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

Full report of the Localities Embracing and Accepting Diversity (LEAD) Experiences of Racism Survey

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& Associate Professor Yin Paradies

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The Localities Embracing and Accepting Diversity (LEAD) Experiences of Racism Survey

March 2013

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Contents

List of tables and figures

Acknowledgements

The Localities Embracing and Accepting Diversity (LEAD) Experiences of Racism survey of culturally and linguistically diverse (CALD) communities was funded in partnership by the Victorian Health Promotion Foundation (VicHealth), *beyondblue* (the national depression initiative) and the Department of Immigration and Citizenship (DIAC). We would like to thank the community workers for their invaluable support in administering the surveys. We would also like to thank Peter Streker and Pamela Rodriguez from VicHealth for their support and advice in compiling this report.

Executive summary

About the survey

- A non-random sample of 1,139 people from culturally and linguistically diverse (CALD) backgrounds were surveyed in four communities (two rural and two metropolitan) in Victoria between September 2010 and May 2011.
- Participants were asked about their background, their experiences of racism (and where these occurred), their response strategies, the impact of racism on anxiety, mental distress (measured using the K6 scale for psychological distress) and behaviour, and the impact of racism on their family and community.
- The surveys were conducted in consultation with local communities. Data was collected by local community members in three of the four communities. In the fourth, data was collected by researchers at a community event.

Prevalence and experiences of racism

- Nearly two-thirds of people who participated in this survey had experienced racism in the previous 12 months.
- Most had experienced racism multiple times, with more than one-third (40%) experiencing six or more incidents a year.
- Racism occurred across a broad range of settings. It was most commonly experienced in public spaces (35%) and employment (32%).
- Age, education, religion, gender, visibility and rurality were all significantly associated with differences in experiences of racism.
    - Women were less likely than men to experience racism.
    - The proportion of people who experienced a high volume of racism decreased with age.
    - Sikhs and Muslims were more likely to have experienced racism than Christians and Hindus.
    - People living in metropolitan areas were more likely to report experiencing racism than people in rural areas.
    - People educated at Year 12 or above reported more experiences of racism compared to people with lower levels of education.

Mental health impacts of racism

- Racism at any level was associated with worse mental health. People who experienced medium and high levels of racism were significantly more likely to be above the threshold for high or very high psychological distress than people who had no experiences of racism.
- There was a dose effect – that is, the risk of high or very high levels of psychological distress increased as the volume of racism increased.
- Racism experienced in shops, government and when using public transport was significantly associated with being above the threshold for high or very high psychological distress.
- Only one coping strategy ('Ignoring it or pretending it didn't happen') was associated with decreased odds of finding the most recent incident stressful or very stressful.
- More than one in five participants (23%) reported avoiding situations in daily life because of racism often or very often. This suggests that actual rates of racism may be higher than reported here if this strategy were not used. This method of coping restricts opportunities for Australians from CALD backgrounds to participate in activities that many other Australians take for granted.

Conclusions

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

Background

The LEAD program

In 2007 VicHealth published data from a survey of 4,000 Victorians in the report *More than tolerance: embracing diversity for health.*[1] The findings show that, while most Victorians supported society being made up of people from different cultures, a small number (around one in 10) held views that were blatantly racist (e.g. the notion that some groups are inferior to others or that people from different 'races' should not marry). A substantial minority (around one in three) held attitudes suggestive of intolerance of ethnic difference (e.g. the belief that there are groups that do not fit into Australian society or resistance to people retaining what makes them culturally distinctive).

The Localities Embracing and Accepting Diversity (LEAD) program was developed in 2009 in response to these findings. The program aims to improve health outcomes and reduce anxiety and depression among Aboriginal and migrant communities through increased social and economic participation. The design of the LEAD program is underpinned by *Building on our Strengths – a framework to reduce race-based discrimination and support diversity in Victoria*[2]. LEAD is being implemented in partnership with local councils.

As part of LEAD, the Experiences of Racism survey was undertaken with Indigenous and culturally and linguistically diverse (CALD) Victorians in four local government areas. In this report we present the findings from this survey and examine exposure to racism and its impacts on the mental health of people from CALD backgrounds in four communities in Victoria.

Context

Definitions and concepts

Racism can be broadly defined as the types of behaviours, practices, beliefs and prejudices that underlie avoidable and unfair inequalities across groups in society based on race, ethnicity, culture or religion. **Race-based discrimination** is behaviours and practices that result in avoidable and unfair inequalities across groups in society.[2] This definition encompasses not only racial violence or illegal forms of discrimination ('direct', or overt), but subtle forms of exclusion as well ('indirect', or covert, hidden).

Racism can occur at three conceptual levels, which overlap in practice:

- interpersonal racism – racist interactions between people
- internalised racism – the incorporation of racist ideologies within the worldview of an individual who experiences racism which may have an effect on how they regard and/or behave toward themselves, members of their group and those from other groups
- systemic or institutional racism – formal policies, practices, processes and conditions that serve to increase power differentials between racial, ethnic, cultural or religious groups.[3, 4]

Racism can be direct (or overt) or indirect (covert or hidden).

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

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

Cultural diversity in Australia

European settlement began in Australia in 1788 with new arrivals mainly from Britain and had a devastating effect on Aboriginal societies. The gold rushes of the mid-19th century led to a large increase in migration – primarily from Britain but also from some non-European countries. Resentment towards Chinese and other Asian workers led to the *Immigration Restriction Act 1901*, often referred to as the 'White Australia Policy'.[5] Between the 1850s and 1960s immigration from non-European countries was excluded and immigrants to Australia were required to give up cultural, social and linguistic distinctions in order to become indistinguishable from the majority population.

After the Second World War, planned migration was designed to increase economic strength through the introduction of mainly British workers. New waves of migrants from eastern, northern and southern Europe also arrived in the period between the 1950s and 1960s.

The 1970s brought new waves of migration from Asia, the Middle East, Latin America and New Zealand.[5] While there has been some migration from Africa to Australia since the 1960s – primarily comprised of South Africans of European descent – the 1990s saw a significant increase in African migration to Australia by African-born populations.[6]

The requirement or expectation that minority ethnic, cultural or religious groups should strive to become culturally indistinguishable from the majority population is called 'assimilation'. In contrast, 'multiculturalism' is a policy that sees the retention of cultural, social and linguistic distinctions as a private matter, rather than being controlled by government. The shift away from assimilationist policies and towards multiculturalism in Australia began in the 1960s, with multiculturalism being accepted as official government policy in the early 1970s.[5]

In 2013, Australian government policy is based on the belief that minority ethnic, cultural and religious groups should be able to retain, express and enjoy their cultural distinctiveness. Australia's national multicultural policy, The People of Australia, was launched in February 2011.[7]

Despite the evolution of Australian governmental policy towards the support of cultural diversity, the social changes necessary to eliminate racist attitudes, actions, beliefs within individuals, and policies and processes within organisations and institutions, are complex and move slowly.

In 2011 the University of Western Sydney's *Challenging Racism Project* reported that, while a large majority of Australians are positive about living in a multicultural country, 41 per cent have a narrow view of who belongs in Australia. This project echoed VicHealth's *More than Tolerance* survey in finding that approximately one in 10 Australians hold blatantly racist views. While more difficult to establish, there is also evidence of ongoing systemic discrimination in Australia.[2]

Racism and health

The link between poorer physical and mental health and self-reported perceptions or experiences of racism is well-documented.[8-11] Racism can affect mental health through a range of pathways. In particular, there is a risk that targets of racism will develop a range of mental health problems such as anxiety and depression.[8,11,12]

Racism can have a negative impact on health for a number of reasons. It can:

- restrict access to resources required for good health
- lead to stress and negative emotions that have negative psychological and physiological effects
- cause injury through racially motivated assault.[2]

People who become worried about being racially discriminated against in specific settings may experience anxiety. Past experiences of racism may lead to social isolation of individuals and communities, which can further exacerbate mental disorders.

Racist experiences may also indirectly contribute to poorer health. For example, if an individual's experience of racism prevents them from finding adequate employment, the resultant un- or underemployment may contribute to poorer health outcomes.

While the available Australian literature supports the validity of this link within the Australian context,[14,15] the Australian evidence base around the mental health effects of racism against CALD communities is relatively lacking.

About the survey

Purpose of the survey

The CALD Experiences of Racism survey investigated:

- the self-reported experiences of Victorian CALD community members in relation to interpersonal, systemic and internalised racism
- participants' responses and reactions to their experiences
- the association between these experiences and measures of psychological distress.

The survey was developed in conjunction with the LEAD evaluation. The two rural and two metropolitan local government areas (LGAs) surveyed have been de-identified in this report in order to protect the affected communities.

Survey administration

Participants in the CALD Experiences of Racism survey were aged 18 years or older and had lived within their LGA for at least one year. The four LGAs surveyed are shown in Table 1.

CALD community workers were recruited to administer the survey in three areas (Metropolitan Council 1=9; Metropolitan Council 2=9; Rural Council 2=12). The recruitment process included a consultation phase with relevant stakeholder groups in each council. This process was used to identify the most appropriate way of recruiting community interviewers and to develop data governance protocols.

Community workers were trained in ethical research practices and survey administration by the LEAD evaluation team and supported throughout the data collection period by frequent contact with evaluation team members. Community workers distributed surveys through their personal and professional contacts as well as through local community events and functions.

Surveys were administered 'face to face' in group or individual sessions. The community workers who administered the survey recorded both participants and people who were invited but declined to participate. The reasons provided for declining to participate were recorded. Community workers also participated in a follow-up session for feedback and debriefing. Participants received a $20 supermarket gift voucher after completing the survey.

A different approach was taken in Rural Council 1 under the advice and in consultation with local service providers and council. Service providers believed that a single event would be the most straightforward way to administer surveys across multiple communities, particularly as many of the communities had a close relationship with the service agencies, which enable community participation. The council agreed with this approach and members of the CALD communities were invited to complete the survey and attend a dinner during a community event in July 2010 in which 254 community members participated. Translated surveys were available and LEAD staff assisted community members to complete the survey if required. A further 44 community members were surveyed between July and December 2010 by LEAD staff to bring the total number of participants in Rural Council 1 to 298.

Table 1: Survey administration data

Survey area	Sample size	Community workers recruited	Sample period
Rural Council 1	298	0	July to December 2010
Rural Council 2	280	12	March to May 2011
Metropolitan Council 1	335	9	September 2010
Metropolitan Council 2	226	9	November 2010 to May 2011

The most frequent difficulties reported by community workers in conducting surveys were privacy and confidentiality concerns and low literacy and numeracy in the communities. The use of community workers to conduct the surveys and provision of translated copies of the surveys helped to ensure that the survey items could be explained in an accessible manner. Community

workers also reassured participants that their data would be handled sensitively and that identifying information would not be made available to the university researchers.

Survey structure

Consultation was conducted in each area to ensure that the relevant Experiences of Racism survey was appropriate and accessible for each community. Translations were available in Arabic, Chinese (Traditional), Dari, Swahili, Tongan, Turkish and Vietnamese.

The survey began with demographic questions including age, gender and education. Participants were asked to provide their racial, ethnic or cultural background, country of birth, parents' countries of birth, length of time in Australia, language(s) other than English spoken at home and religion. Although a range of other factors such as existing chronic conditions and socio-economic status can also be associated with health outcomes, these were not measured in the survey as it was believed that inclusion of additional items would lead to an overly long survey and reduce participant interest in completing it.

The next section of the survey presented items assessing:

- participants' sense of belonging within Australia and their local area or neighbourhood
- participants' experience of internalised racism
- frequency of witnessing discrimination
- frequency of anxiety over friends and family experiencing discrimination
- the level of effect racism has had on participants' lives and the lives of their friends and family.

Items to assess internalised racism included 'I feel good about being a member of the racial, ethnic, cultural and religious group that I identify most strongly with …' and 'People from my racial, ethnic, cultural or religious group should think and act more like other Australians'. In this section of the survey, most response categories consisted of either Likert scales (e.g. 'strongly disagree'/'disagree'/'agree') or objective frequency scales (e.g. 'at least once a week'/'a few times a month'). The exception was the item 'I feel good about being a member of the racial, ethnic, cultural and religious group that I identify most strongly with …', which used subjective frequency scales (e.g. 'very often'/'often'/'sometimes').

The next section in the survey recorded frequency of exposure to systemic racism as well as the level of distress caused by exposure. Participants were asked to indicate the frequency and resulting stress level over the previous 12 months of:

- negative media exposure
- witnessing discrimination as a result of policies or practices at work, in businesses or in government agencies
- exclusion from decision-making opportunities
- witnessing racial tension or conflicts in the local area.

The survey assessed interpersonal racism using a grid (matrix) that had experiences listed on the left, with settings listed across the top. This method was chosen as a simple and concise way to simultaneously collect data on both settings where individuals experience racism and the types of racism they experience. Participants then indicated which type of experience had occurred and

where it took place by marking the appropriate grid box. This method was based on a tool used previously with young Australians.[13]

Experiences listed included:

- racist name-calling or teasing
- verbal abuse or offensive gestures
- being told the participant does not belong in Australia
- being left out or avoided
- being treated as inferior or less intelligent
- being ignored, treated with suspicion or treated rudely
- having property vandalised
- physical abuse or the threat of physical abuse.

Settings listed were:

- in a shop, store or mall
- while doing sport, recreational or leisure activities
- while seeking housing or in dealing with real estate personnel
- in a bank or other financial institution
- in dealings with local council
- in dealings with other government agencies
- at work, on the job or when looking for a job
- at school, university or another educational setting
- in public spaces (such as on the street, beach or park)
- with the police, courts or jails
- in hospitals, health centres or at the doctor's office
- on public transport
- other.

