; Yen, Ragland et al 1999).

About the survey

Survey methodology

An eight to 10-minute telephone survey was administered to just over 4,000 Victorians over the age of 18 years. Records were randomly selected from the latest commercially available copy of the Electronic *White Pages.* Non-English language interviewing was available in the five most commonly spoken languages apart from English. These were Vietnamese, Cantonese, Mandarin, Italian and Greek.

The survey instrument was the same as that administered by the researchers to over 5,000 respondents in Queensland and New South Wales in 2001, and included questions derived from existing survey instruments and some new questions. It included two components:

Attitudes

Respondents were asked about their attitudes to:

• Race equality and racial separatism

• Cultural diversity and multiculturalism

• Out-groups

• Issues of prejudice and privilege.

In each case answers were sought on a five-point Likert scale, from 'strongly agree' through 'agree', 'neither agree nor disagree', 'disagree' to 'strongly disagree'.

Experiences

The survey included questions on:

• Experiences of discrimination in institutional settings (the workplace, education, housing and policing)

• Experiences of everyday discrimination (e.g. in shops and restaurants, being mistrusted and treated disrespectfully).

In each case answers were sought on a Likert scale from 'never', 'hardly ever', 'sometimes', 'often' through to 'very often'.

Strengths and weaknesses of the study

• The sample was large enough to represent the views of a cross-section of the Victorian population and to enable 'within sample' socio-demographic comparisons to be made (e.g. on the basis of sex, education). However it was not large enough to make comparisons between ethnic groups.

• The geographic differences identified in this report were based on analysis undertaken at the local government area level, in metropolitan Melbourne, and at the statistical division level in rural Victoria. A well established statistical method was used to map these variations. Multiple measures were used from the survey and additional demographic data from the census were also considered. However, since the sample sizes at the local area and statistical division levels were relatively small, these findings need to be treated with some caution.

- The sample was weighted so that it better represented a cross-section of the Victorian population. However, there was an over-representation of respondents with tertiary qualifications (a group found to hold more tolerant attitudes toward cultural diversity), and this factor was not weighted.

- Respondents from certain non-English speaking background groups are likely to have been under-represented in the survey as bilingual interviewing was not available in all languages. This may have had an effect on reports of experiences of discrimination (most likely contributing to under-reporting). In particular, non-English language interviewing was not available in the African and Middle Eastern languages and these are groups prior research has shown to be particularly vulnerable to discrimination (HREOC 1999, 2004). In a number of these communities, relatively large proportions of people have poor proficiency in English (DIMIA 2003).

- Studies suggest that respondents to attitudes surveys may tend to provide answers they believe to be socially desirable, rather than always reporting what they actually believe. This has been found to be a particular issue in the areas of inquiry addressed in this survey (Yinger 1986), suggesting that its findings are likely to provide a more positive picture of attitudes in Victoria than is actually the case. However, since all such surveys are subject to this limitation, comparisons with other places should not be affected.

- Data related to the experience of discrimination were based on self reports. Discrimination is a subjective phenomena and it is possible that respondents may have exaggerated experiences of discrimination or attributed treatment due to other causes to discrimination. However evidence suggests that, in contrast to attitudes, there is also a likelihood of under-reporting (Paradies & Williams under review). This may occur because of the perceived social costs of reporting discrimination, such as being seen as a 'whinger' or 'complainer' (Adams, Thomas & O'Brien 2005). Others may have a pervasive lack of insight into the dynamics of discrimination (Clark 2004). Studies also show that people may attempt to exert personal control by attributing negative outcomes to internal factors (over which they believe they may be able to exercise some influence in the future) rather than to discrimination (over which they may perceive themselves as having limited control) (Sechrist, Swim & Stangor 2004).

  Personality characteristics such as hostility and neuroticism, have not been found to be associated with reporting of race and ethnic based discrimination (Paradies & Williams under review).

How common is the experience of discrimination in Victoria?

There are two main contexts in which interpersonal discrimination can occur. The first is in institutional settings such as the workplace, in schools or in higher education. The other occurs in people's 'everyday' experiences as they go about their daily lives, such as in shops and restaurants or at sporting functions, whether as a player or spectator. Both contexts for discrimination were examined in the survey.

Experiences of discrimination in institutional settings

Sizeable proportions of people born in countries in which English was not the main language spoken reported having experienced discrimination in institutional settings at some time:

- Nearly two in five reported having experienced discrimination in the workplace;
- 30% had experienced discrimination in education;
- 18% reported having experienced discrimination in housing; and
- 19% reported experiencing discrimination in policing.

Although for most, reported experience was at the less frequent end of the scale, worrying proportions reported experiencing discrimination often, including 7% in the workplace and 6% in education. The proportions reporting having experienced discrimination often in housing and policing were somewhat smaller, being around 3% in both settings.

People born in a country in which English is not the main language spoken were substantially more likely to report that they had experienced discrimination due to their ethnic origin than those born in Australia across all four settings:

They were:

- three times more likely to report having experienced discrimination in the workplace;
- twice as likely to report experiences of discrimination in educational settings;
- more than four times as likely to report discrimination in housing; and
- more than three times as likely to report discrimination in policing.

Table 3 Experience of intolerance and discrimination due to ethnic origin in institutional settings, Victoria 2006

Birthplace[1]	Frequency	SETTING			
		Workplace %	Education %	Housing %	Policing %
Australia	Sometimes[2]	10.5	12.0	3.7	4.3
	Often	2.0	2.6	0.7	0.9
UK/NZ	Sometimes	18.1	11.1	4.5	6.6
	Often	2.1	5.1	0.6	0.0
NESB country[3]	Sometimes	31.5	24.3	15.0	15.8
	Often	7.4	6.2	3.0	2.8

[1] All differences between birthplace groups are significant at p=0.00. [2] 'Sometimes' is the sum of 'hardly ever' and 'sometimes'. 'Often' is the sum of 'often' and 'very often'. [3] Non-English speaking background. **Source:** Forrest & Dunn 2007a.

Experiences of every-day discrimination due to ethnic origin

One third of people born in countries in which the main language spoken is not English reported having experienced discrimination due to their ethnic origin in a shop or restaurant at some time, while 35% reported having had such experiences at a sport or other public event. Over two in five reported having been treated with disrespect or insulted and one third reported having been treated with distrust at some time.

Again, for most, reported experience was at the less frequent end of the scale. However, nearly 4% reported having experienced discrimination in a restaurant or shop often. For sporting and other public events the proportion experiencing discrimination often was 5% of those from a non-English speaking background.

Compared with people born in Australia, those born in a non-English speaking country were significantly more likely to experience everyday discrimination due to their ethnic origin.

Table 4 Experience of everyday intolerance and discrimination due to ethnic origin, Victoria 2006

Birthplace	Frequency	CONTEXT		EXPERIENCES		
		Shop or restaurant %	Sport or other public event %	Treated with disrespect %	Treated with distrust %	Called names or insulted %
Australia[1]	**Sometimes[2]**	14.0	10.2	16.0	11.9	20.3
	Often	1.2	2.1	1.6	1.0	1.5
UK/NZ	**Sometimes**	11.8	15.0	16.3	9.3	33.5
	Often	0.9	1.5	1.5	0.6	4.2
NESB country[3]	**Sometimes**	29.9	30.1	38.9	29.4	38.8
	Often	3.9	4.9	3.3	3.7	4.5

[1] All differences are significant at p=0.00. [2] 'Sometimes' is the sum of 'hardly ever' and 'sometimes'. 'Often' is the sum of 'often' and 'very often'. [3] Non-English speaking background. **Source:** Forrest & Dunn 2007a.

Differences between the Victorian surveys and the 2001 New South Wales/Queensland survey

There were no statistically significant differences between the samples in reported experiences of discrimination. That is, there were some minor differences but statistical testing indicated a high probability that these were due to sampling variations.

There is a growing body of evidence that persistent low-level harassment affects the health and wellbeing of people subjected to it. It leaves physical and psychological scars which are passed on from person to person in the community and remembered by generations to come. Living in fear because one belongs to a race or a group of people who are subjected to violence and constant harassment is a major cause of [poor] mental health and low self esteem.

Mukami McCrum,
Director, Central Scotland Race Equality Council

The Islamic community is incredibly diverse. Some people are second and third generation Australian, some have recently arrived. We come from many different countries and backgrounds, yet there is limited understanding of this diversity within the community. Why is the entire community demonised for the actions of a few?

Ibrahim, 45

Community attitudes to diversity, difference and discrimination

The survey measured attitudinal support for both blatantly intolerant attitudes, as well as those of a more subtle or covert nature discussed elsewhere in this publication (see p. 24).

Do Victorians hold blatantly discriminatory attitudes?

Overall Victorians reject the 'old racisms' based on socio-biological differences. 86% reject the notion that races are unequal while 82% reject the proposition that it is not a good idea for people from different race to marry one another.

The proportion of people rejecting equality between the races and racial mixing is nonetheless of some concern (at nearly 10% of all respondents). However, this proportion is small particularly when compared with other countries (Forrest & Dunn 2007a).

Table 5 Belief in a hierarchy of races and separation of racial groups, Victoria, Australia, 2006

	Disagree[1] %	Neither agree/ nor disagree %	Agree[2] %	Don't know/ not sure %
Not all races of people are equal	86.0	3.0	9.8	0.7
It is not a good idea for people of different races to marry one another	82.2	7.1	9.5	0.9

[1] Includes 'disagree' and 'strongly disagree' responses [2] Includes 'agree' and 'strongly agree' responses.
Source: Forrest & Dunn 2007a. Refusals not included in the table and make up the difference between the column sum and 100%.