The participants who responded that they had experienced a racist incident over the previous 12 months received a series of questions asking for details about their most recent experience, Questions asked:

- how long ago the incident occurred
- whether it had occurred in the participant's local neighbourhood
- whether the perpetrator was someone from the participant's ethnic, cultural or religious group
- how well the participant knew the perpetrator
- how stressful the incident was for the participant
- actions that the participant took in relation to the incident.

An open-ended item gave participants the opportunity to supply any other comments about their experiences.

All participants were asked to indicate how frequently they anticipated and worried about experiencing racism as well as how often they took action to avoid experiencing racism.

Mental health was assessed through the inclusion of the Kessler 6 (K6) scale. The scale is a quantifier of non-specific psychological distress and was derived from the Kessler Psychological Distress Scale (K10) as a simple measure of psychological distress. The K6 has demonstrated excellent internal consistency and reliability as well as consistency across major socio-demographic sub-samples.[15]

The K6 involves six questions about emotional states, each with a five-level response scale. The measure can be used as a brief screen to identify levels of distress. It can be given to participants to complete or the questions can be read to the participant by the administrator.

The K6 is scored using the sum of answer responses, where responses range from 'None of the time' (score = 1) to 'All of the time' (score = 5). The range of response scores is 6 to 30. Low scores indicate low levels of psychological distress and scores of 19 to 30 indicate high or very high psychological distress.[16] Respondents are classified according to their level of psychological distress. This is then correlated with the risk of having a mental disorder.

There are a number of different categories and groupings used for analysis of the K10 and K6 scores. This study follows the majority of ABS and other Australian surveys in classifying respondents according to four categories ('low', 'moderate', 'high' and 'very high'). A very high score of psychological distress possibly indicates a need for professional help.[16]

The final item in the survey was an open-ended question for participants to give any comments they thought relevant.

Data analysis methods

The statistical software package, SPSS Statistics 19, was used to analyse the data. Participants' experiences of racism were divided into four frequency categories, based on the number of experiences in the previous 12 months:

- None
- Low (1–5 experiences)
- Medium (6-8)
- High (9+).

These cut-off points were selected so that equal proportions (approximately one-third) of people who experienced racism were in each category.

Chi-square analysis was used to assess demographic differences between people with different frequency levels. This method of analysis is used to determine whether there is an association between two variables based on their frequencies in the data.

Pearson's correlation was used to assess the relationship between exposure and scores on the K6 univariately.

Logistic regression is used to predict the outcome of one variable based on other variables within a model. This method of analysis was used to assess:

- the relationship between the participants' experiences of racism and their position above or below the threshold for high or very high psychological distress on the K6 scale
- the impact of the type of racism and being above or below the threshold for high or very high psychological distress on the K6 scale.
- the role of response strategies on stress associated with the most recent racist incident.

Stress was coded into two categories ('not at all stressful'/'a little stressful'/'somewhat stressful' and 'very/extremely stressful'). All models controlled for age, gender, education and LGA as potential confounding factors.

As some participants did not complete every item, valid percentages are reported for all frequencies, with missing data removed.

Survey findings

A total of 1,139 people participated in the CALD Experiences of Racism survey. The response rate across all LGAs was 96 per cent. Reasons given for declining to participate were:

- not having experienced racism (two people)
- reluctance due to having completed similar surveys in the past with no visible response (four people)
- feeling that their experiences with racism were too extensive to capture in a survey (one person).

Demographic data

Demographic data for participants are presented in Table 2. Participants were fairly evenly distributed across the four LGAs, although Metropolitan Council 1 and Rural Council 1 represented slightly more participants. Slightly more women than men participated in the survey. The mean age of the sample was 36 years. More than one-third of participants held either tertiary, trade or TAFE qualifications. The most frequently represented religion was Islam, followed by Christianity.

Table 2: Demographic data

* 'n' may not add up to 1,139 due to missing values; percentages may not add up to 100% due to rounding.

		n	%
LGA	Rural Council 1	298	26.2
	Metropolitan Council 1	335	29.4
	Metropolitan Council 2	226	19.8
	Rural Council 2	280	24.6
Gender	Male	541	47.5
	Female	580	50.9
Age	18–24	257	22.6
	25–34	246	21.6
	35–44	217	19.1
	45–54	155	13.6
	55–64	75	6.6
	65+	39	3.4
Education	Tertiary qualifications	271	23.8
	Trade or TAFE	141	12.4
	Higher School Certificate	267	23.4
	School certificate	109	9.6
	Primary school	79	6.9
	Other	119	10.4
Religion	Buddhism	44	3.9
	Christianity	351	30.8
	Hinduism	69	6.1
	Islam	435	38.2
	Sikhism	53	4.7
	Other	8	0.7
	None	50	4.4
Country of birth	Australia/New Zealand	69	5.8
	Middle East	306	25.6
	Africa	259	21.7
	East Asia	166	13.9
	South Asia	122	10.2
	Pacific Islands	116	9.7
	Europe	74	6.2
	Americas	4	0.4
Level of experiences of racism	None	418	36.7
	Low	264	23.2
	Medium	251	22.0
	High	206	18.1
Time in Australia (years)	0–5	366	37.5
	5–10	244	25.1
	10–15	111	11.4
	15–20	89	9.1
	20+	165	16.7

Sense of belonging

A large majority of respondents (82%) indicated a moderate or great sense of belonging to Australia. A slightly lower proportion (78.1%) indicated the same level of belonging to their local area/neighbourhood (Table 3).

Table 3: Sense of belonging

Survey item	n	To a great extent %	To a moderate extent %	Only slightly %	Not at all %
I have a sense of belonging in Australia ...	1,111	44.7	37.3	12.2	3.3
I have a sense of belonging in my local area/neighbourhood ...	1,109	34.5	43.6	14.8	4.4

Experiences of interpersonal racism

Types and frequencies of racist experiences

Nearly two-thirds of participants reported at least one racist experience in the preceding 12 months:

- 23 per cent reported between one and five experiences
- 22 per cent reported between six and eight experiences
- 18 per cent reported nine or more experiences.
- 37 per cent reported no experiences of racism.

When asked about the most recent of these incidents, 22 per cent of them had occurred within the previous month. A majority (62%) had occurred within the respondent's local area or neighbourhood. Of those that were not local, a very high percentage (90%) happened within Victoria.

The most frequent experience reported was being a target of racist names, jokes or teasing, or hearing comments that rely on stereotypes of the participant's racial, ethnic, cultural or religious group. This experience was reported by over half (55.3%) of participants. Having property vandalised was reported by more than one-quarter (26.2%) of participants (Figure 1). Overall, Figure 1 suggests that experiences of racism are very common even at the more extreme ends of the spectrum.

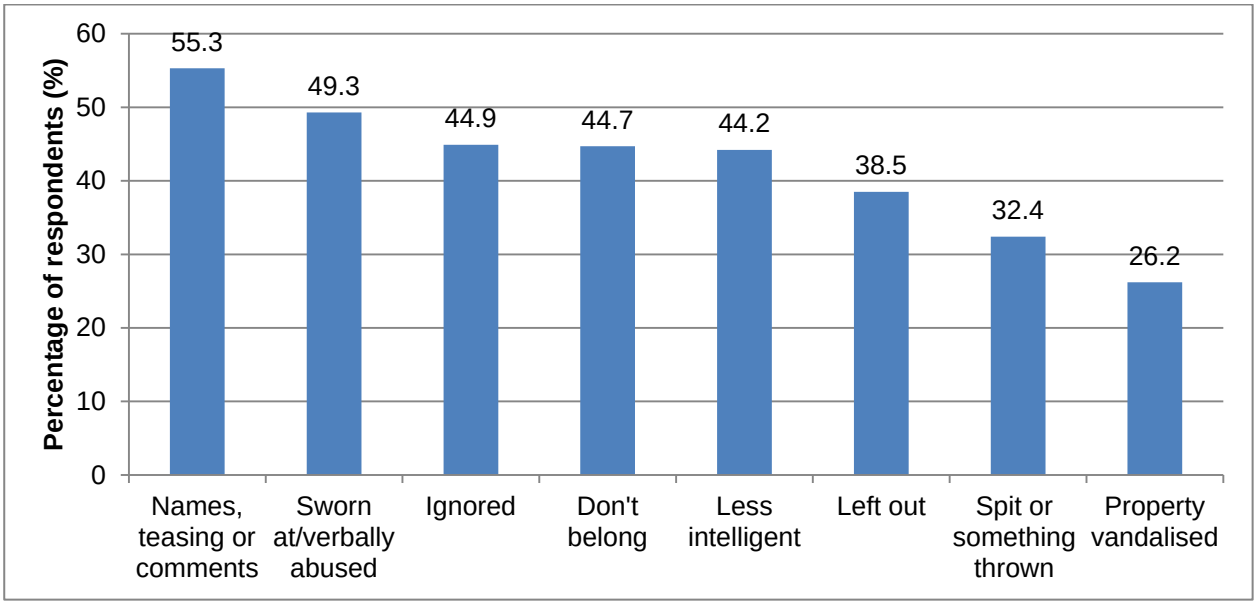

Figure 1: Victorians' experiences of racism

Settings in which racism was reported

Respondents indicated that racism was most commonly reported in public spaces (35.4%) in the previous 12 months, followed by employment (32.8%) and shops and public transport (30.7% & 29.2% each) (Figure 2).

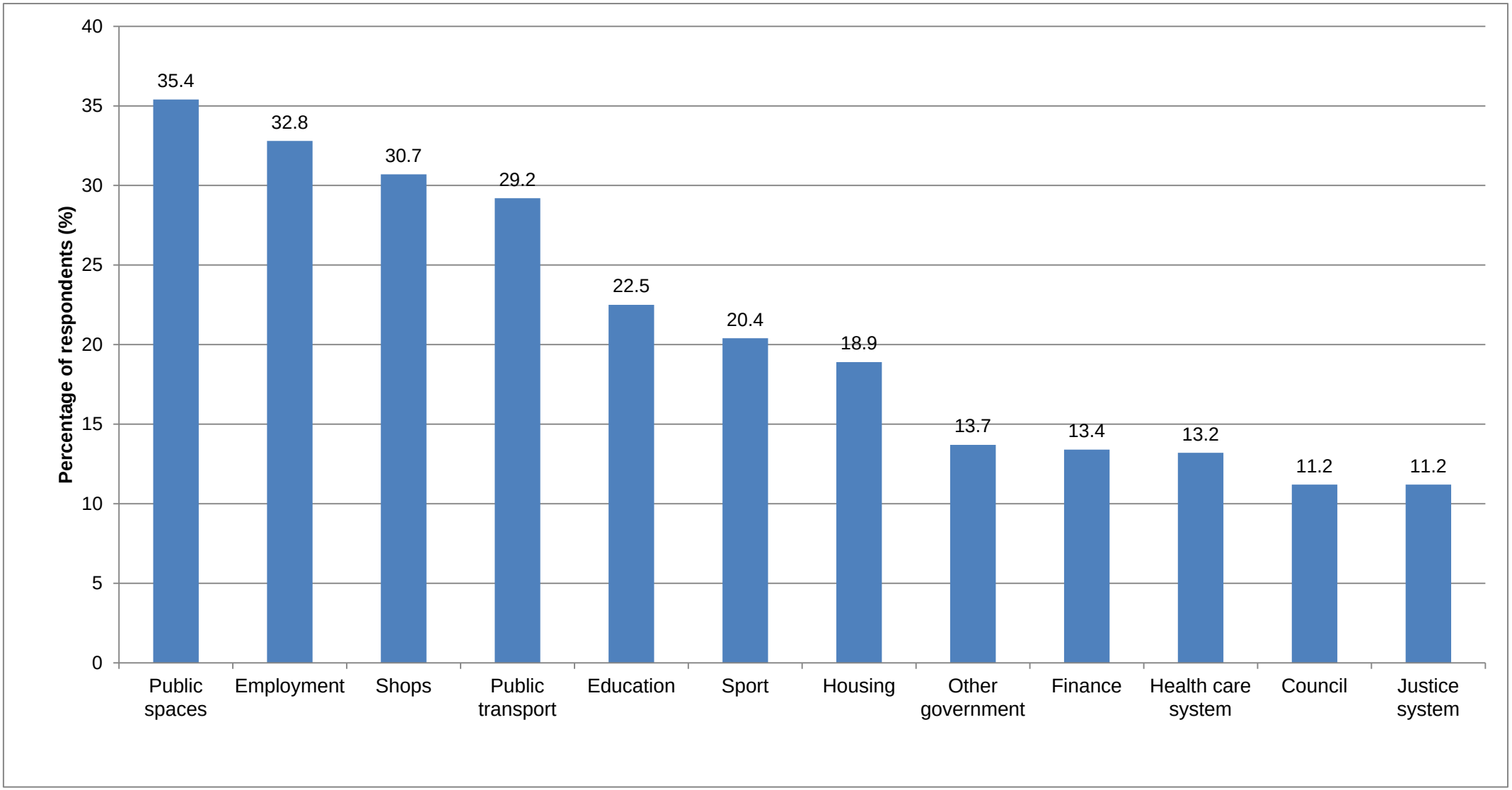

Figure 2: Settings where CALD Victorians experienced racism

Perpetrators of racism

When asked about the last racist incident they had experienced, a high proportion (92%) of respondents indicated that the perpetrator was someone outside of their racial, ethnic, cultural or religious group. Approximately one in five (19%) respondents knew their perpetrator a little, while the majority (70%) did not know the perpetrator at all. Data was not collected on perpetrators in specific settings. It is not known whether the racist behaviours in settings such as health care, local council or justice settings were initiated by staff, clients or members of the public.