Support for cultural diversity

Victorians have a high level of support for cultural diversity, with nearly 90% agreeing that 'It is a good thing for society to be made up of different cultures'. Only 5% reject this proposition. The majority also report that they personally feel secure with people from other cultures (82%), though there is a minority either 'disagreeing' or 'neither agreeing nor disagreeing' with this statement (being 8% and 9% respectively). As discussed below, in relation to attitudes about intermarriage, this comfort with cultural diversity would appear to be somewhat conditional for substantial numbers of Victorians.

Despite their relatively high level of support for cultural diversity and feelings of security with people from different cultures, the indications are that a substantial proportion of Victorians (more than one in three) do not support people from different cultural backgrounds 'sticking to their old ways'. This question was included as an indicator of support for multicultural values and of concern about cultural segregation. This finding suggests that a sizeable proportion of Victorians do not support a central tenet of multiculturalism – the right of people to remain culturally distinctive.

This is of concern given studies indicating that the optimal conditions for mental health are those in which newcomers are supported to adjust to a new culture and access the resources and systems of their new country, while at the same time maintaining aspects of their cultural identity and connections to cultural communities and institutions (Berry et al cited in Ward, Bochner & Furnham 2001). This is in contrast to cultural separatism on one hand (where newcomers rely primarily on their cultural communities for their support and identity) or assimilation on the other (where newcomers blend into and adopt all of the ways of their new environment) (ibid).

Similarly, there is a consensus among experts that optimal conditions for community level wellbeing in culturally diverse societies are those in which both 'bonding' and 'bridging' social capital are well developed. Bonding capital involves links within ethnic groups while bridging capital involves links between them and wider social networks (Putnam 2004).

Opposition to cultural maintenance may compromise the formation of cultural communities, associations and institutions or inhibit a newcomer's access to these. These have been found to 'buffer' the stresses associated with settlement in a new country (Noh & Kaspar 2003). They have also been found to be important in supporting the formation of a positive ethnic identity (Kurrien 2003 cited in Mahalingham 2006), which in turn has been found in a number of studies to be associated with positive psychological adjustment (Mossakowski 2003; Wong, Eccles & Sameroff 2003).

Cultural community support (Noh & Kaspar 2003; Harrell 2000) and a positive ethnic identity (Szalacha, Erkut et al 2003; Greene, Way & Phal 2006; Wong, Eccles & Sameroff 2003; Caldwell, Kohn-Wood et al 2004; Mossakowski 2003; Mak & Nesdale 2001) have also been identified as 'buffers' to the health impacts of discrimination.

Table 6 Attitudes toward cultural diversity and multiculturalism, Victoria, Australia, 2006

	Disagree[1] %	Neither agree/ nor disagree %	Agree[2] %	Don't know/ not sure %
It is a good thing for society to be made up of different cultures	5.2	4.6	89.4	0.5
I feel secure when I am with people from different ethnic backgrounds	7.7	8.9	81.5	1.7
Australia is weakened by people of different ethnic origins sticking to their old ways	46.4	13.7	37.4	2.1

[1] Includes 'disagree' and 'strongly disagree' responses [2] Includes 'agree' and 'strongly agree' responses.
Source: Forrest & Dunn 2007a. Refusals not included in the table and make up the difference between the column sum and 100%

Do Victorians think that there are some cultural or ethnic groups that do not fit into Australian society?

Most respondents did not think there were groups that did not fit into Australian society. However, more than one in three (36%) did so, and of these the most frequently mentioned groups were Muslim Victorians (34% of mentions) and people from the Middle East (21%) and Asia (12% of mentions).

Surprisingly, 1.7% of respondents identified Indigenous Victorians as not belonging. While this is a very small proportion it is nevertheless astonishing given that this group are the original inhabitants and custodians of Australia.

Respondents were also asked about the degree to which they would be concerned if a close relative were to marry someone from a range of religious and country backgrounds. This question was included as it is understood by discrimination experts to be a measure of both comfort with other cultures as well as the degree of 'social distance' between an individual and cultures different from their own (Berry & Kalin 1995; Peach 1976).

Table 7 Level of concern about intermarriage to people from selected cultural and religious backgrounds, Victoria, Australia, 2006

Level of concern about a close relative marrying a person from selected cultural/religious background				
	Not at all %	**Slightly/somewhat %**	**Very/extremely %**	**Don't know %**
Cultural background				
Asian	79.4	15.9	3.8	0.5
British	91.3	6.7	1.6	0.3
Indigenous	74.2	19.6	5.2	0.6
Italian	89.8	8.4	1.3	0.2
Religious background				
Christian	88.3	9.1	1.9	0.4
Jewish	75.1	18.6	4.9	0.7
Muslim	54.8	27.1	15.7	1.5

Source: Forrest & Dunn 2007a. Refusals not included in the table and make up the difference between the column sum and 100%.

As can be seen, substantial proportions of Victorians would not be concerned if a relative were to marry someone from any of the three religious backgrounds nominated in the survey. However, this tolerance was substantially lower for intermarriage to someone of the Muslim faith (55%) than for intermarriage to someone of the Jewish (75%) or Christian faiths (88%). Victorians are more likely to be concerned to some degree if a relative were to marry someone from an Asian or Indigenous background (20% and 25% respectively) than an Italian (10%) or British background (8.3%).

The identification of out-groups is a concern from a health point of view because, if manifest in behaviour, it has the potential to undermine the maintenance of a positive ethnic identity as well as to compromise the access out-group members have to supportive social networks and resources and systems required for health. Social support from the wider community has been found to be important both for mental health (Berry et al cited in Ward, Bochner & Furnham 2001) and for buffering the impacts of discrimination (Mak & Nesdale 2001).

At a broader level, social distance between cultural groups can undermine social cohesion and supportive networks within communities, with these being important community-level indicators of health and wellbeing (Putnam 2007). In extreme circumstances it may lead to conflict and tension between groups, with impacts for both individual and broader community health.

The identification of 'out-groups' has the potential not only to affect the health of individuals directly exposed to discriminatory behaviour, but can create a climate of anxiety and fear that may curtail the activities and aspirations of other out-group members (Szalacha, Erkut et al 2003; Harell 2000).

Australia is a society of many diverse communities. While it is an ancient land, and home to the world's oldest continuing culture, it is also a young and vibrant multicultural society with nearly a quarter of Australians born overseas, and another quarter having at least one parent who was born in another country. Yet… within our diversity there are values that many of us share. One of these values is that racism and discrimination have no place in our community.

Tom Calma,
Acting Race Discrimination Commissioner, 2005

Do Victorians recognise that discrimination is a problem?

The great majority of Victorians (84%) do recognise that prejudice exists in Australian society. This provides a strong basis of community support for anti-discrimination initiatives and actions by governments and organisations. However, only a small proportion of Victorians (12%) recognise that they are personally prejudiced. That is, for the majority, prejudice is seen as a problem residing with others, rather than themselves. This finding is at odds with some of the other results of the survey, in particular the fact that more than twice this proportion of respondents were prepared to identify cultural and ethnic groups they believe did not fit into Australian society.

A further question ascertained the extent to which people recognised the privileges enjoyed by Anglo-Celtic Australians. Just over two-fifths of Victorians recognise Anglo-Celtic privilege, while more than one in three disagree with its existence, despite evidence to the contrary (see box, p. 25).

Denial of discrimination and privilege may undermine support for measures to address discrimination by organisations, communities and governments. It can also generate a false consensus where people with negative attitudes towards out-groups significantly over estimate support for their views (Haslam, Turner et al 1998; Pedersen, Griffiths & Watt in press). Denial can also have the effect of attributing responsibility for the difficulties faced by some groups to their individual failings, rather than to the discrimination and other forms of disadvantage they experience. This may lead to further stigmatising of different groups when they 'fail' to meet expectations. As well as contributing to negative evaluations of certain groups by the wider community, these views may be internalised by affected individuals themselves (Williams & Williams-Morris 2000).

Denial that discrimination has occurred may lead to an affected person questioning their observations and perceptions, which may be stressful over and above the initial experience (Pierce 1995 cited in Harrell 2000; Guyll, Mathews & Bromberger 2001). It also has the potential to influence the responses of those exposed to discrimination and their risk of suffering health consequences. Specifically there are studies showing that:

- people who take action in the face of discrimination (for example, by seeking redress or social support) are at a lower risk of suffering associated health consequences than are those who deny there is a problem or keep it to themselves (O'Brien Caughey, O'Campo & Muntaner 2004; Noh & Kaspar 2003; Krieger & Sidney 1996; Brondollo, Rieppi et al 2003);

- people reporting more covert forms of discrimination are at greater risk of suffering negative health consequences than those reporting acts which are obviously discriminatory (Guyll, Mathews & Bromberger 2001; Stetler, Chen & Miller 2006). This is understood to be due to the fact that action can be more readily taken when behaviour is unambiguously discriminatory (Harrell 2000; Guyll, Mathews & Bromberger 2001). It is also possible that experiences of covert discrimination are more likely to be dismissed by others; and

- people who have a realistic understanding of prejudice and discrimination affecting their cultural or religious group (i.e. who recognise that prejudice and discrimination occur) are at lower risk of experiencing negative health and behavioural responses to discrimination than those who believe that the wider society has a positive appraisal of their cultural or religious group (Caldwell, Kohn-Wood et al 2004).

Table 8 Recognition of the problem of discrimination, Victoria, Australia, 2006

	Disagree[1] %	Neither agree/ nor disagree %	Agree[2] %	Don't know/not sure %
There is racial prejudice in Australia	8.3	6.8	83.7	1.0
You are prejudiced against other cultures	80.6	6.5	11.9	1.0
Australians from a British background enjoy a privileged position in our society	36.7	16.1	42.8	3.9

[1] Includes 'disagree' and 'strongly disagree' responses [2] Includes 'agree' and 'strongly agree' responses.
Source: Forrest & Dunn 2007a. Refusals not included in the table and make up the difference between the column sum and 100%

Demographic factors associated with attitudes

The extent to which other factors, such as age, socio-economic status and gender, influence attitudes differs depending on the attitudes measured in the survey. However, on a majority of indicators, more tolerant attitudes were associated with:

• Being female

• Younger age cohorts

• Having a tertiary education.

This is consistent with the findings of other Australian and international surveys (Pedersen, Attwell & Heveli 2005; Ipsos Mackay 2006; Pettigrew 2006; Borooah & Mangan 2007).

This survey only included adult respondents. However, other Australian research has identified some evidence of intolerant attitudes among both children and young people (Thomas & Wittenberg 2004; *The Age* 2006). This is a particular concern given the impacts of discrimination on children's and young people's psychological adjustment and behaviour (Mossakowski 2003; Wong, Eccles & Sameroff 2003; Brody, Chen et al 2006; O'Brien Caughey, O'Campo & Muntaner 2004) and the influence of experiences in childhood and adolescence on mental health and wellbeing in adulthood (Carter 2000).

Differences between the Victorian survey and the 2001 New South Wales/Queensland survey

Victorian respondents had more tolerant attitudes than respondents to the 2001 New South Wales/Queensland survey on most attitudinal measures in the survey (significant at .05 level).

Victorian respondents were less likely than their interstate counterparts to:

- oppose cultural diversity (5% of Victorian respondents opposed this compared with 7% in the New South Wales/Queensland sample);
- feel insecure when with people from different ethnic origins (8% compared with 11% in New South Wales/Queensland);
- disagree with the proposition that all races of people are equal (10% in Victoria compared with 12% in New South Wales/Queensland)
- oppose inter-racial marriage (10% compared with 13%);
- deny Anglo-Celtic privilege (37% versus 42%);
- agree that Australia is weakened by people from different ethnic origins 'sticking to their old ways' (37% compared with 44%); and
- identify cultural or ethnic groups that do not fit into Australian society (36% compared with 44%).

Differences between the samples in the proportions identifying as personally prejudiced or believing that racial prejudice exists in Australia were not statistically significant. Victorian respondents were markedly less likely to indicate that they would be concerned if a close relative were to marry a person from most of the religious and birthplace backgrounds included in the survey (see Table 9 below).

Table 9 Level of concern about intermarriage to people from selected cultural and religious backgrounds, Victoria, 2006 and New South Wales/Queensland, 2001

% of respondents expressing any concern		
	Victoria 2006	New South Wales/ Queensland 2001
Country background		
Asian	19.7	27
British	8.3	8.3*
Indigenous	24.8	28.2
Italian	9.7	12.2
Religious background		
Christian	11.0	9.2
Jewish	23.5	24*
Muslim	42.8	51.9

Source: Forrest & Dunn 2007. * not statistically significant. All other differences significant to .05 level.

My family and I have been in Australia for 2 years. We came here because of discrimination, exploitation and war in our home country. We were looking forward to moving to a peaceful and safe environment. When we experience discrimination and other negative attitudes here in Australia we start questioning our decision. There have been times when my wife and children have come home from work and school very upset about the racism they have experienced.

Karim, 40

Young people from our community don't even get past first base. Discrimination occurs just on the basis of their resumes. Our agency has seen young people previously rejected for jobs anglicise their names on their resumes and then be given employment.

Sadija, 38

Geographic patterns of attitudes and experiences

Prior research (conducted in New South Wales and Queensland) indicated that there were significant variations among geographic areas in experiences and attitudes. Many of the factors influencing attitudes and behaviours related to cultural diversity lie well beyond the immediate control of local communities and local governments. Findings presented elsewhere in this report on experiences of discrimination in particular institutional settings, such as education and work places, indicate that there is much work to be done at the state and national levels to foster sound polices and practices. Nevertheless, an important role can be played in supporting positive inter-cultural relations at the local and regional level (see following section).

Identifying geographic variations in attitudes and experiences can help to guide where effort is best spent by all levels of government and by communities themselves. It can also help to identify the types of approaches that are likely to be effective in any given area. For example, a different emphasis will be indicated in areas where there is strong support for traditional forms of racism (e.g. a belief in inequality between, and separation of, races than in those areas where such beliefs have limited support but there remains relatively strong opposition to cultural diversity).

Using a well established statistical methodology data from the survey on attitudes and experiences were mapped alongside demographic data from the last Census for age, level of education and cultural diversity (indicated by the proportion of people speaking a language other than English at home). This involved mapping data to areas according to whether proportions were at, above, or below the average for Victoria on each relevant measure. In the metropolitan area data were mapped by local government area. For rural Victoria, data were mapped according to statistical division. As indicated earlier, some caution needs to be exercised in drawing conclusions from the data as the sample sizes at the local government area and statistical division levels were relatively small.

Key findings

Intolerant attitudes and experiences of discrimination are to be found in all areas of Victoria, and most areas have some positive responses to diversity as well as issues requiring further attention. Nevertheless, there are some particular patterns emerging that have implications for future priority setting and policy development.

A distinction between rural and regional Victoria and metropolitan Melbourne

While the attitudes data for rural Victoria indicate varying degrees of tolerance, generally speaking, these areas are less tolerant than those in metropolitan Melbourne on most measures in the survey. There are important exceptions to this rule with some rural areas having relatively tolerant attitude profiles and some metropolitan areas being less tolerant than the Victorian average.

In many parts of rural Victoria, there will be a need to address both traditional racist beliefs as well as the other manifestations of intolerance revealed in the survey, such as the propensity to identify out-groups and anti-diversity sentiment.

While there are a number of rural communities in which migrants and refugees have settled, generally these areas are less culturally diverse than is the case for most of metropolitan Melbourne. This is reflected in the reported experiences of discrimination which are generally below the Victorian average. There are some parts of rural Victoria in which reported experience is at the average. This finding is a particular concern given the relatively small numbers of people from culturally diverse backgrounds in these areas.

Areas in rural Victoria are an emerging health and social policy concern given increasing Victorian and Australian government support for settling migrants and refugees in rural and regional areas (DPC 2004, DIMIA 2003). A number of rural communities have expressed strong support for this and have actively encouraged the settlement of both refugees and skilled migrants. The findings of this study suggest that measures to promote acceptance of diversity and to counter discrimination will be critical to the success of these policies for settlers and regional communities and for the achievement of broader regional development objectives.

Traditional areas of migrant and refugee settlement – maintaining and building on achievements

Local government areas located close to the centre of Melbourne (often referred to as inner central local government areas) have a long tradition of migrant and refugee settlement. In recent years many of these areas have undergone a process of gentrification. However, substantial new arrival populations remain, especially as some of these areas have large public housing estates. There is also a student sojourner population associated with local tertiary education facilities.

Generally speaking attitudes in central inner Melbourne were at or below the average (i.e. more tolerant) on most measures. The proportions of people reporting experiences of discrimination varied. The challenge in these areas will be to maintain and build upon existing relationships by affirming positive attitudes and taking opportunities to promote and strengthen inter-cultural contact.

There are also a number of areas to the south-east, west and north of Melbourne which have historically been very culturally diverse and continue to welcome large numbers of newcomers. With the exception of Dandenong, these are predominantly inner metropolitan. They are of mixed socio-economic status and some face complex challenges associated with social and economic disadvantage. Local governments and communities in these areas have made considerable investment in supporting newcomers to settle and in promoting positive intercultural relations.

The survey findings suggest that it will be critical to maintain these efforts. Some (though certainly not all) have above average proportions reporting both traditional forms of racism as well as anti-multicultural sentiment. The propensity to identify out groups is at about the average, though in most areas there is recognition of the existence of prejudice and Anglo-Celtic privilege.

The emphasis in these areas would need to be on promoting cultural diversity and its benefits, with a focus on local context. Local leaders and leadership are important in this regard. Education programs to challenge false beliefs and stereotypes against key out-groups would also be beneficial. In a number of these areas there are relatively large proportions of people in middle-aged and older age groups as well as those without tertiary education. As indicated earlier, age and education are factors understood to influence attitudes. Strategies would need to be considered to reach these groups as well as younger people in schools.

Supporting positive intercultural relationships in newly establishing outer-suburban communities

On the fringe of metropolitan Melbourne to the north, south-east and west are a number of outer-suburban areas comprising both suburban and semi-rural communities. Most (though not all) of these areas are characterised by rapid population growth, younger age profiles and increasing cultural diversity. Many are facing myriad social, economic and physical planning challenges associated with rapidly developing communities.

While cultural diversity has clear benefits, it is important to actively support the building of positive intercultural relationships (Putnam 2007). In the inner suburban areas discussed above this occurs through both a formal and informal infrastructure, borne of many years of supporting migrant and refugee settlement. However, communities in some of Melbourne's fringe areas will be welcoming significant numbers of overseas born newcomers for the first time. They may not have the benefit of the expertise, knowledge, networks and resources present in communities with long histories of supporting diversity. However, since many communities in these areas are at an early stage of their development, there is a unique opportunity to develop a sound foundation for positive intercultural relations.