Responses to racism

People who had experienced racism used a range of methods to respond to these incidents. Twelve responses were listed, plus an 'other' category. Participants were able to choose as many as applied to their most recent experience.

Figure 3 shows that the most common responses of those who reported at least one racist experience were:

- to ignore it or pretend it didn't happen (45.4%)
- to accept it as a fact of life or put up with it (26.6%).

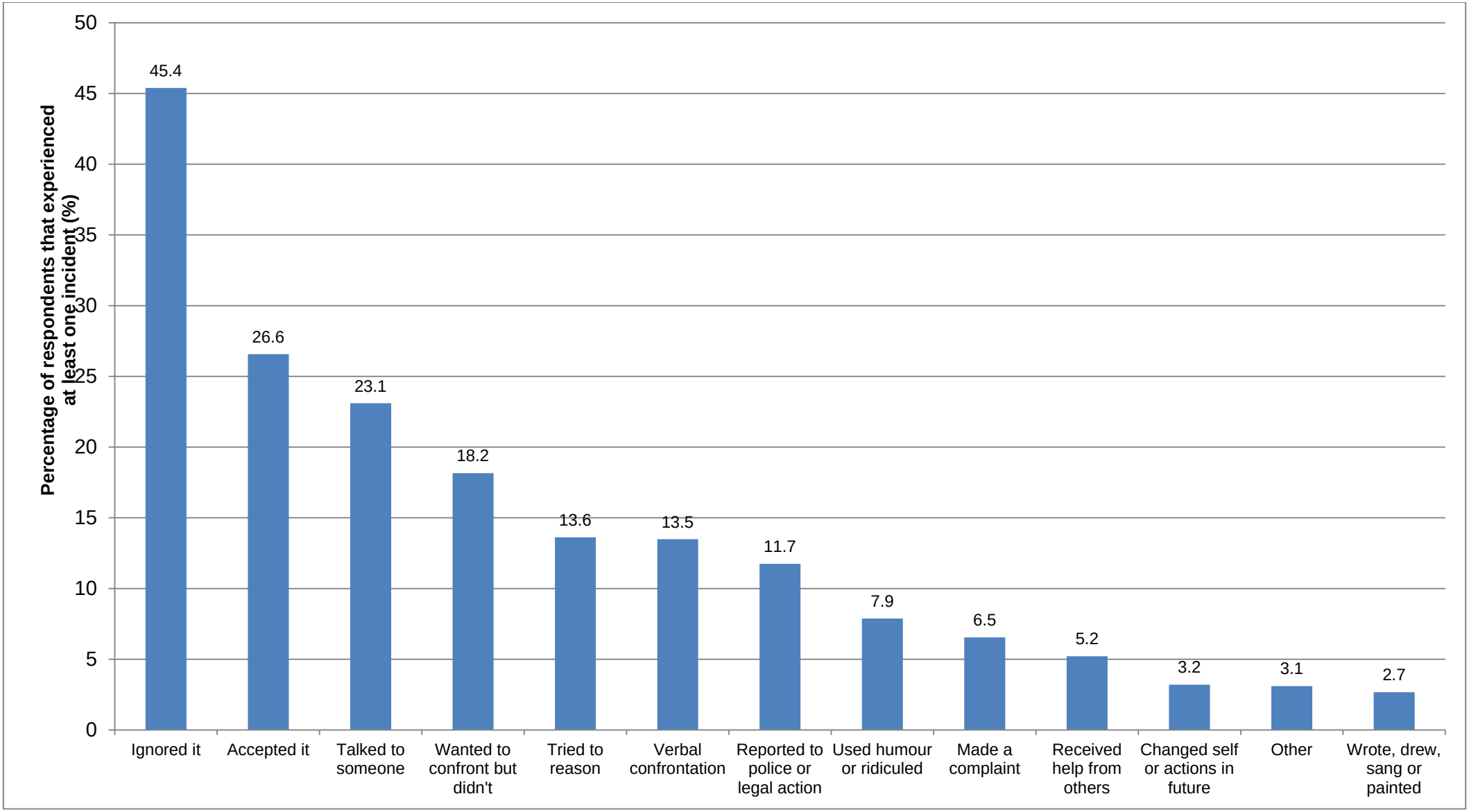

Figure 3: Participant responses to interpersonal racism

Nearly half of all participants that reported experiencing racism (46.1%) indicated that they had used more than one type of response in relation to the last racist incident they had experienced (see Figure 4).

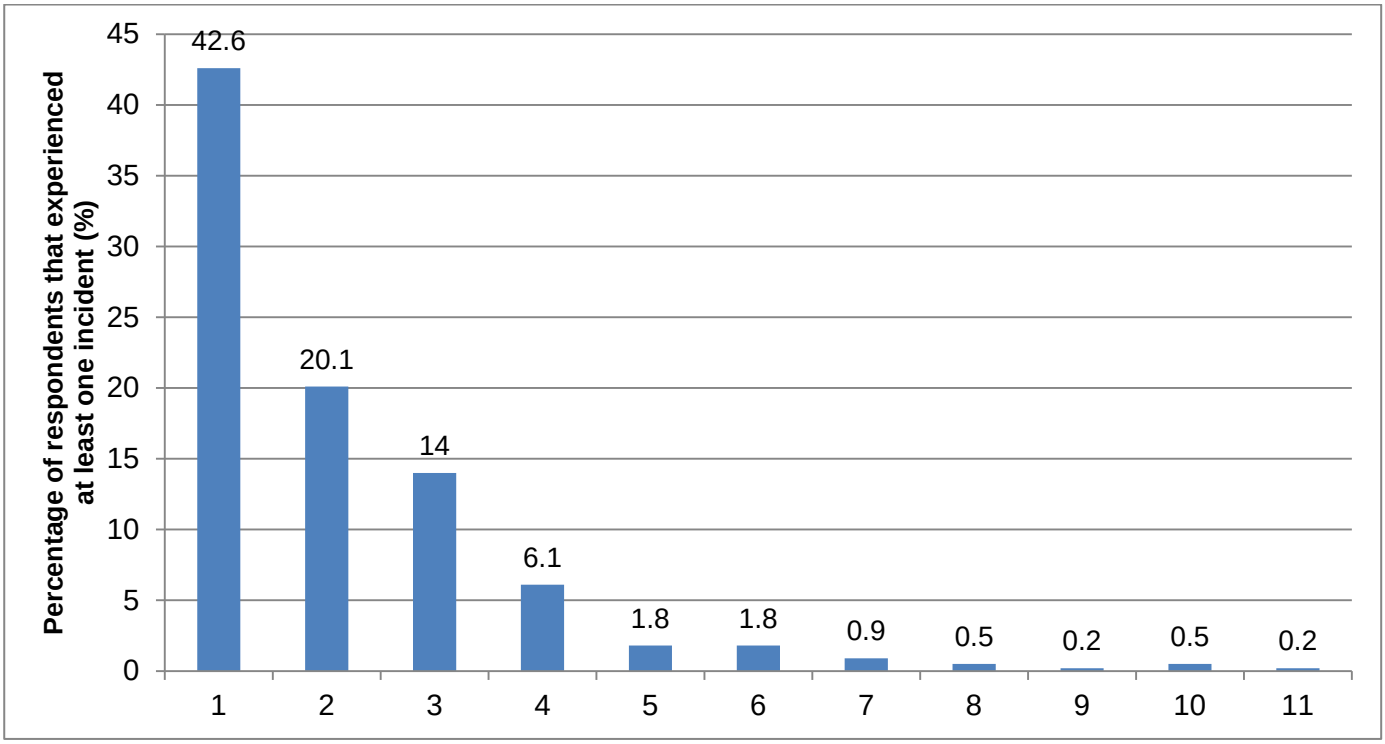

Figure 4: Number of response strategies used

Internalised racism

Nearly two-thirds of respondents (62.6%) felt positively about their racial, ethnic, cultural or religious group identity often or very often. Yet well over one-third (40.8%) of respondents also agreed that people from their group should behave more like other Australians (Table 4). While it is arguable how directly this finding relates to internalised racism, it indicates that almost half of CALD respondents endorse some form of assimilation among their racial, ethnic, cultural or religious group.

Table 4: Internalised racism

Survey item	N	Very often %	Often %	Sometimes %	Rarely %	Never %
I feel good about being a member of the racial, ethnic, cultural and religious group that I identify most strongly with ...	1,112	35.9	26.7	23.0	6.2	5.8

Survey item	N	Strongly disagree %	Disagree %	Neither agree nor disagree %	Agree %	Strongly agree %
People from my racial, ethnic, cultural or religious group should think and act more like other Australians	1,097	12.4	18.3	24.8	29.7	11.1

Factors affecting exposure to racism

Age, education, religion, gender and rurality were all significantly associated with differences in the frequency of experiencing racism (see Appendix 1 for statistics). Figure 5 shows that, overall, women were less likely than men to experience racism in the last 12 months. When they did experience racism, women were less likely to be in the high frequency category.

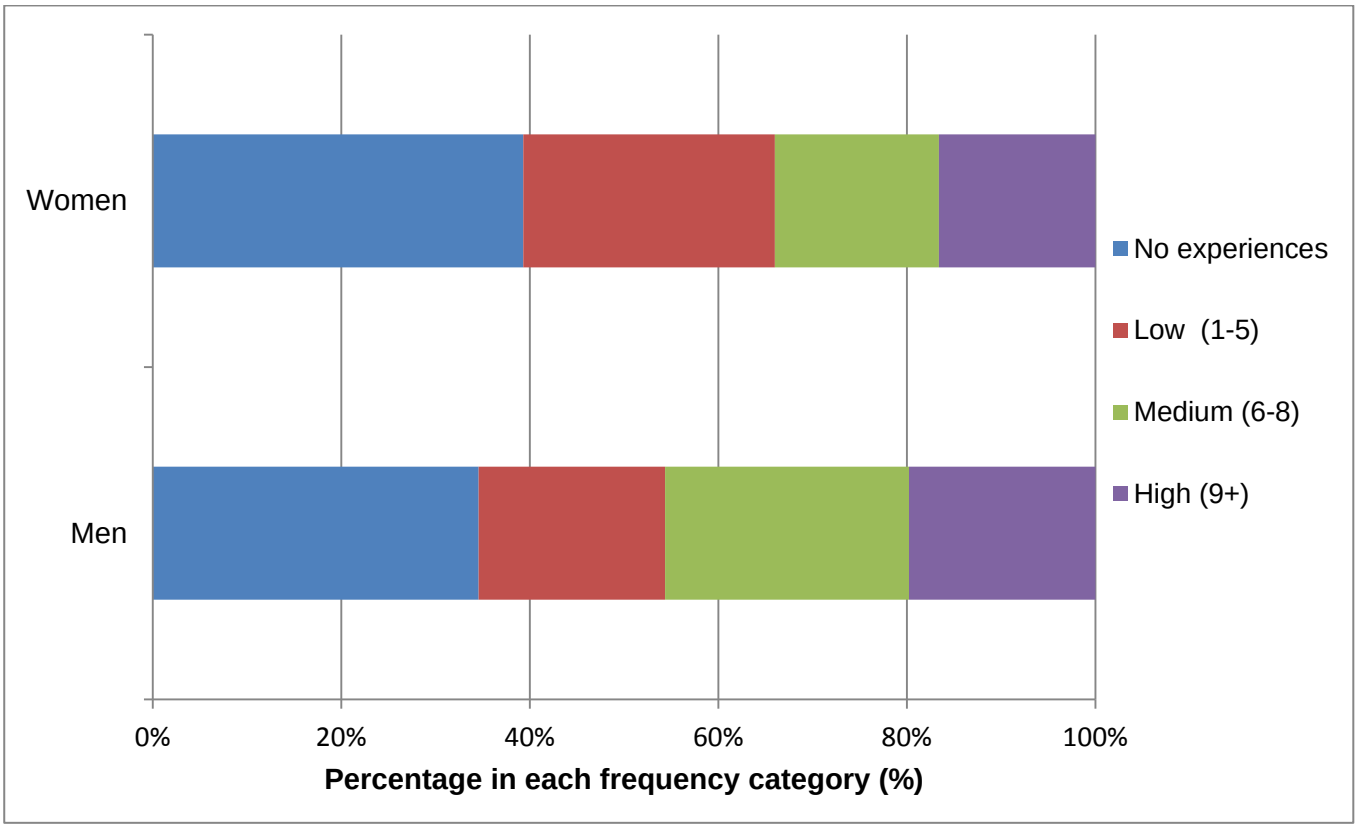

Figure 5: Frequency of experiences of racism by gender

The proportion of people who were in the ‘high frequency’ category decreased with age (Figure 6). This effect was relatively consistent across genders. However, it was clear that men aged 26–35 years were more likely to experience racism more often than people in other age and gender categories (Figure 7).