The findings of the survey suggest that such efforts are needed. These areas should be an important priority for future work to address discrimination and promote intercultural harmony by all levels of government. In most of these areas, there is an above average level of opposition to cultural diversity and multiculturalism and discomfort with cultural difference. Above average proportions identify cultural and ethnic groups they believe do not fit into Australian society. Reported experience of discrimination is also above average. The relatively young age profile in these areas together with the large number of children and young people indicates that investment in building good intercultural relations now is likely to reap benefits into the future.

The full spectrum of anti-discrimination initiatives is indicated in these areas, especially those designed to increase empathy with people from different cultural backgrounds. These should have a local flavour and emphasise the culturally diverse nature of the area. The focus needs to be on addressing attitudes to cultural maintenance and cultural diversity (as opposed to traditional or blatant racism). Interventions in schools will be important, given the age profile.

The attitude profile in these areas, in the face of increasing cultural diversity, suggests the need for more research to identify how new and existing intercultural contacts could be supported to achieve positive outcomes.

Respect for human rights, the standards of which are contained in numerous international human rights instruments, is an important tool for protecting health. It is those who are most vulnerable in society… who are most exposed to the risk factors which cause ill-health. Discrimination, inequality, violence and poverty exacerbate their vulnerability. It is therefore crucial not only to defend the right to health but to ensure that all human rights are respected and that the root economic, social and cultural factors that lead to ill-health are addressed.

Mary Robinson,
UN High Commissioner for Human Rights, 2000

Changing attitudes and behaviours – the evidence

A search for key literature on community attitudes to cultural diversity and strategies for supporting positive change was undertaken. Two recent reviews of strategies to address attitudes were identified (Pedersen, Walker & Wise 2005; Paradies 2005) along with an overview of strategies prepared by the Council for Aboriginal Reconciliation (nd).

An overall framework

This work suggests that positive changes in community attitudes are most likely to be achieved through an approach which:

- uses a range of strategies in ways that reinforce one another;
- addresses factors influencing attitudes at multiple levels – individual, organisational, community and societal.

This approach will require input from a range of disciplines (e.g. social psychology, geography, communications, community development, education) and engagement across a range of sectors and settings (e.g. workplaces, education).

There are a number of reasons for advocating such an approach:

Influences on attitudes and behaviours lie at multiple levels

The factors influencing attitudes and behaviours are not well understood and various theoretical explanations have been advanced by experts. A detailed review of these factors was beyond the scope of this program of research. Nevertheless, there is evidence that these factors lie at multiple levels of influence:

For example:

- At the **individual/relationship-level** studies show that parenting styles that teach perspective taking, empathy and non-violent conflict resolution are associated with tolerant attitudes in children (Sanson et al in Paradies 2005).
- At the **organisational-level** a similar association has been found between tolerant attitudes and liberal educational approaches where non-violent means of conflict resolution are encouraged (ibid).
- People who had cross-cultural friendships as children are more likely to continue to establish inter-racial and inter-ethnic ties into adulthood than those who did not (Emerson, Kimbro & Yancy 2002), suggesting that strong bonds between cultural groups are likely to be important **community-level** influences on attitudes and behaviours.
- At the **societal-level** meanwhile, broader social policies and the views and actions of political and civic leaders have been found to influence attitudes. A striking example of this is the rapid change in attitudes toward Japanese-Americans in the USA during the Second World War (Gilbert 1951; Karlans, Coffman & Walters, cited in Pedersen, Walker & Wise 2005).
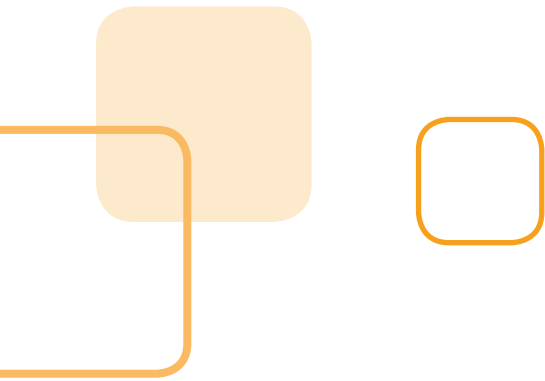
The relationship between attitudes and behaviour

While attitudes are important in understanding and addressing discrimination, the relationship between attitudes and discriminatory behaviour is not a straightforward one. Whether prejudiced beliefs are manifest in behaviour is dependent on whether a non-prejudicial rationale for discrimination is perceived to exist (Esses et al 2006). This is, in turn, influenced by broader organisational and community-level norms and practices. For example, a prejudiced individual may elect not to shortlist an overseas-born candidate for a job interview on the grounds that their qualifications were gained overseas. However, such a rationale would be less readily available if information were provided to objectively assess the value of such qualifications and there were workplace policies requiring overseas training to be considered in the selection process.

This suggests that strategies targeted to individuals are most likely to be effective when they are implemented alongside those aimed at building community, organisational and societal environments which promote a respect for diversity as well as social and other sanctions to proscribe discriminatory behaviour.

Experience in addressing other public health issues suggests that this approach is effective in bringing about both behavioural and attitudinal change. For example, major shifts in attitudes and behaviours related to the wearing of seat belts were achieved through a combination of mass advertising campaigns targeted to individuals (highlighting the importance of wearing of seatbelts) and legislation which mandated their use and invoked stringent penalties for failures of compliance.

While many of the broader influences discussed above are beyond the control of local communities and organisations, there are some promising initiatives which have sought to address these at the local or organisational level. For example, in recent years the Australian Football League has taken a 'whole-of-organisation' approach to reducing racism in football. This has involved policies and protocols to address discriminatory behaviour by players and coaches, measures to increase the engagement of diverse groups in the league (thereby reducing institutional discrimination), and player and spectator education (Ryan 2007).

Building political will and containing threats through multi-strategy approaches

Implementing anti-discrimination efforts will require significant resources and a high level of political will. At the same time, given the sensitivity of attitudes to broader influences, the possibility of efforts being undermined by factors in the wider environment (such as inflammatory debate in the media about culturally sensitive issues or negative statements by political or civic leaders) is real and present (Aly 2007; Pedersen, Watt & Hansen 2006). Institutional discrimination has also been identified as a key influence on community attitudes (Donovan & Vlais 2006). Multi-strategy approaches can help to address these issues. For example, advocacy and community development strategies can be used to raise awareness among and engage local leaders in anti-discrimination activities. Professional development with local print journalists can help to avert the possibility of insensitive media coverage undermining initiatives.

Promising strategies

Knowledge of the specific strategies and approaches or messages that are likely to be effective in changing attitudes is not well developed and very few interventions have been rigorously evaluated. Nevertheless, the evidence identified in the above reviews suggests a number of promising strategies. These are summarised in Table 12 below.

Table 12 Promising strategies for the primary prevention of interpersonal discrimination affecting migrant and refugee communities

Public health strategy	Promising strategies
Direct participation programs	• Initiatives to promote learning about other cultures and to address false beliefs and stereotypes • Anti-discrimination/pro-diversity community and school-based education programs • Deliberative polls[1] • Programs increasing contact and cooperation among groups between whom there is social distance[2]
Communications and marketing	• Anti-racial discrimination/pro-diversity training for journalists • Media policies and procedures, guidelines and ethical codes designed to promote fair reporting on issues relating to ethno-cultural communities • Inclusion of anti-discrimination/pro-diversity messages and themes in entertainment media • Resources to raise awareness of and address discrimination/promote cultural diversity • Whole-of-population and geographically targeted communications campaigns[3]
Community development	• Cultivating local leaders to take a stand in support of cultural diversity/against discrimination • Cultivating leadership and networks within cultural communities to build the capacity of these communities to address discrimination and participate in a diverse society. • Initiatives to build cross-cultural networks and cohesion within communities
Workforce and organisational development	• Anti-discrimination/diversity management training • Policies, protocols and resources to address discriminatory behaviour/promote diversity at the organisational level • Strategies to address institutional discrimination
Advocacy	• Campaigns to promote leadership in support of cultural diversity/against discrimination • Activities to promote positive changes in policy and programs and at the organisational and societal levels
Policy and legislative reform	• Laws and policies to generate social norms against discrimination and in support of diversity (e.g. racial vilification legislation, anti-discrimination legislation) • Social policy platforms to address institutional and systemic discrimination
Research and monitoring	• Use of research findings to raise awareness of the problem of discrimination and its impacts or to promote the benefits of diversity.

[1] While their format varies, deliberative polls generally involve engaging a group in hearing about and discussing an issue, with participants being polled before and after this deliberation.

[2] Measures to increase contact between cultural groups are effective in reducing discrimination providing that certain conditions are met.

[3] As discussed in the following section, practice and rigorous evaluation in this area is sparse and findings are mixed.

Source: Table compiled from reviews conducted by Donovan & Vlais 2006; Pedersen, Walker & Wise 2005; Paradies 2005; and an overview of strategies prepared by the Council for Aboriginal Reconciliation (nd).

Promising approaches

The following specific approaches, designed to underpin these strategies, were identified:

Building empathy

This involves strategies encouraging people to 'walk in the shoes of the other'. Studies show that empathy is positively associated with tolerance and there is some evidence that building empathy can bring about attitudinal change.