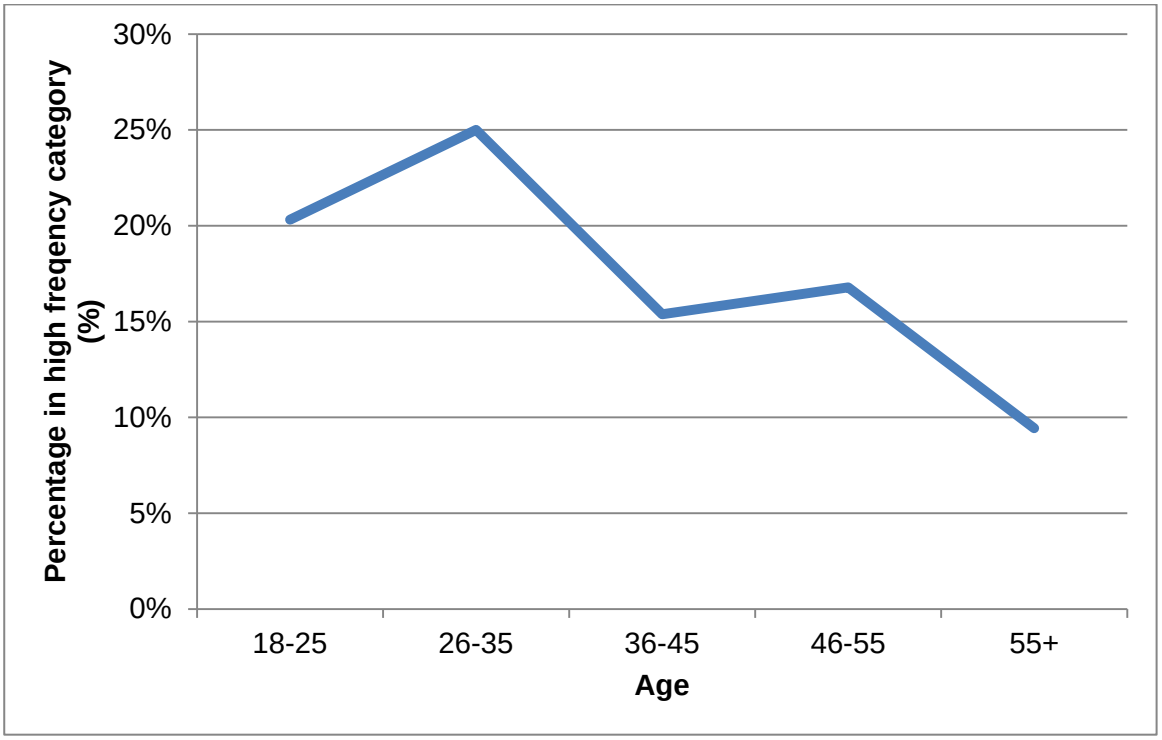

Figure 6: Percentage of respondents experiencing high frequency of racism by age

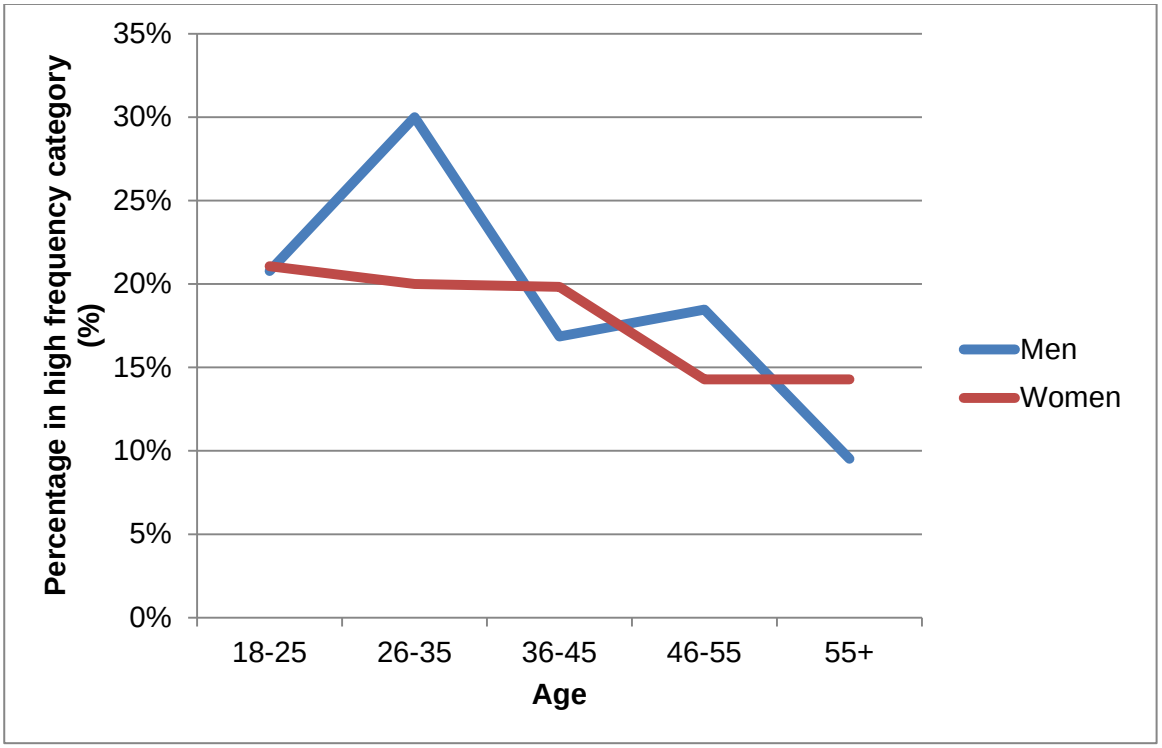

Figure 7: Percentage of respondents experiencing high frequency of racism by age and gender

The percentage of people in the high frequency category increased with level of education (Figure 8). This effect was much stronger for men than for women (Figure 9).

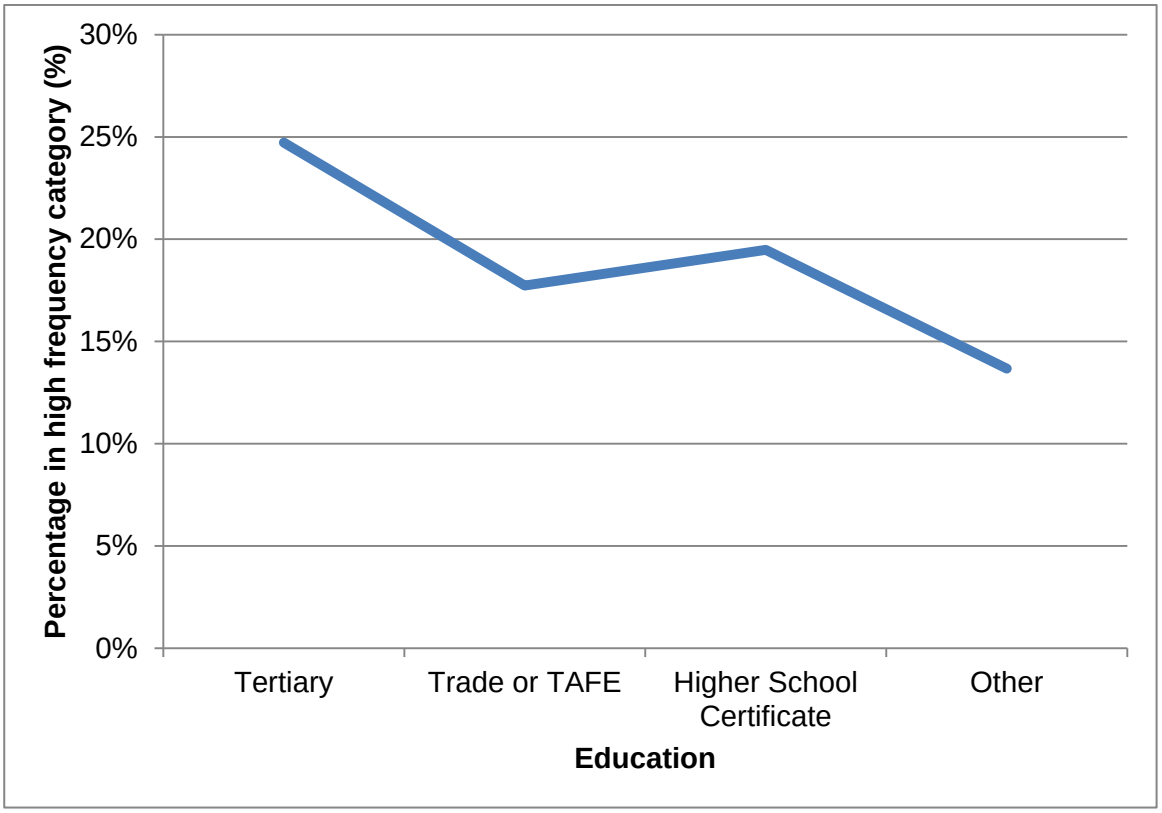

Figure 8: Percentage of respondents experiencing high frequency of racism by education

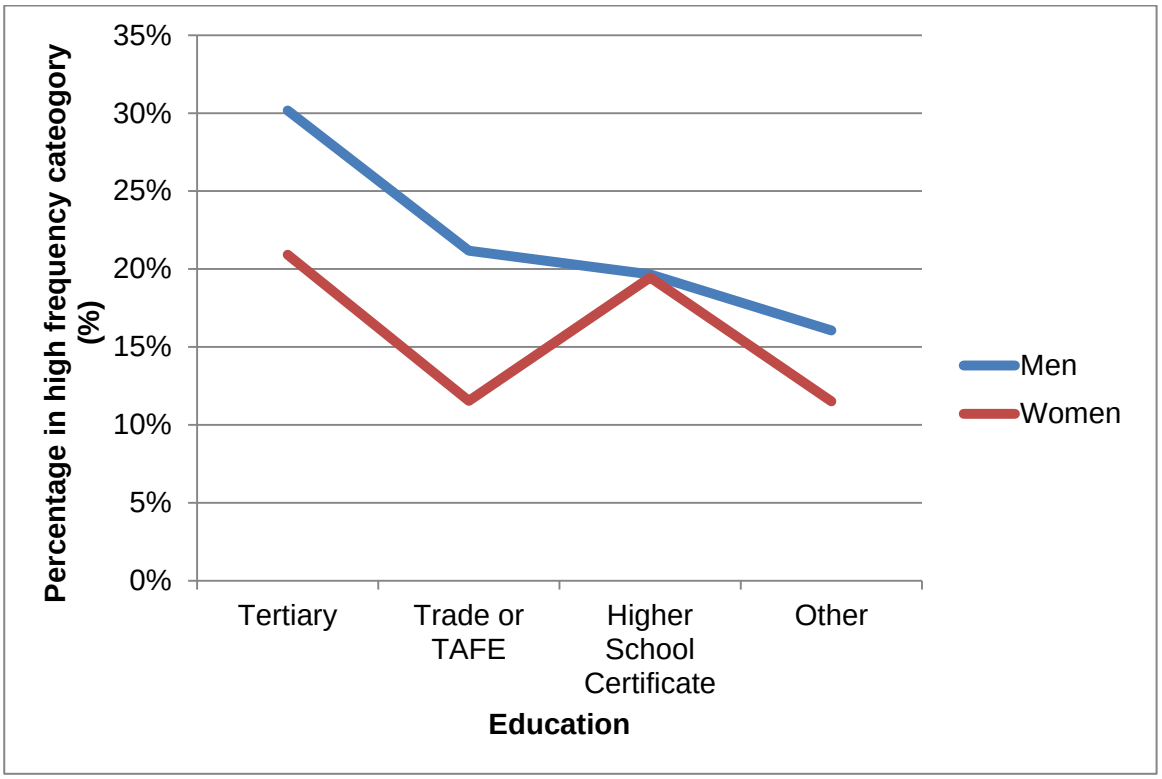

Figure 9: Percentage of respondents experiencing high frequency of racism by education and gender

Figure 10 indicates that university-educated people reported experiencing higher levels of racism than non-university-educated people in shops, sport, employment, public spaces and justice settings (see Appendix 1 for statistics). Levels of racist experiences in housing, finance, council, government, education, health, public transport and 'other' settings were not significantly different between university- and non-university-educated people.