Addressing false beliefs and stereotypes

This involves strategies addressing inaccurate beliefs or stereotypes about different cultural groups (e.g. the belief that refugees receive overly generous welfare support). Research demonstrates that such beliefs often co-exist with discriminatory attitudes and that addressing these can help to shift negative evaluations.

Building and invoking social norms

It has been hypothesised that changes in attitudes can be achieved by invoking positive social norms (e.g. through messages highlighting the fact that most Australians do not support discrimination) or by generating community or organisational-level consensus in support of diversity. As discussed above, this approach may also involve community and societal-level reforms to ensure that there are clear sanctions against intolerant behaviours.

Inducing dissonance

This approach involves highlighting the discrepancy between discrimination and other values. In the Australian context this may involve drawing attention to the contradiction between discrimination and the widely held values of egalitarianism or giving people 'a fair go'.

Promoting dialogue

Studies show that approaches that engage people in discussion about issues of discrimination and diversity are more effective than those relying exclusively on imparting information.

Emphasising commonality and diversity

Strategies are most likely to be successful when they emphasise both the similarity and differences between groups. Evaluation of past interventions suggests the importance of achieving balance between these potentially competing messages. There is a risk in emphasising commonality that 'out-groups' will only be accepted on terms acceptable to the 'in-group'. However, interventions which over emphasise differences run the risk of compounding social cleavages.

Other important considerations

Assimilation or diversity?

Two approaches to anti-discrimination have been identified in the literature. The first seeks to address discrimination by eliminating racial and cultural difference and associated inequalities. The second advocates achieving equality while maintaining difference (Paradies 2005). In light of evidence discussed elsewhere in this publication of the benefits of diversity, the second option, which emphasises equality within difference, is the one most likely to achieve positive health outcomes.

Sensitivity to local context

It is important to tailor interventions to specific local contexts and settings. Studies, including the findings of the Victorian survey, indicate that attitudes are influenced by a range of socio-demographic variables and there is significant geographic variation.

Further, while discrimination affecting particular groups may have some common bases, different forces have also been found to influence attitudes toward specific groups. For example, attitudes toward some Muslim Australians have been found to be influenced largely by perceptions of broader global issues (e.g. the fear of terrorism, threats to national unity) (Pedersen, Watt & Griffiths 2007). For others, such as Australians from Indo-Chinese backgrounds, domestic concerns have also found to be relevant (e.g. competition for jobs) (Mellor 2004).

The Victorian survey supports the findings of other research that while intolerant attitudes are held across the social spectrum, they are more common among those with lower levels of education. There are two possible explanations for this. The first is that education, especially tertiary education, has been found to have a liberalising impact on attitudes (Sanson et al cited in Paradies 2005). The second is that people who themselves are affected by disadvantage are more likely to face direct competition for resources, such as jobs, housing and so on, with newcomers (Pettigrew 2006).

This suggests the importance of general social policy initiatives to improve access to education as well as the need for greater support for liberal educational models (i.e. those encouraging complex and critical thinking). Continued policy support for measures designed to address social and economic disadvantage will also be critical.

'Place based' or settings approaches?

As discussed above there are strategies local communities and organisations can implement to promote positive intercultural relations and address discrimination. The geographic variations found in this report suggest that there would be benefits in targeting support to specific local areas.

However, the survey also shows that experiences of discrimination are more common in certain settings, such as work places, education settings and large sporting events. Addressing these problems will require engagement of government, non-government and corporate sector players beyond local communities (e.g. government departments, state and national sporting codes and businesses). This work is also important as many people access such settings outside of the area in which they live. There would also be benefits in targeting these specific settings within geographic areas.

The role of secondary and tertiary interventions

While the focus of this research was on preventing discrimination before it occurs by shifting community attitudes and behaviour (i.e. primary prevention), its findings suggest that there may also be some value in strengthening secondary and tertiary prevention approaches. There are a number of reasons for this:

- Changing attitudes and behaviour is an endeavour which is vital, but which is likely to reap results in the medium to longer term. In the meantime discrimination is pervasive and has significant health, social and economic consequences.

- Attitudes and behaviours are strongly influenced by broader societal factors, some of which are beyond the direct control of local communities and organisations (e.g. messages espoused by political leaders and other social elites). Negative shifts in attitudes are therefore possible despite the best efforts of local communities, organisations or any one particular level of government.

- There is evidence that the health consequences of discrimination can be moderated through both secondary and tertiary interventions. For example, people who have a positive ethnic identity, and a realistic appraisal of the existence and extent of discrimination affecting their group, are less likely to suffer the health impacts of discrimination. This suggests that programs building these protective factors among affected groups may be useful (Paradies 2005). Similarly people who take action on discrimination are less likely to suffer its negative health consequences (O'Brien Caughey, O'Campo & Muntaner 2004; Noh & Kaspar 2003; Krieger & Sidney 1996; Brondollo, Rieppi et al 2003) indicating an important role for both complaints mechanisms and the provision of social support for affected individuals.

Although beyond the scope of this particular program of research, these measures warrant further consideration in research and program and policy development.

The importance of addressing institutional discrimination

This program of research focused on interpersonal discrimination. However, as indicated elsewhere in this publication, there is evidence that institutional discrimination has an influence both on health outcomes and on community attitudes and behaviours (Donovan & Vlais 2006). There is evidence of institutional discrimination in Australia including in employment (Ho & Alcorso 2004; Loosemore & Chau 2002), civic participation (Anthony 2006; DVC 2006; Jupp 2003), the media and popular culture (Manning 2004; Moriarty, Babacan & Hollinsworth 2006), education (Dunn, Forrest et al 2005), sports and recreation (Cortis, Sawrikar & Muir 2007) and in the implementation of the law and access to justice (Coventry, Guerra et al; Moriarty, Babacan & Hollinsworth 2006).

Learning from past communications and marketing campaigns

A review of past national and international communications and marketing activity to address discrimination and promote cultural diversity was conducted. This included campaigns implemented between 1995 and 2006, with the objective of changing community attitudes in these areas.

Only a small number of campaigns were identified and very few of these had been formally evaluated to assess their impact on attitudes and behaviours. Further, only a small number were based on formative research or this research was not available to the reviewers. Impacts, where these were measured, were mixed. Some indicated positive changes in attitudes, some indicated no change and, of considerable concern, some showed unanticipated negative shifts. This suggests that while communications and marketing approaches may have some potential to achieve positive changes, these are complex and sensitive areas in which there is significant potential to 'do harm' by inadvertently reinforcing attitudes which underlie discrimination.

The following guidelines are based on lessons emerging from the review as well as other relevant theoretical and experimental work.

Good practice campaign objectives and messages

- If the objective is to prevent discrimination affecting a particular group or groups, the focus should be on one group at a time, as negative beliefs are often specific to ethnic groups. Campaigns that attempt to promote broad concepts of inclusion, multiculturalism or diversity with non-specific rationales are valuable in themselves, but may do little to lessen racist views about specific groups.

- A variety of individuals from the ethnic group affected by discrimination and intolerance should be used and, where possible, factual personal details about them should be provided. If a paid actor, single person or celebrity is used they can be easily dismissed as an exception to the rule.

- Where negative emotions are underpinned by beliefs that can be challenged with objective information, these should be targeted in communications materials.

- Campaigns should seek to facilitate a dialogue by demonstrating that the affected ethnic group shares at least one of the values of the dominant group.

- An emphasis on exotic or superficial characteristics of the ethnic groups that are not part of the dominant group's core values (e.g. dancing, crafts, foods etc) should be avoided.

- It is important to avoid over-claiming and to stay within the dominant group's latitude of acceptance.

- Possible counter-arguments should be identified in advance and be pre-empted in the communications material, rather than being left unanswered.

- Simple requests to 'like' or accept others are likely to have little lasting impact on beliefs and attitudes and may even be counter-productive.

- The ethnic group affected by discrimination and intolerance should be a visible part of the campaign.

- Campaign messages based on appeals to 'unity', or 'oneness' should be avoided unless extensive pre-testing is possible, as they may reinforce the propensity to categorise and exclude certain groups perceived to be outside of the national identity.

Racial suspicion is an opportunistic beast, a great ruminant that grazes on one set of newcomers and then another. And 'they' are not individuals with personal complex histories, they are one and indivisible and all in it together. They live in ghettos, they refuse to learn English, they'll never be true Australians. And all that stuff about ghettoes! In the '50s people were frantic about Leichhardt … going Italian. In the 70's it was about Cabramatta going Vietnamese. At what point does a suburb go from being a ghetto to a tourist attraction? Leichhardt's there and Cabramatta's on the way. Yet how much useless hysteria has been spent on just these two?

Thomas Keneally, 2007

Good practice processes for campaign development

- An overall management group for the campaign, comprising relevant stakeholders, members of the affected group and professionals from relevant disciplines (e.g. social psychology, geography, social marketing), should be established.

- Significant up-front investment should be made in the planning stages including:

  - **multi-level field mapping** to determine such factors as current media representations, current influences on social norms, existing research, demographic or geographic variations and theoretical understandings of factors influencing the attitudes of concern;

  - **mapping of the wider environment** to identify other factors in the context which may influence the campaign's success, and consider opportunities for addressing these (e.g. local institutional racism)

  - **developing specific, achievable and context-specific objectives.** This should include identifying target audiences and behavioural and attitudinal objectives for the campaign. Objectives should be based on comprehensive theoretical models pertaining to the attitudes underlying discrimination, behavioural change and marketing; and

  - **formative research.** This would include developing and testing the campaign objectives and message strategies to ensure that they are acceptable and effective and that they do not have any unintended negative impacts.