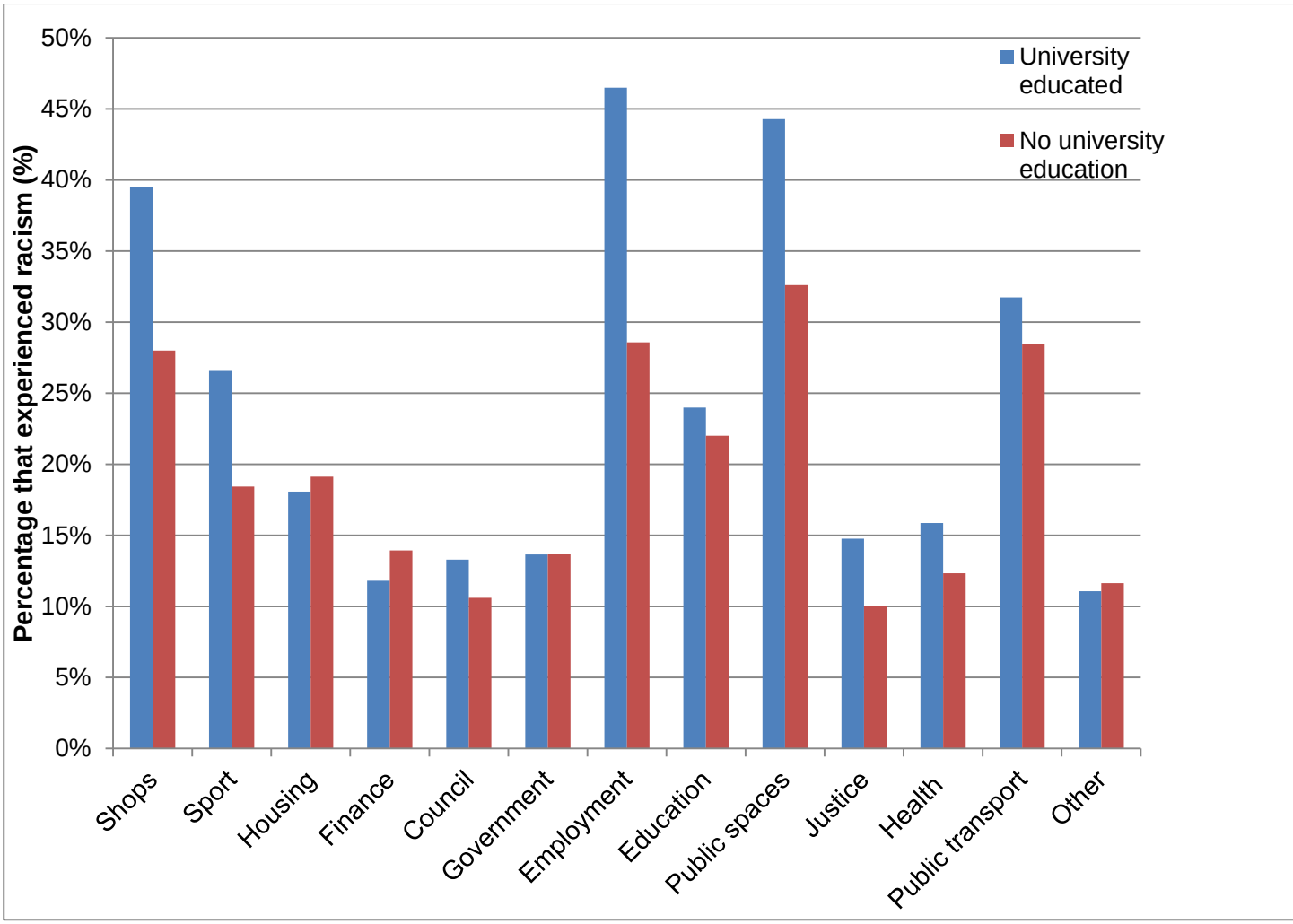

Figure 10: Experiences of racism by setting and university education

While there was little variability in the proportion of people that experienced high levels of racism, religion had a significant impact on whether people had experienced racism in the last 12 months or not. Sikhs and Muslims were more likely to have experienced recent racism than Christians and Hindus. However, Christians were slightly more likely than people in other religions to report having high levels of experiences of racism. Buddhists reported very low levels of experiencing racism but this group was very small, with only 44 participants (Figure 11). Figure 12 shows that Muslims were the only religious group within which women were more likely to experience high levels of racism than men.

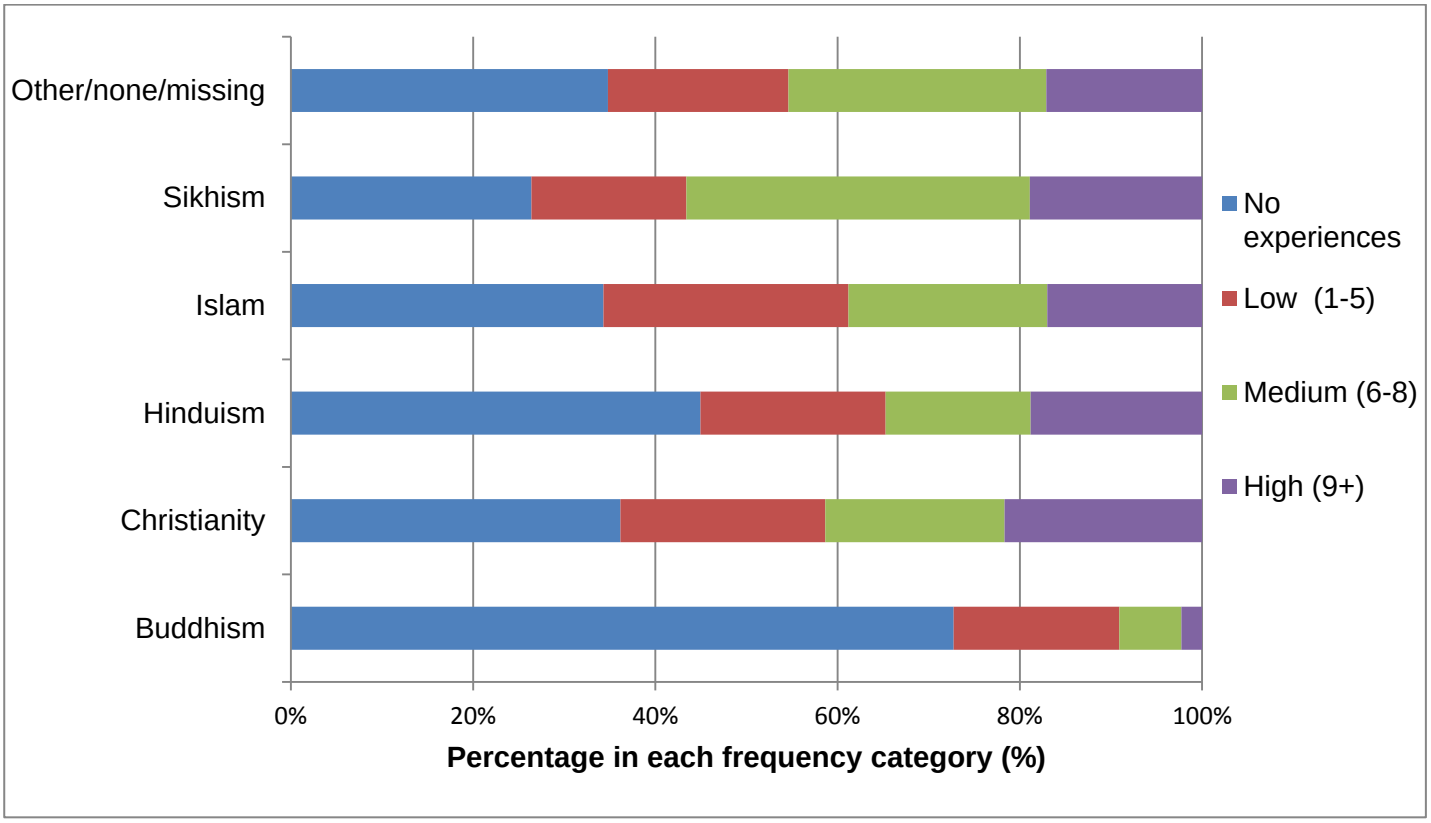

Figure 11: Experiences of racism by religion

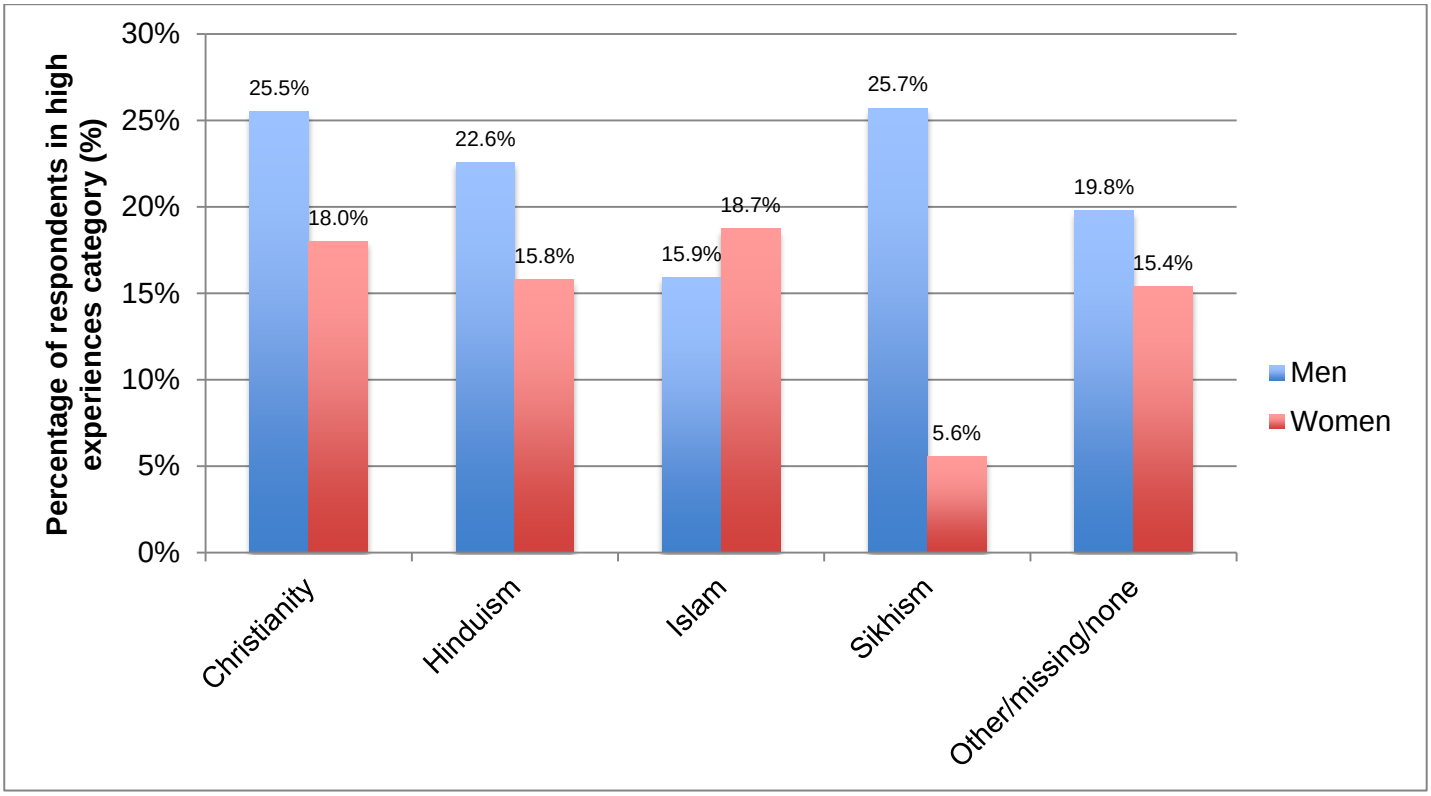

Figure 12: High experiences of racism by religion and gender

Figure 13 shows that people living in metropolitan areas were more likely to experience racism than people living in rural areas. When they experienced racism, they were more likely to report high levels of experiences. There were no differences between genders according to rurality.

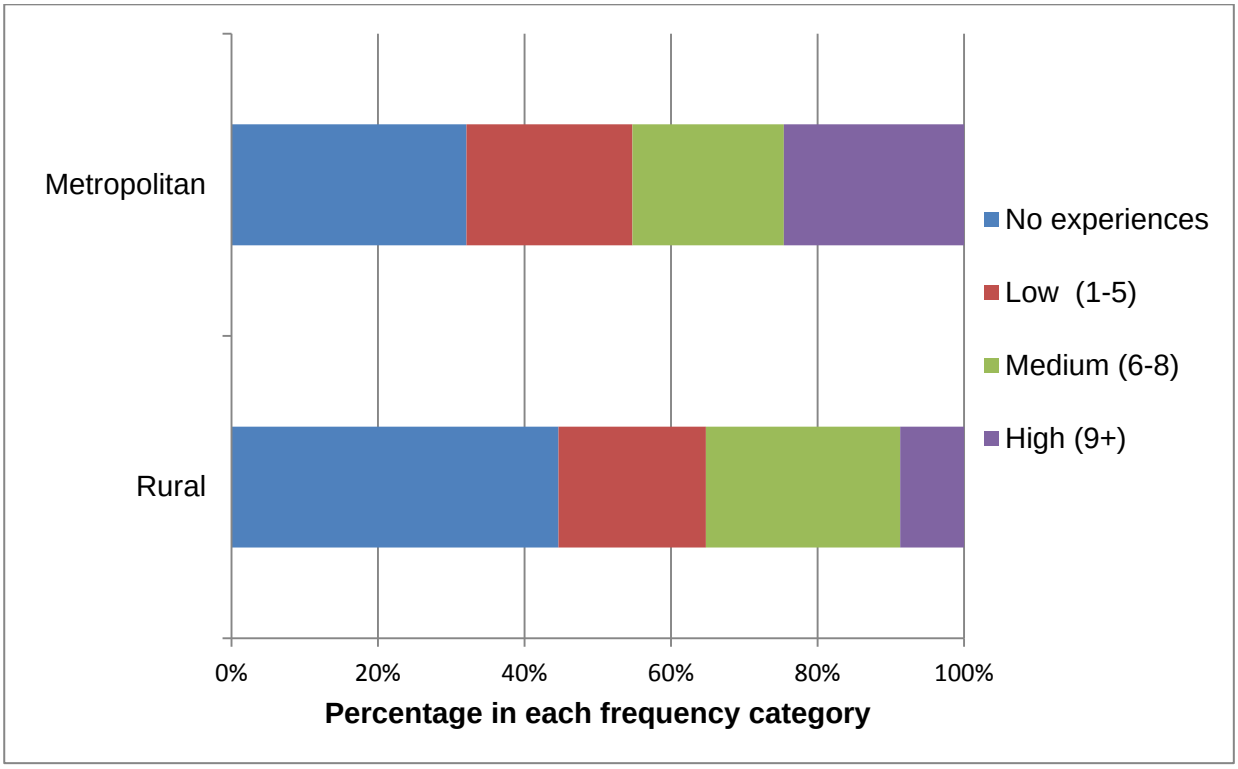

Figure 13: Experiences of racism by rurality

Mental health and racism

Scores of 19 to 30 on the K6 scale are indicative of high or very high psychological distress.[16] The mean K6 score for the sample was 13.5 (Table 5), with 17.5 per cent scoring over the threshold for high or very high psychological distress.

Table 5: Psychological distress

Survey item*	n	None of the time %	A little of the time %	Some of the time %	Most of the time %	All of the time %
In the past 4 weeks, about how often did you feel so sad that nothing could cheer you up?	1,076	33.0	23.2	25.0	7.7	5.5
In the past 4 weeks, about how often did you feel nervous?	1,079	29.4	25.9	26.5	8.1	4.8
In the past 4 weeks, about how often did you feel restless or fidgety?	1,076	32.6	24.8	23.3	8.4	5.1
In the past 4 weeks, about how often did you feel hopeless?	1,077	44.0	19.5	16.9	7.9	6.3
In the past 4 weeks, about how often did you feel that everything was an effort?	1,075	25.2	22.2	22.4	14.5	10.0
In the past 4 weeks, about how often did you feel worthless?	1,111	46.5	18.7	16.6	7.1	6.0

*Survey items in this section are based on the Kessler 6 Psychological Distress Scale.

Figure 14 demonstrates that in comparison to having no experiences of racism, experiencing racism at any level was associated with worse mental health, with more frequent experiences of racism being related to increased psychological distress as indicated by a higher score on the K6 ($r=0.37$, $p=0.01$).

Figure 15 shows that people who experienced medium and high levels of racism were much more likely to be above the threshold for high or very high psychological distress compared to people who had no experiences of racism (see Appendix 1 for statistics).

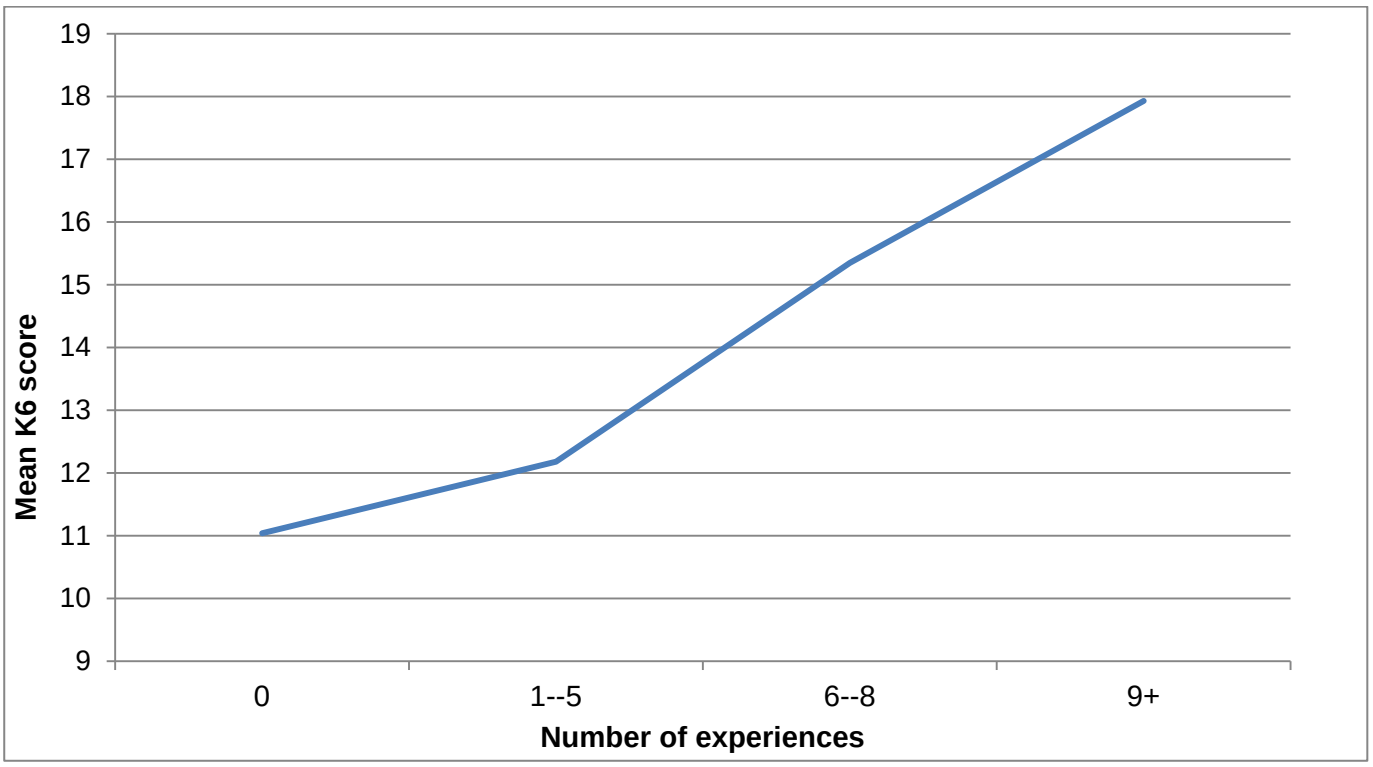

Figure 14 Experiences of racism by mean K6 score

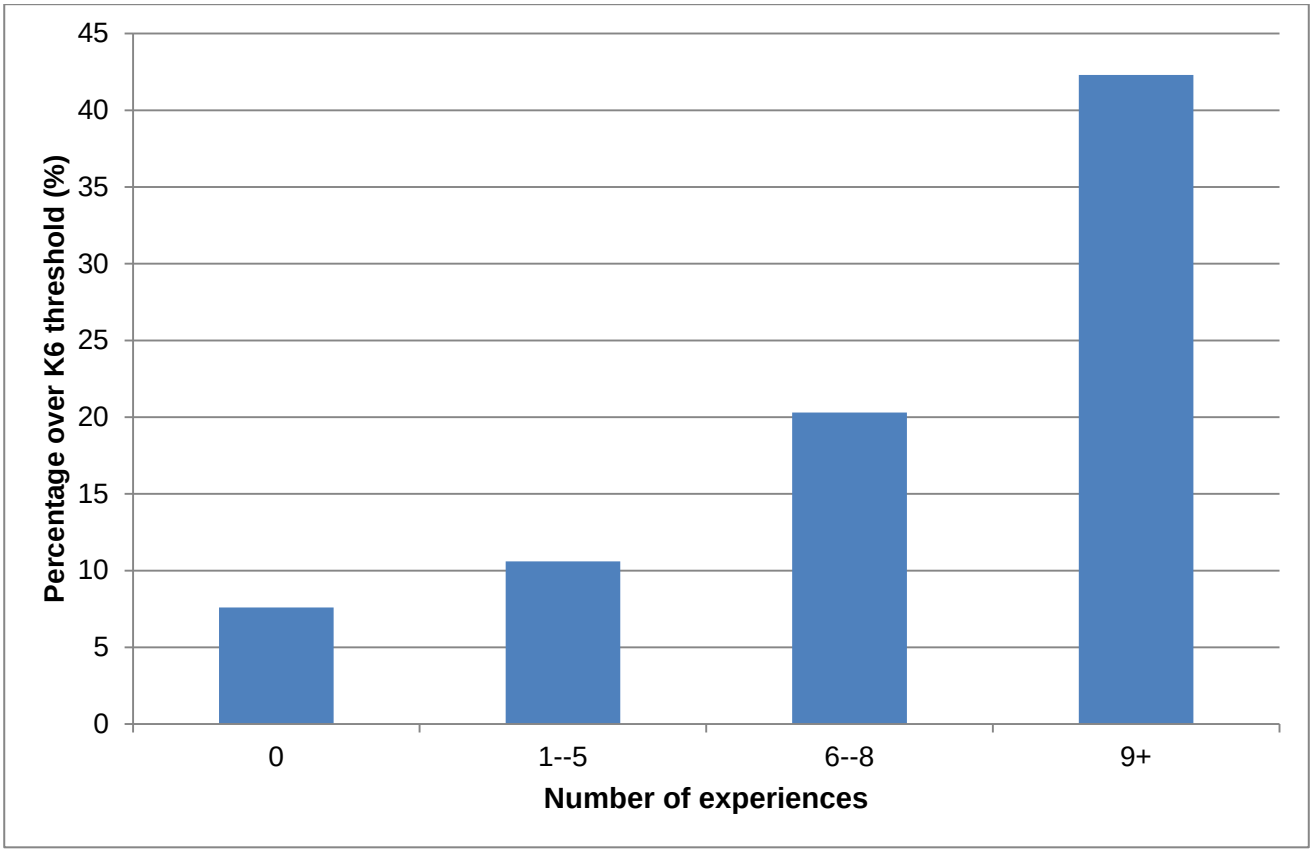

Figure 15: Experiences of racism by level of psychological distress above K6 threshold

The type of racism people experienced was not significantly associated with being above the threshold for high or extremely high psychological distress on the K6 (see Appendix 1 for statistics) (Figure 16).

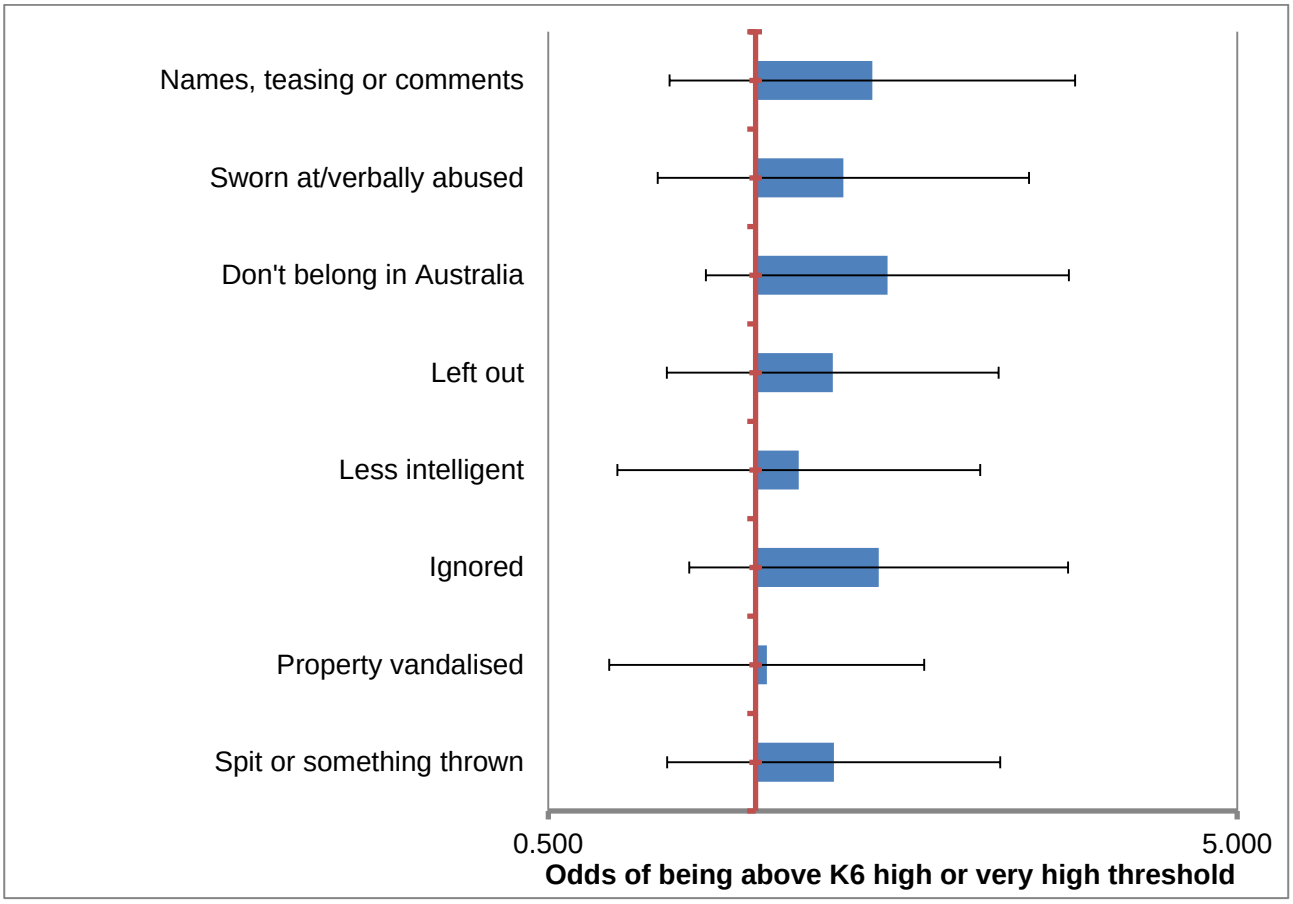

Figure 16: Types of racism and odds of experiencing high or very high psychological distress

The results showed that experiencing racism in shops, government and public transport settings was significantly associated with being above the threshold for high or very high psychological distress on the K6 (Figure 17) (see Appendix 1 for statistics).