- A parallel campaign targeted to publishers, editors, journalists, writers and producers should be developed. Negative beliefs perpetuated through the news and entertainment media may undermine a community campaign. For similar reasons preparatory work should also be undertaken with local political leaders and stakeholders.

- Wherever possible other strategies to address attitudes identified in the review (see Table 12, p. 49), should be implemented alongside communications campaigns as there is the potential for effectiveness to be increased through reinforcing strategies. Opportunities for promoting dialogue are important, given evidence that these are particularly effective in shifting attitudes. Insofar as is possible, efforts to address institutional discrimination should also be undertaken, especially in those organisations associated with the campaign (e.g. through adopting policies and procedures to counter discrimination).

- The affected ethnic group should be actively involved and messages and strategies should be pre-tested with them, especially where the campaign stresses similarities. Some groups may reject such claims or they may be perceived to have negative impacts on their identity.

References

Adams G, Tormala TT, O'Brien LT 2005, 'The effect of self-affirmation on perception of racism *Journal of Experimental Social Psychology* 42: 616-626.

The Age 2005, 'Howard got it wrong on racism, Poll finds', 20 Dec.

The Age 2006, 'Most pupils see Muslims as Terrorists', 6 Feb.

Allbrook M (2001), 'Strategies for change: Anti-racism initiatives from Australia, Canada, the United States and the United Kingdom', Office of Citizenship and Multicultural Interests, WA, February 2001.

Aly A 2007, 'Australian Muslim responses to the Discourse on Terrorism in the Australian Popular Media', *Australian Journal of Social Issues,* Vol. 42, No. 1, Autumn.

Anthony K, *The Political Representation of Ethnic and Racial Minorities,* NSW Parliamentary Library Research Service, Briefing paper 3/06.

Attorney-General's Department, Human Rights Branch, 2004, *Australia's National Framework for Human Rights, National Action Plan,* Commonwealth of Australia.

Australian Bureau of Statistics (ABS) 2006, *National Health Survey and National Aboriginal and Torres Strait Islander Health Survey 2004–05: Data Reference Package,* ABS cat no. 4363.0.55.002, Australian Government Printing Service, Canberra.

ABS 2006, *Children's Participation in Cultural and Leisure Activities,* cat. no. 4901.0, April.

ABS 2007, *2006 Census of Population and Housing,* cat. no. 2068.0 – 2006 Census Tables, Victoria, Available at www.abs.gov.au/websitedbs/d3310114.nsf/home/Census%20data, accessed July 2007.

Australian Labor Party 2002, *Population and Diversity. Labor's plan for a stronger multicultural society,* Australian Labor Party, Melbourne.

Australian Public Service 2006, 'State of the Service Report' *Australian Public Service Statistical Bulletin* 2005-06, Canberra.

Begg S, Vos T et al 2007, *The Burden of Disease and Injury in Australia 2003,* PHE 82, AIHW, Canberra.

Berry JW & Kalin R 1995, 'Multicultural and ethnic attitudes in Canada: an overview of the 1991 national survey', *Canadian Journal of Behavioural Science,* Vol. 27 (3), 301–20.

beyondblue 2005a, beyondblue: The way forward 2005-2010 available at www.beyondblue.org.au accessed 16 September 2007.

Bhui K, Stansfeld S et al (2005), 'Racial/ethnic discrimination and common mental disorders among workers: findings from the EMPIRIC study of ethnic minority groups in the United Kingdom', *American Journal of Public Health,* 95(3), 496–501.

Blank RM, Dabady M & Citro CF (eds) 2004, *Measuring Racial Discrimination,* National Academy of Sciences, National Academies Press, Washington DC.

Borooah V & Mangan J 2007, *Love Thy Neighbour: How Much Bigotry is there in Western Countries?* Labour Economics Research Group. Discussion Paper Series. School of Economics, University of Queensland.

Borrell, LN, Kiefe CI et al 2006, 'Self-reported health, perceived racial discrimination, and skin color in African Americans in the CARDIA study', *Social Science & Medicine (1982)* 63(6), 1415–27.

Brimmer, Andrew F 1995, 'The Economic cost of Discrimination Against Black Americans' in M Simmons (ed), *Economic Perspectives on Affirmative Action,* Joint Center for Political and Economic Studies, Washington DC.

Brody GH, Chen Y, et al 2006, 'Perceived discrimination and adjustment of African American Youth: A Five Year Longitudinal Analysis with contextual moderation effects' *Child Development,* 77, 5: 1170–89.

Brondolo E, Rieppi R et al 2003, 'Perceived racism and blood pressure: A review of the literature and conceptual and methodological critique', *Annals of Behavioral Medicine,* 25(1), 55–65.

Brown C, Matthews KA et al 2006, 'The relation between perceived unfair treatment and blood pressure in a racially/ethnically diverse sample of women', *American Journal of Epidemiology,* 164(3), 257–262.

Brownlee C 2005, 'Code of many colours', Science News, 167(15), pp. 232–4.

Bunker SJ, Colquhuon DM et al 2003, 'Stress and Coronory Heart Disease: Psychosocial Risk Factors', *Medical Journal of Australia,* 178, 272–6

Caldwell CH, Kohn-Wood LP et al 2004, 'Racial discrimination and racial identity as risk or protective factors for violent behaviors in African American young adults', *American Journal of Community Psychology,* 33(1–2), 91–105.

Carter J 2000, *Report of the Community Care Review,* Deakin Human Services Australia, Deakin University.

Chimata RL, Jason LA et al 2006, 'African-Americans and Latinos with Chronic Fatigue: Examining the Role of Acculturation Status', *North American Journal of Psychology,* 8(3), 547–56.

Clark R 2004, 'Interethnic group and intraethnic group racism: Perceptions and coping in black university students *Journal of Black Psychology* 20:4 506-526.

Colic-Peisker V & Tilbury F 2005, *Refugees and Employment. The Effects of Visible Difference on Discrimination,* Centre for Social and Community Research, Murdoch University, Perth.

Colic-Peisker V & Tilbury F 2006, 'Employment niches for recent refugees. Segmented labour market in 21st Century Australia', *Journal of Refugee Studies,* Vol. 19, pp. 203–29.

Committee on National Statistics (CNSTAT) 2004, *Differential outcomes. Poverty, unemployment, housing, education, wealth accumulation. Cumulative Disadvantage and Racial Discrimination.* CNSTAT, USA.

Cooper H, Friedman S et al 2005, 'Racial/ethnic disparities in injection drug use in large US metropolitan areas', *Annals of Epidemiology,* 15(5), 326–34.

Cortis N, Sawrikar P & Muir K 2007, *Participation in sport and recreation by culturally and linguistically diverse women,* Social Policy Research Centre, University of NSW.

Council for Aboriginal Reconciliation (nd), *Improving Relationships: Better Relationships Between Indigenous Australians and the Wider Community,* Aboriginal Reconciliation Branch, ACT.

Coventry, Guerra et al 2003, Wealth of all Nations: Identification of strategies to assist refugee young people in transition to independence National Youth Affairs Research Scheme, Tasmania.

Cozier Y, Palmer J et al 2006, 'Racial discrimination and the incidence of hypertension in US black women', *Annals of Epidemiology* 16(9), 681–7.

Department of Education and Training 2007, *Racism. No way!,* website, http://www.racismnoway.com.au accessed July 2007.

Department of Human Services Victoria 2000, 'VHS Focus Group on Homelessness in Culturally and Linguistically Diverse Communities: Background Paper', viewed 24 July 2007 at: http://hnb.dhs.vic.gov.au/OOH/ne5ninte.nsf/9e58661e880ba9e44a256c640023eb2e/9277eab0cc333ee3ca2571b600121c83/$FILE/ATT9JHGN/bgnesb.pdf

Department of Human Services 2006, *Victorian Public Health Survey 2005: Selected Findings,* Victorian Government Department of Human Services.

Department of Immigration and Multicultural and Indigenous Affairs (nd), *Diversity is an economic advantage for Australia,* Factsheet.

Department of Immigration and Multicultural & Indigenous Affairs 2003, *Report of the Review of Settlement Services for Migrants and Humanitarian Entrants.* Department of Immigration and Multicultural and Indigenous Affairs, Canberra

Department of Premier and Cabinet (DPC) 2004, *Beyond Five Million: The Victorian Government's Population Policy,* Victorian Government Department of Premier and Cabinet.

DPC 2005, *A Fairer Victoria* Department of Premier and Cabinet Victoria, Australia

DPC 2007, *A Fairer Victoria: Building on Our Commitment* Department of Premier and Cabinet Victoria, Australia

Department of Victorian Communities (DVC), *Victorian Government Achievements in Multicultural Affairs 2006,* Representation of CALD people on Boards and Committees 2004–2005.

Donovan RJ & Vlais R 2006, *A review of communication components of anti-racism and pro-diversity social marketing/public education campaigns,* Report to VicHealth by RJD Consulting Pty Ltd, June.

Dressler WW, Oths KS et al 2005, 'Race and Ethnicity in Public Health Research: Models to Explain Health Disparities', *Annual Review of Anthropology,* 34(1), 231–52.

Dunn K 2003, 'Racism in Australia: findings of a survey on racist attitudes and experiences of racism', *National Europe Centre Paper no 77,* February, University of NSW.

Dunn K, Forrest J et al 2004, 'Constructing racism in Australia', *Australian Journal of Social Issues,* vol. 39, pp. 409–30.