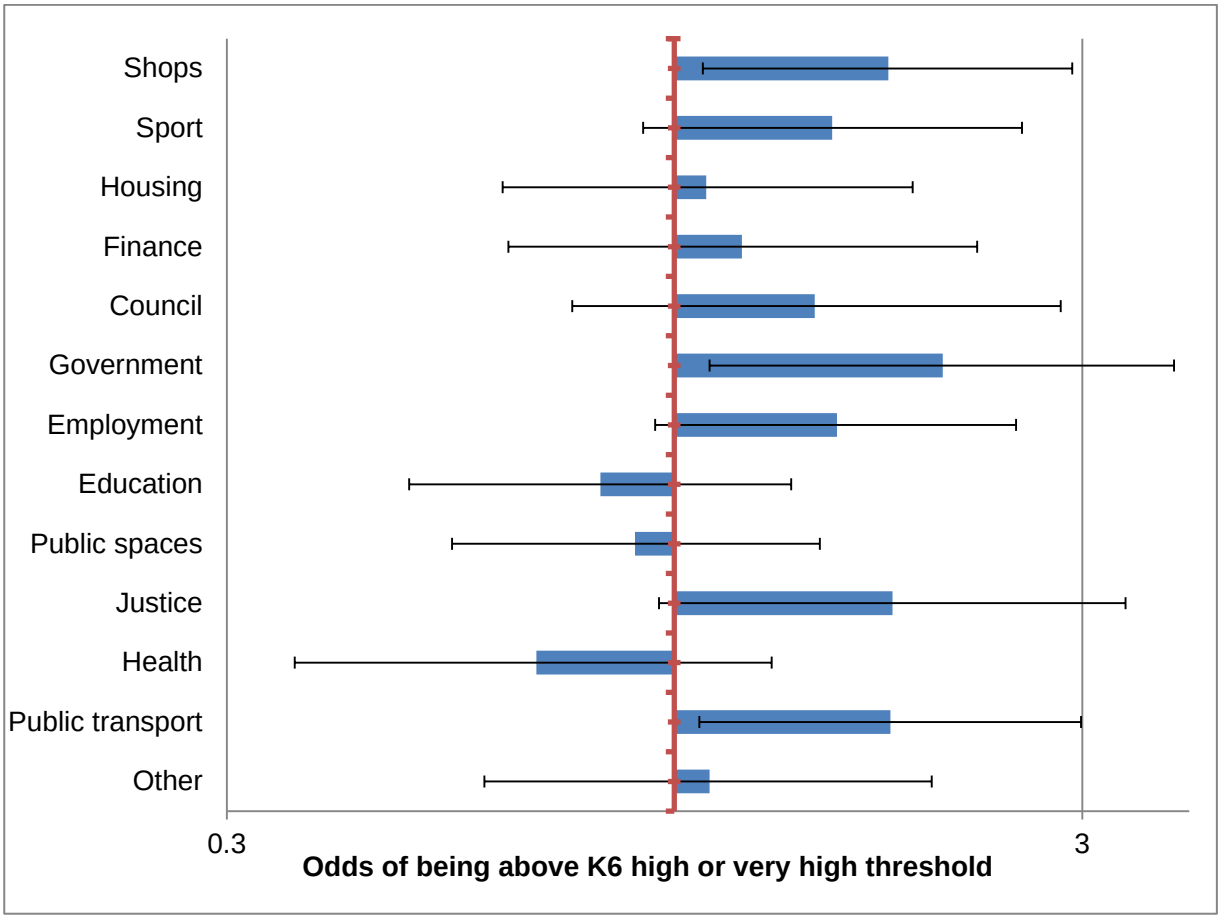

Figure 17: Settings of racism and odds of experiencing high or very high psychological distress

‘Ignoring it or pretending it didn’t happen’ was the only response strategy that was associated with decreased odds of finding the last incident very stressful or extremely stressful (Figure 18) (see Appendix 1 for statistics). There were no other response strategies that were significantly associated with decreasing stress resulting from participants’ last racist experience.

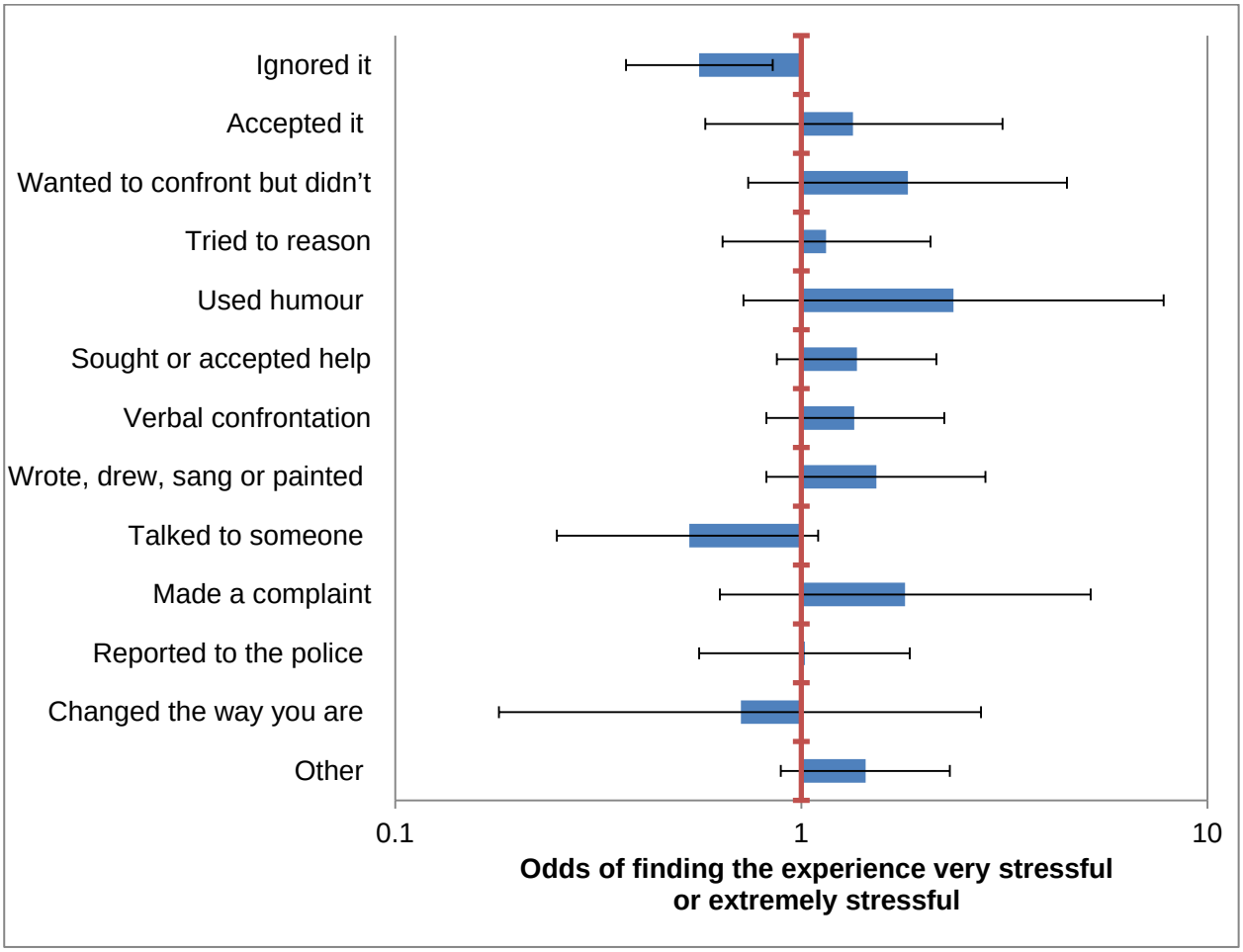

Figure 18: Responses to last experience of racism and odds of finding the experience stressful or very stressful

While approximately half of participants reported high levels of anxiety in relation to racism, the other half of participants rarely or never anticipated people saying or doing something racist (50.6%), worried about experiencing unfair treatment due to race, ethnicity, culture or religion (50.8%) or tried to avoid specific situations because of racism (50.2%). Similarly, more than half of respondents (58.1%) indicated that they worried about people they know experiencing unfair treatment due to race, ethnicity, culture or religion a few times a year or less frequently (Table 6).

Table 6: Anticipation, worrying and avoidance

Survey item	n	Very often %	Often %	Sometimes %	Rarely %	Never %
When you interact with people, how often do you anticipate them saying or doing something racist either intentionally or unintentionally?	1,100	6.1	10.8	29.1	22.8	27.8
In the past 12 months, how often did you worry that you would experience unfair treatment because of your race, ethnicity, culture or religion?	1,102	6.3	10.6	29.1	20.2	30.6
In your daily life, how often do you try to avoid specific situations because of racism?	1,100	7.7	15.4	23.3	18.1	32.1

Survey item	n	Almost every day %	At least once a week %	A few times a month %	A few times a year %	Less than once a year %	Never %
In the past 12 months, I worried about people I know experiencing unfair treatment because of their race, ethnicity, culture or religion ...	1,114	7.8	12.1	19.8	24.1	12.6	21.4

More than half of the participants believed that racism had only a slight or no effect on the lives of their family and friends (58.4%) and their own lives (64.8%) (Table 7).

Table 7: Perceived impact of racism

Survey item	n	To a great extent %	To a moderate extent %	Only slightly %	Not at all %
When I think about my family and friends, in general, racism has affected their lives ...	1,111	14.0	25.1	34.2	24.2
Racism has affected my life ...	1,117	11.8	21.5	31.8	33.0

Discussion

This study found that many Victorians from CALD backgrounds experienced racism and that these experiences were associated with increased psychological distress, which is an indicator of increased risk of mental illness. The demonstrated mental health impact of experiencing racism supports the rationale for programs like LEAD in protecting the mental health of CALD communities through addressing race-based discrimination.

Prevalence

Almost two-thirds of the sample experienced racism within the previous 12 months. The prevalence of racism decreased towards the more severe end of the spectrum, although more than one-quarter of respondents reported having property vandalised as a race-related attack. The rate of property destruction offences in the four LGAs included in the study was higher on average than for Victoria overall in the 2011/2012 financial year (1,079.8[17] and 879.5[18] per 100,000 people respectively). However, the data suggest that rates of vandalism experienced by Victorians from CALD backgrounds are still much higher than would be expected, based on the overall rate of property destruction in the LGAs studied.

The results also indicated that two-thirds (64.5%) of respondents avoided specific situations because of racism. This implies that the levels of experienced racism may have been higher if avoidance behaviour were not as common.

Settings

There was considerable variability in the frequency with which people reported experiencing racism in different settings. This ranged from around one-third of people reporting racism in public places to one in 10 reporting racism at council. The variability in experiencing racism in different settings suggests that the organisational and institutional contexts in different settings and the nature of interactions between people in these settings may influence the level of racism experienced. This indicates that intervening at an organisational or institutional level may be an effective approach in reducing exposure to racism.[19,20]

Public spaces

More than one-third of respondents indicated that they experienced racism in public spaces in the previous 12 months and an additional 30 per cent experienced racism in shops and on public transport. These data suggest that experiences of racism are most common in areas where interactions occur with peers or other members of the public (e.g. public spaces, employment, shops, public transport and education). The high prevalence of racism in shops, public transport and other public places is supported by the finding that almost three-quarters of participants reported they did not know the perpetrator involved in their last experience of racism.

Experiencing racist incidents in public settings may limit the ability of already marginalised communities to safely take part in some aspects of community life, including enjoyment of parks and recreation centres or attending community celebrations, festivals or events. One in 10 respondents reported having racist experiences within a council setting, which may also hamper

participation in community life by limiting contact with local government. This has important implications for the social connectedness of CALD and emerging communities, particularly if these settings are avoided in order to reduce personal exposure to racism. These figures highlight the need to implement strategies that reach the community as a whole, in addition to interventions within organisational contexts.

Employment and education

Employment and education were within the top five settings in which racism was most commonly reported. Racism in these settings may result in a reduction in life chances for members of CALD communities, which also has serious implications for their mental health and wellbeing. Mental health inequality is at least partly linked to income inequality, which is associated with differential employment and education outcomes.[21-23]

Although the LEAD survey was restricted to people aged 18 and over, other Australian research with young people also indicates that racism in schools is prevalent. In 2009, the Foundation for Young Australians conducted a survey of 698 students from 18 Australian secondary schools across four states. This study found that 70 per cent of young people had experienced racism and that 67 per cent of these incidents took place at school.[13] This is particularly concerning as racism has the potential to negatively affect young people's psychological adjustment and thereby their wellbeing into adulthood.

Justice and health care

Although relatively infrequent, it is also concerning that more than 10 per cent of respondents indicated that they had experienced racism within the justice and health care systems. Experiences in these settings influence individual and community health and wellbeing. Experiencing racism within the justice system may lead to further unnecessary contact with this system and higher rates of incarceration if people from CALD backgrounds receive harsher sentences for similar offenses or are unnecessarily arrested or detained for minor infractions.

Repeated contact with both the juvenile and adult justice systems is linked to a higher risk of developing mental illness and can exacerbate existing mental illness.[24,25] Community consequences of overrepresentation in the justice system include increased rates of substance abuse, violence, un- and underemployment and family breakdown.[26-28]

Racism within health care settings can reduce access to health care services, including preventative services, and lead to poorer treatment and care from health professionals.[29,30] Racism in health care may also lead to culturally inappropriate treatment options due to a lack of understanding or acknowledgement of non-Western health belief systems.[31]

Demographic differences

The demographic differences of individuals' experiences of racism are discussed in the sections below.

Gender and age

Women were generally less likely than men to have experienced racism in the last 12 months, except for Muslim women (this is discussed further in the religion section). When they did experience racism, they were less likely to be in the 'high frequency' category. While overall the proportion of people who were in the high frequency category decreased with age, men aged 26–35 years were more likely to be in the 'high frequency' racism group than people in other age and gender categories.

Education

The findings also suggested that people from CALD backgrounds with higher levels of formal education were more exposed to discrimination than their peers with lower levels of education. The effect was particularly strong for men. The finding that more educated minority people reported more frequent experiences of racism is consistent with the research literature.[32-34]

There are three possible explanations for this effect.

- **Perception** – more educated people may have higher expectations about how others should treat them.
- **Situation** – more educated people from minority groups defy stereotypes of being uneducated and so are more likely to be in situations where they challenge the status quo with more racism directed against them as a result.
- **Settings** – educated people from a CALD background are more likely to work and socialise with people from majority (Anglo) backgrounds. Under the assumption that racism is more likely to be perpetrated by those from the majority culture, this would lead to increased experiences of racism for this group.

The settings in which university-educated people were more likely to report racism than people without a university education were mainly community settings and areas where people would primarily interact with peers (shops, sport, employment, public spaces and justice settings). However, there were no differences in reported exposures in a range of other settings including housing, finance, council, government, education, health, public transport and 'other' settings.