Dunn KM, Forrest J et al 2005, 'Experiences of racism in the Australian body politics: extent, spheres, and cultural unevenness' in Khoo T (ed.) *The Body Politic: Racialised Political Cultures in Australia* (Refereed Proceedings from the UQ Australian Studies Centre Conference, Brisbane, 24-26 November 2004), University of Queensland Australian Studies Centre and Monash University National Centre for Australian Studies.

Dusseldorf Skills Forum & the Business Council of Australia 2005, *Increasing Participation in Education and Training. Key Policy Steps.*

Emerson MO, Kimbro RT & Yancey G 2002, 'Contact theory extended: The effects of prior racial contact on current social ties' *Social Science Quarterly* 83.(3)
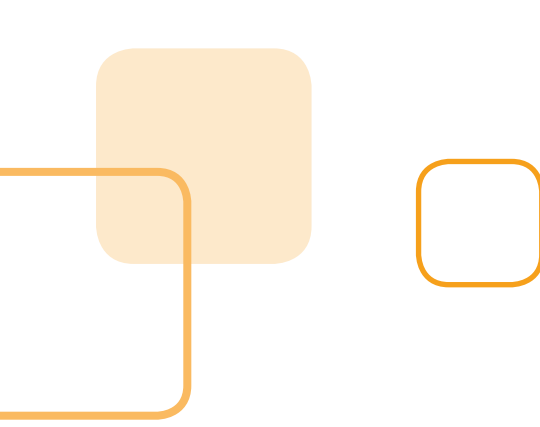
Equal Opportunity Commission of New South Wales 1999, *Managing For Diversity,* Department of Premier and Cabinet, NSW.

Esses VM, Dietz J & Bhardwaj 2006, 'The role of prejudice in the discounting of immigrant skills', *Cultural Psychology of Immigrants,* Lawrence Erlbaum Associates, Mahwah, New Jersey, pp. 113–30

Ferrie J (ed) 2003, *Work Stress Health. Findings from the WhiteHall 11 Study,* International Centre for Health and Society University College, UK.

Forrest J & Dunn KM 2007a, *Strangers in our midst? Intolerance and discrimination toward minority cultural groups in Victoria,* Report to VicHealth.

Forrest J & Dunn KM 2007b, 'Constructing Racism in Sydney. Australia's largest EthniCity', Urban Studies, 44 (4), 699–721.

Gee G 2002, 'A multilevel analysis of the relationship between institutional and individual racial discrimination and health status', *American Journal of Public Health,* 92(4), 615–23.

Gee G, Chen J et al 2006, 'Social support as a buffer for perceived unfair treatment among Filipino Americans: differences between San Francisco and Honolulu', *American Journal of Public Health,* 96(4), 677–84.

Gee GC, Ryan MA et al 2006, Self reported discrimination and mental health status among African descendants, Mexican Americans and Other Latinos in the New Hampshire REACH 2010 Initiative: The Added Dimension of Immigration', *American Journal of Public Health,* 96(10), 1821–7.

Greene ML, Way N & Pahl K 2006, 'Trajectories of perceived adult and peer discrimination among Black, Latino and Asian American adolescents: Patterns and psychological correlates', *Developmental Psychology,* 42(2), 218–38.

Gilles M, Larson A et al 2004, *Health, Trust and Social Capital in a Rural Town: Preliminary findings from the November 2003 Survey,* Combined Universities Centre for Rural Health, Geraldton.

Giscomb Ã, CL & M Lobel 2005, 'Explaining Disproportionately High Rates of Adverse Birth Outcomes Among African Americans: The Impact of Stress, Racism, and Related Factors in Pregnancy', *Psychological Bulletin,* 131(5), 662–83.

Goot M & Watson I 2005, 'Immigration, Multiculturalism and National Identity', *Australian Social Attitudes,* UNSW Press, Sydney, pp.182–203.

Gopalkrishnan N 2004, *Cultural Diversity and Civic Participation in Queensland Centre for Multicultural and Community Development,* University of the Sunshine Coast.

Grove NJ & Zwi B (2006), 'Our health and theirs: forced migration, othering, and public health', *Social Science and Medicine,* 62, 1931–42.

Guyll M, Matthews K et al 2001, 'Discrimination and unfair treatment: relationship to cardiovascular reactivity among African American and European American women', *Health Psychology,* 20(5), 315–25.

Harrell SP 2000, 'A multidimensional conceptualization of racism-related stress: Implications for the well-being of people of color', *American Journal of Orthopsychiatry,* 70(1), 42–57.

Harrell J, Hall S et al 2003, 'Racial/ethnic bias and health. Physiological responses to racism and discrimination: an assessment of the evidence', *American Journal of Public Health,* 93(2), 243–8.

Harris R, Tobias M et al 2006, 'Effects of self-reported racial discrimination and deprivation on Maori health and inequalities in New Zealand: cross-sectional study', *Lancet,* 367(9527), 2005–9.

Harris R, Tobias M et al 2006, 'Racism and health: the relationship between experience of racial discrimination and health in New Zealand', *Social Science & Medicine (1982),* 63(6), 1428–41.

Haslam SA, Turner JC et al 1998, 'When do stereotypes become really consensual? Investigating the group-based dynamics of the consensualization process', *European Journal of Social Pyschology,* Vol. 28, pp. 755–76.

Head J, Martikainen P et al 2002, *Work Environment, Alcohol Consumption and Health. The Whitehall 11 Study,* University College London and the Health and Safety Executive, UK

Ho C & Alcorso C 2004, 'Migrants and Employment: Challenging the Success Story', *Journal of Sociology,* 40(3), pp. 237–59.

Human Rights & Equal Opportunity Commission (HREOC) 1999, *New Country New Stories: Discrimination and Disadvantage Experienced by People in Small and Emerging Communities,* Human Rights & Equal Opportunity Commission, Sydney.

HREOC 2004, *Ismae-Listen: National Consultations on eliminating prejudice against Arab and Muslim Australians,* Human Rights & Equal Opportunity Commission, Sydney.

Ipsos Mackay 2006, *The Impact of Immigrants in Society,* Associated press/Ipsos International Poll International Results.

Jeyaraj S 2000, *Issues and Concerns Facing Young People of Non-English Speaking Backgrounds: An Analysis of Kids Help Line Calls,* Kids Help Line, Brisbane.

Junankar P & Mahuteau S 2004, *Do Migrants Get Good Jobs?: New Migrant Settlement in Australia,* Discussion Paper Series IZA DP No. 1434 (Germany).

Jupp J 2002, *From White Australia to Woomera: The Story of Australian Immigration,* Cambridge University Press, Australia.

Jupp J, 2003, *How well does Australian democracy service immigrant Australians?,* Democratic Audit of Australia.

Karlsen, S. & J. Nazroo 2002, 'Relation between racial discrimination, social class, and health among ethnic minority groups', *American Journal of Public Health,* 92(4), 624–31.

Krieger M 1999, 'Embodying inequality: a review of concepts, measures and methods for study', *International Journal of Health Services,* vol. 29, no. 2, pp. 295–352.

Krieger N & Sidney S 1996, 'Racial discrimination and blood pressure: the CARDIA study of young Black and White adults. Coronary Artery Risk Development in Young Adults', *American Journal of Public Health,* 86(10), 1370–8.

Laplagne P, Glover M & Shomos A 2007, *Effects of Health and Education on Labour Force Participation.* Staff working paper prepared for the Australian Government Productivity Commission, Melbourne.

Les Whitbeck B, Chen X et al 2004, 'Discrimination, historical loss and enculturation: culturally specific risk and resiliency factors for alcohol abuse among American Indians', *Journal of Studies On Alcohol,* 65(4), 409–18.

Link BG & Phelan JC 2006, 'Stigma and its public health implications' *Lancet,* 367, 528–9

Locher JL, Ritchie CS et al 2005, 'Social isolation, support, and capital and nutritional risk in an older sample: ethnic and gender differences', *Social Science & Medicine* (1982), 60(4), 747–61.

Loosemore M & Chau DW 2002, 'Racial discrimination towards Asian operatives in the Australian construction industry' *Construction Management and Economics,* 20, 91-102.

Mahalingham R 2006, 'Cultural Psychology of Immigrants: An Introduction', in Mahalingham R (ed), *Cultural Psychology of Immigrants,* Lawrence Erlbaum, New Jersey pp. 1–12.

Mak A & Nesdale D 2001, 'Migrant Distress: The Role of Perceived Racial Discrimination and Coping Resources', *Journal of Applied Psychology,* 31(12), 2632–47.

Manning P 2004, 'Dog Whistle Politics and Journalism: Reporting Arabic and Muslim People in Sydney newspapers', Australian Centre for Independent journalism, University of Technology, Sydney.

May H 1999, *Cultural Diversity and Australian Commercial television Drama: Policy, Industry and Recent Research Contexts,* Queensland University of Technology.

Mays VM, Cochran SD et al 2007, 'Race, Race-Based Discrimination, and Health Outcomes Among African Americans, *Annual Review of Psychology,* 58(1), 201–25.

McAllister I & Moore R 1989, *Ethnic prejudice in Australian society: patterns, intensity and explanations,* Office of Multicultural Affairs, Canberra.

Mellor D 2004, 'The Experiences of Vietnamese in Australia: The Racist Tradition Continues', *Journal of Ethnic Migration Studies,* Vol. 30, No. 4, pp. 631–58.