A bias in perception would be expected to operate in all settings. Hence the variation between settings and particularly the higher levels of experiences in institutional settings among more educated Australians from CALD backgrounds tends to support the idea that differences may be due to higher exposure to racism.[32,34]

Religion

Sikhs and Muslims were more likely to have experienced racism in the previous 12 months than Christians and Hindus. Muslims were the only religious group in which women were more likely to

have experienced high levels of racism than men. In contrast, Sikh women reported experiencing less racism than Sikh men.

It is important to note that the survey did not ask participants about visible religious markers (e.g. hijab for Muslims or turbans for Sikhs). It is likely that the high levels of racism experienced by these groups are more closely associated with visible markers of non-Christian religions, rather than self-identification alone. This may account for Muslim women reporting higher levels of racism than Muslim men and the reverse trend for Sikhs.

Rurality

People living in metropolitan areas were more likely to be exposed to racism than people living in rural areas. When exposed to racism, they were more likely to be highly exposed. This runs counter to research conducted within Australia and Victoria indicating that people in rural areas tend to have more intolerant attitudes overall.[1,35] However, it may be related to the higher number of individual interactions within metropolitan areas and more interactions with intolerant individuals, even though the majority of people may exhibit tolerant attitudes.

It is also possible that people within metropolitan areas felt a higher degree of anonymity than those in rural areas. Feeling anonymous may have allowed those who do hold racist attitudes to act on them with little danger of repercussion. More than half of respondents reported experiencing racism in public spaces, including shops and public transport, and nearly three-quarters of perpetrators were reported to be strangers. Such a finding emphasised the need for action by bystanders who witness racism to discourage anonymous racist behaviour in public areas.[36]

Mental health impacts

The results indicated that the odds of being above the threshold for ‘high’ or ‘very high’ psychological distress were significantly higher for people with medium and high levels of experiences of racism compared to people who had no experiences of racism. The study suggested that mental health impacts were associated with the volume of racist experiences but not the type of racist incident. This finding suggests that all types of racism can impact on mental health.

The experience of racism in some specific settings was also more strongly associated with being above the threshold for high or very high psychological distress on the K6 scale. This was particularly the case for people who experienced racist incidents in shops, government and public transport settings.

These settings are likely to affect people’s access to resources, goods and services that might affect their health outcomes. For example, the experience of racism in shops may provide a barrier to accessing everyday goods and resources and racism may deter CALD people from using public transport and restrict their access to important services. Experiencing racism within government settings may prevent people from CALD backgrounds from being adequately informed about or able to access available government services. Racism within government settings is also likely to interfere with CALD communities’ right to civic and social participation, which then prevents adequate representation of people from CALD backgrounds in forming governmental policies and programs.

Individual response strategies

A person's response to racial discrimination is influenced by a range of factors, such as the perceived social costs and benefits of confrontation, culture, gender and expectations of the effectiveness of confrontation.[37-39] Different strategies are used to respond to a perpetrator during an event (e.g. ignoring it, getting into a verbal confrontation), after an event (e.g. making a complaint, reporting to the police or taking legal action) or mediating the stress resulting from the incident (e.g. talking to someone about the event; accepting it as a fact of life; writing, drawing or painting about the experience).[40,41]

In this study, 'Ignoring it or pretending it didn't happen' was the only strategy that was associated with decreased odds of finding the last incident very stressful or extremely stressful. However, the expectation that individuals should have to ignore racism is problematic, given that some of the actions covered in the survey are not only harmful, but illegal (e.g. vandalising property, physical violence or the threat of physical violence). Furthermore, the myriad of ways that racism affects health indicates that preventing racism will be a more effective method of protecting health than an approach that requires individuals to ignore racist behaviour. It is also important to note that this finding contradicts the wider international literature, which suggests that this coping response exacerbates the mental health ill-effects of racism and is not a useful method of mediating negative health effects.[8]

Given that one out of the 12 possible strategies was associated with lower odds of finding the most recent incident very stressful or extremely stressful, it appears that there is little Australians from CALD backgrounds can do as individuals to reduce the deleterious effect of racism on their health. This suggests that interventions designed to prevent the occurrence of racism have more potential to improve mental health in CALD communities than interventions that help individuals respond to racism.

Limitations

The study focused on participants' perceptions of experiencing racism and did not attempt to discern the perpetrators' motives. However, many of the behaviours reported are quite unambiguous, including being spat at or experiencing physical or verbal abuse. The data also captured experiences that may have affected multiple people (e.g. if a group of friends are verbally harassed or family property is vandalised).

A single incident may have been reported multiple times because each individual has experienced racism as a result. It is also important to note that the international literature clearly indicates that racism tends to be under-reported rather than over–reported[42-47] and that people may act in ways that are discriminatory or racist without malice or awareness.[48-51] Regardless of the intent of the perpetrators, the results of the study clearly demonstrated that the perception of experiencing racism had a negative health impact.

There are many factors that impact on mental health and wellbeing that were not been explored in this study. The results demonstrated that exposure to racism contributed to an increased risk of mental distress and illness (while not denying that there are a range of other contributors to psychological distress).

The purpose of this study was to explore the associations between experiences of racism and mental health outcomes. It was not intended to examine the prevalence of racism within or between the four localities. Recruitment methods were not necessarily intended to result in a representative sample. The validity of the relationship observed between experiences of racism and mental health status in this study is not affected by this non-representative sample.

Nevertheless, the frequencies of racist incidents in the LEAD sample were higher than those reported in VicHealth's 2007 *More than Tolerance* report. The *More than Tolerance* study indicated that nearly 40 per cent of people from non-English speaking backgrounds report having been treated with disrespect or called names and insulted on the basis of their ethnicity (at some point) and one-third reported being treated with distrust.[1] In the current sample these figures were 55 per cent and 45 per cent. However, 40 per cent reported encountering discrimination and intolerance in the workplace in More than Tolerance, compared to LEAD's one-third.[1]

The differences in reported rates of experiencing racism may be due to a range of factors. They may simply reflect the differential rates of racism experienced by people from CALD backgrounds in different areas of Victoria. Each survey also had different sampling methods, as well as different ways of eliciting information about racist experiences. Any or all of these may have contributed to finding different levels of racism. Data to determine whether the psychological distress profile of this sample is representative of the wider Victorian CALD population were not available.

The data is cross-sectional so there is the potential for reverse causation; that is, people above the threshold for high or very high psychological distress may be more exposed to racism. There is, however, a wide body of evidence suggesting an association between racism and ill-health in longitudinal studies. [8,32,52] In contrast, there is very little research suggesting reverse causation.

Implications

The notion that all citizens have the same rights is a key value that underpins every aspect of Australian society. Racism denies Australians from CALD backgrounds access to rights such as the ability to participate equally and freely in community and public life, equitable service provision and freedom from violence. The results of this study highlighted the pathways between exposure to racism and poorer mental health outcomes and life chances.

A strong understanding of the patterns of how people experience racism and ways in which racism influences health is crucial for the development and implementation of relevant intervention strategies. It allows practitioners to target their efforts to improve the health of affected populations more effectively. In particular, the various ways that racism can lead to poorer health outcomes indicate the need for multilevel, multi-setting and multi-strategy interventions.

For example, employment and education are two of the settings in which legislation exists to prohibit discrimination and legal recourse is available for people who have experienced discrimination. More work may be needed to support employers and educators to comply with existing anti-discrimination legislation. Alternatively, strategies that promote social cohesion within a community may support social norms that curtail the expression of racism in public spaces and minimise the exclusion of CALD communities from public life.

Conclusions

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

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

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

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

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

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

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

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

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

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

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

A strong understanding of the patterns of racist experiences and the ways in which racism influences health is crucial for the effective design and implementation of relevant intervention strategies. The variety of ways that racism can influence poorer health outcomes indicates the need for multilevel, multi-setting, multi-strategy interventions. Community-based programs such as LEAD can play an important role in protecting the mental health of CALD Victorians.11, 12

For example, employers and educators may need more support to comply with existing anti-discrimination legislation. Strategies promoting social norms that curtail the expression of racism in public spaces may help more Victorians from CALD backgrounds participate in public life without fear of racial discrimination.

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Appendix 1

Table A1: Experiences of racism by demographic characteristics

Setting	χ^2	df	p
Age	60.9	12	<0.01
Education	54.09	9	<0.01
Religion	49.45	15	<0.01
Gender	18.42	3	<0.01
Rurality	33.40	3	<0.01

Table A2: Experiences of racism by gender

Setting	Men		Women	
	χ^2	p	χ^2	p
Age	37.16	<0.01	27.02	0.01
Education	60.61	<0.01	15.90	0.07
Religion	22.22	0.1	37.19	<0.01
Rurality	20.19	<0.01	13.09	<0.01

Table A3: Experiences of racism by setting and university education

Setting	χ^2	df	p
Shops	12.8	1	<0.01
Sport	8.43	1	<0.01
Housing	0.147	1	0.70
Finance	0.81	1	0.37
Council	1.49	1	0.22
Government	0.001	1	0.98
Employment	30.08	1	<0.01
Education	0.47	1	0.50
Public spaces	12.32	1	<0.01
Police, courts, jail	4.78	1	0.03
Health	2.26	1	0.13
Public transport	1.07	1	0.30
Other	0.07	1	0.80

Table A4: Experiences of racism and odds of being above the K6 threshold for high or very high psychological distress

Experiences	Odds of being above K6 threshold		% above K6 threshold
	AOR 95%CI*	p	
None	Reference		7.6
Low (1–7)	1.55, (0.79–3.04)	0.2	10.6
Medium (8–11)	3.49, (1.82–6.7)	<0.01	20.3
High (12+)	14.93, (8.23–27.08)	0.01	42.3

* Odds ratio adjusted for age, gender, education and LGA.

Table A5: Types of experiences of racism and odds of being above the K6 threshold for high or very high psychological distress

Exposure category	Odds of being above K6 threshold	
	AOR 95%CI*	**p**
Been a target of racist names, jokes or teasing or heard comments that rely on stereotypes of your racial, ethnic, cultural or religious group?	1.48, (0.75–2.91)	0.26
Been sworn at, verbally abused or had someone make offensive gestures because of your race, ethnicity, culture or religion?	1.34, (0.72–2.49)	0.35
Had someone suggest you do not belong in Australia, that you should 'go home' or 'get out' and so on?	1.55, (0.85–2.85)	0.15
Felt left out or avoided because of your race, ethnicity, culture or religion?	1.29, (0.74–2.25)	0.36
Had someone treat you as less intelligent, or inferior, because of your race, ethnicity, culture or religion?	1.16, (0.63–2.12)	0.64
Been ignored, treated with suspicion or treated rudely because of your race, ethnicity, culture or religion?	1.51, (0.8–2.84)	0.2
Had your property vandalised because of your race, ethnicity, culture or religion?	1.04, (0.61–1.76)	0.89
Had someone spit or throw something at you or hit you or threaten to hit you because of your race, ethnicity, culture or religion?	1.3, (0.74–2.27)	0.36

* Odds ratio adjusted for age, gender, education and LGA.

Table A6: Settings of racist experiences and odds of being above the K6 threshold for high or very high psychological distress

Place of experience	Odds of being above K6 threshold	
	AOR 95%CI*	P
In a shop, store or mall	1.78, (1.08–2.92)	0.02
While doing sport, recreational or leisure activities	1.53, (0.92–2.55)	0.10
While seeking housing or in dealing with real estate personnel	1.09, (0.63–1.90)	0.75
In a bank or other financial institution	1.20, (0.64–2.26)	0.57
In dealings with your local Council	1.46, (0.76–2.83)	0.26
In dealings with other government agencies	2.06, (1.10–3.84)	0.02
At work, on the job or when looking for a job	1.55, (0.95–2.51)	0.08
At school, university or another educational setting	0.82, (0.49–1.37)	0.45
In public spaces (on the street, beach, park etc.)	0.90, (0.55–1.48)	0.67
With the police, courts or jails	1.80, (0.96–3.37)	0.07
Hospitals or health services	0.69, (0.36–1.30)	0.25
Public Transport	1.79, (1.07–2.99)	0.03
Other	1.1, (0.6–2)	0.76

* Odds ratio adjusted for age, gender, education and LGA.

Table A7: Responses to last experience of racism and odds of finding the experience stressful or very stressful

Response strategies – most recent racist experience	Odds of finding the experience very or extremely stressful	
	AOR 95%CI*	**p**
Ignored it or pretended it didn't happen	0.56, (0.37–0.85)	0.01
Accepted it as a fact of life or put up with it	1.34, (0.58–3.13)	0.5
Wanted to face up to the person who did this to you but didn't	1.83, (0.74–4.51)	0.19
Tried to reason with the person who did this to you	1.15, (0.64–2.08)	0.63
Used humour or ridiculed the person who did this to you	2.37, (0.72–7.8)	0.16
Sought or accepted help from others who saw/heard it happen	1.37, (0.87–2.15)	0.18
Got into a verbal confrontation with the person who did this to you	1.35, (0.82–2.25)	0.24
Wrote, drew, sang or painted about the experience	1.53, (0.82–2.84)	0.18
Talked to someone about the experience	0.53, (0.25–1.1)	0.09
Made a complaint to an organisation or agency	1.8, (0.63–5.16)	0.27
Reported to the police or took legal action	1.02, (0.56–1.85)	0.96
Tried to change the way you are or things you did to avoid it in the future	0.71, (0.18–2.77)	0.62
Other coping strategy	1.44, (0.89–2.32)	0.13

* Odds ratio adjusted for age, gender, education and LGA.

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