Ministry of Economic Development 2003, *Population and Sustainable Development 2003,* Ministry of Economic Development, Ministry of Social Development and the Department of Labour, New Zealand, viewed July 2007, www.med.govt.nz/templates/MultipageDocumentPage____1697.aspx.

Moriarty K, Babacan H & Hollinsworth D 2006, *Racism Report Number One: A report on the nature and extent of racism in Queensland,* Centre for Multicultural Pastoral Care and Centre for Multicultural and Community Development, University of the Sunshine Coast.

Mossakowski KN, 2003, 'Coping with perceived discrimination: Does ethnic identity protect mental health?', *Journal of Health and Social Behaviour,* 44(3), 318–31.

Nazroo JY 2003, 'The structuring of ethnic inequalities in health: economic position, racial discrimination, and racism', *American Journal of Public Health,* 93(2), 277–84.

Nichols S, Sammartino A et al 2005, *The Business Case for Diversity Management,* viewed March 2006, www.diversityaustralia.gov.au.

Noh S & Kaspar V 2003, 'Racial/ethnic bias and health. Perceived discrimination and depression: moderating effects of coping, acculturation, and ethnic support', *American Journal of Public Health* 93(2), 232–8.

O'Brien Caughey M, O'Campo PJ & Muntaner MD 2004, 'Experiences of racism among African American parents and the mental health of their pre-school-aged children', *American Journal of Public Health,* 94(12), 2118–24.

Paradies Y 2005, 'Anti-racism and Indigenous Australians 2005', *Analyses of Social Issues and Public Policy,* Vol. 5, No. 1, pp. 1–28.

Paradies Y 2006a, 'Defining, conceptualising and characterising racism in health research', *Critical Public Health,* 19(2), pp. 143–57.

Paradies Y 2006b, 'A systematic review of empirical research on self reported racism and health', *International Journal of Epidemiology,* vol. 35, pp. 888–901.
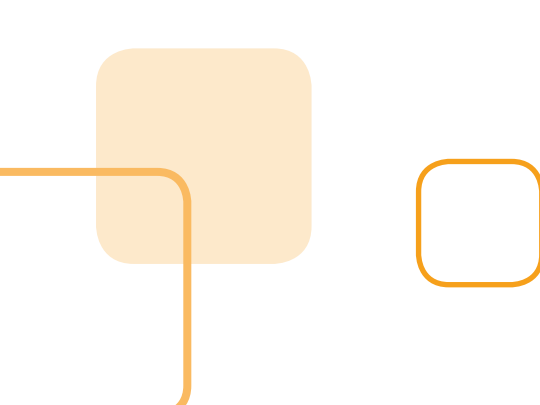
Paradies Y & William D.R (under review) Racisim and Health. Heggenhougenk Ed. *Encyclopedia of Public Health,* Elseiver.

Peach C 1976, *Urban Social Segregation,* Longman, London.

Pedersen A, Attwell J & Heveli D 2005, 'Prediction of negative attitudes toward Australian asylum seekers: False beliefs, nationalism and self-esteem', *Australian Journal of Psychology,* vol. 57, pp. 148–60.

Pedersen A, Clarke S et al 2005, 'Attitudes toward Indigenous-Australians and asylum-seekers: The role of false beliefs and other social-psychological variables', *Australian Psychologist,* 40(3), pp. 170–8.

Pedersen A, Griffiths B & Watt S 'in press', 'Attitudes toward outgroups and the perception of consensus: All feet do not wear one shoe', *Journal of Community and Applied Social Psychology.*

Pedersen A, Walker I & Wise M 2005, '"Talk does not cook rice": Beyond anti-racism rhetoric to strategies for social action', *Australian Psychologist,* vol. 40, no. 1, pp. 20–30.

Pedersen A, Watt S & Griffiths B 2007, 'Prejudice against asylum seekers and the fear of terrorism: The importance of context', in V Colic-Peisker & F Tilbury (eds), *Settling in Australia: The social inclusion of refugees,* Centre for Social and Community Research, Murdoch University, Perth, pp. 38–55.

Pedersen A, Watt S & Hansen S 2006, 'The role of false beliefs in the community's and the federal government's attitudes toward Australian asylum seekers', *Australian Journal of Social Issues,* 41(1), pp. 105–24.

Pettigrew TF 2006, 'A Two-Level Approach to Anti-immigrant Prejudice and Discrimination' in R Mahalingam (ed), *Cultural Psychology of Immigrants,* Lawrence Erlbaum Associates, Mahwah, New Jersey, pp. 95–112.

Putnam RD 2007, *'E Pluribus Unum:* Diversity and Community in the Twenty-first Century. The 2006 Johan Skytte Prize Lecture'. Scandinavian Political Studies, Vol 30, No 2.

Rollock D & Gordon EW 2000, 'Racism and mental health into the 21st century: Perspectives and parameters', *American Journal of Orthopsychiatry,* 70(1), 5–13.

Royal C & Dunston G 2004, 'Human Genome; "Race" categories inappropriate in study of genome', *Genomics & Genetics Weekly,* Nov, vol. 19, p. 121.

Ryan A, Gee G et al 2006, 'The association between self-reported discrimination, physical health and blood pressure: findings from African Americans, Black immigrants, and Latino immigrants in New Hampshire', *Journal of Health Care for the Poor & Underserved,* 17(2), 116–32.

Ryan P 2007, 'Shifting attitudes through sport' *VicHealth letter* 30: Winter.

Schulz A, Israel B et al 2006, 'Psychosocial stress and social support as mediators of relationships between income, length of residence and depressive symptoms among African American women on Detroit's eastside, *Social Science & Medicine,* 62(2), 510–22.

Schulz A, Williams D et al 2000, 'Unfair treatment, neighborhood effects, and mental health in the Detroit metropolitan area', *Journal of Health And Social Behavior,* 41(3), 314–32.

Schulz AJ, Williams DR et al 2002, 'Racial and spatial relations as fundamental determinants of health in Detroit', *The Milbank Quarterly,* 80(4), 677.

Sechrist GB, Swim JK & Stangor C 2004, 'When do the stigmatised make attributions to discrimination occurring to the self and others? The roles of self presentation and need for control' *Journal of Personality and Social Psychology* 87:1 111-122.

Stetler C, Chen E et al 2006, 'Written Disclosure of Experiences With Racial Discrimination and Antibody Response to an Influenza Vaccine', *International Journal of Behavioral Medicine,* 13(1), 60–8.

Szalacha LA, Erkut S et al 2003, 'Perceived discrimination and resilience', in SS Luthar, *Resilience and vulnerability: Adaptation in the context of childhood adversities,* Cambridge University Press, 414–35.

Thapa P 2004, 'On the Risk of unemployment: A Comparative Assessment of the Labour Market Success of Migrants in Australia', *Australian Journal of Labour Economics,* 7(2),199–229.

Thomas T & Witenberg R 2004, *Love Thy Neighbours: Racial Tolerance Among Young Australians,* Australian Multicultural Foundation.

Tiecher J, Shah C & Griffin G 2002, 'Australian immigration: the triumph of economics over prejudice?', I*nternational Journal of Manpower,* 23(3), 209–36.

United Nations High Commission for Refugees (UNHCR) 2002, *Refugee Resettlement: An International Handbook to Guide Reception and Integration,* United Nations High Commissioner for Refugees, Geneva.

University of South Australia (UNISA) 2004, *Anti-Racism Policy,* viewed July 2007, www.unisa.edu.au/policies/policies/corporate/C21.asp#Definitions.

Victorian Office of Multicultural Affairs 2002, *Valuing Cultural Diversity,* Victorian Government.

Victorian Health Promotion Foundation 2005, *VicHealth Position Statement on Health Inequalities* on www.vichealth.vic.gov.au.

Ward C, Bochner S & Furnham A 2001, *The Psychology of Culture Shock* 2nd Ed, Routledge UK.

Williams D, Neighbors H et al 2003, 'Racial/ethnic bias and health. Racial/ethnic discrimination and health: findings from community studies', *American Journal of Public Health,* 93(2), 200–8.

Williams DR & Williams-Morris R 2000, 'Racism and Mental Health: the African American experience', *Ethnicity & Health,* 5(3/4), 243–68.

Wong CA, Eccles J & Sameroff A 2003, 'The influence of ethnic discrimination and ethnic identification on African American adolescent's school and socio-emotional adjustment', *Journal of Personality,* 71(6),1197–232.

World Conference Secretariat 2001, *Durban Declaration and Programme of Action,* World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance, held Durban, South Africa 31 August – 8 September 2001, Office of the United Nations High Commissioner for Human Rights, Geneva, Switzerland.

World Health Organization 2001, *Health and Freedom from Discrimination. World Health Organization's Contribution to the World Conference Against Racism, Racial Discrimination, Xenophobia and Related Intolerance,* Health & Human Rights Publication Series, Issue No 2, August 2001.

Yen I, Ragland D et al 1999, 'Racial discrimination and alcohol-related behavior in urban transit operators: findings from the San Francisco Muni Health and Safety Study', *Public Health Reports,* 114(5), 448–58.

Yinger JM 1986, 'Intersecting strands in the theorisation of race and ethnic relations', in J Rex & D Mason (eds), *Theories of Race and Ethnic Relations,* Cambridge University Press, Cambridge, pp. 20–41.

Zubrick SR, Silburn SR et al (2005), *Western Australian Aboriginal Child Health Survey: The Social and Emotional Wellbeing of Aboriginal Children and Young People,* Curtin University of Technology and Telethon Institute for Child Health Research, Perth.

Notes

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