

# Mental health impacts of racial discrimination in Victorian Aboriginal communities

## Experiences of Racism survey: a summary

Localities Embracing and Accepting Diversity (LEAD)



### Background

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

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

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

For more information about the LEAD project, please go to [www.vichealth.vic.gov.au/LEAD](http://www.vichealth.vic.gov.au/LEAD).

### What is racism and race-based discrimination?

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

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

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

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

## A snapshot of the findings

A total of 755 Aboriginal Victorians were surveyed in two rural and two metropolitan areas of Victoria.

### Prevalence of racism

- 97% of those surveyed had experienced racism in the previous 12 months.
- Over 70% experienced eight or more racist incidents.
- People educated at Year 12 or above reported significantly more experiences of racism than people with lower levels of education.
- 44% reported seeing people being treated unfairly because of their race, ethnicity, culture or religion at least once a week. An additional 29% witnessed this a few times a month.
- The results were consistent across the four municipalities. We cannot say that the results of this research are any higher or lower than any other area of Victoria or Australia. These comparisons were not made in this study and the context and definitions of racism vary across other studies.

### Types and experiences of racism

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

- 92% were called racist names, teased or heard jokes or comments that relied on stereotypes about Aboriginal people.
- 85% were ignored, treated with suspicion or treated rudely because of their race.
- 84% were sworn at, verbally abused or subjected to offensive gestures because of their race.
- 81% were told they were less intelligent or inferior than people from other races.
- 79% were left out or avoided because of their race.
- 67% were spat at, had an object thrown at them, were hit or threatened to be hit because of their race.
- 66% were told that they did not belong because of their race.
- 54% had their property vandalised because of their race.

### Mental health impact of racism

The survey included a five-question psychological distress test that indicates increased risk of mental illness.

- People who experienced the most racism also recorded the most severe psychological distress scores.
- Two-thirds of those who experienced 12 or more incidents of racism reported high or very high psychological distress scores. This suggests that every incident of racism that is prevented can help reduce the risk of a person developing mental illnesses such as anxiety or depression.
- More than 70% worried at least a few times a month that their family and friends would be victims of racism.

This demonstrates that the impact of racism spreads beyond the person directly targeted.

- Some types of racism seemed to be more harmful than others regardless of how frequently they occurred. For example, people who had property damaged or were left out or avoided because of their race were significantly more likely to experience high or very high levels of psychological distress than others.
- People who experienced racism while seeking housing or dealing with real estate personnel or on public transport were also significantly more likely than others to score high or very high psychological distress scores.

### Where did racism happen?

- People mainly experienced racism in shops (66%) and public settings (58%). It was also common in sports (47%), work (42%) and educational settings (50%).

### How did Aboriginal people cope with racism?

- 79% of the sample avoided situations where they predicted that racism would take place. This suggests that experiences of racist incidents may have been even higher than reported if people did not avoid these situations.
- It also indicates that a large portion of the sample did not feel safe to participate in activities that many other Australians might take for granted, with three out of ten people avoiding these situations often or very often.
- Coping strategies, such as accepting racism or just putting up with it, were associated with higher levels of psychological distress.

### Conclusions

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

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

## Racism and health

The link between poorer physical and mental health and self-reported perceptions or experiences of racism has been well documented.<sup>3-6</sup> There is strong evidence that the targets of racism are at greater risk of developing a range of mental health problems such as anxiety and depression.<sup>3, 6, 7</sup>

Racist attacks can cause injury and psychological distress.<sup>2</sup> More subtle forms of racial discrimination, such as bias or exclusion, can be very stressful. They can restrict people's access to resources required for good health, such as information, employment and housing. People who become worried about being racially discriminated against may become anxious and socially isolated – conditions that can contribute to more serious mental disorders.

There is clear evidence that Aboriginal Australians experience substantially lower levels of health than the Australian population as a whole, with male life expectancies 11.5 years lower and female life expectancies 9.7 years lower than the Australian average.<sup>8</sup> A number of studies that have examined racism as a determinant of ill health have concluded that there is a correlation between the experience of racism and poorer mental and physical health outcomes for Aboriginal Australians.<sup>9-15</sup>

## About the survey

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

Participants' mental health was assessed through a modified version of the Kessler 6 (K6) scale. The Kessler scale is a well-established assessment tool that screens for psychological distress. High psychological distress is an indicator of increased risk of mental illness.

An approved, five-question version of the Kessler scale (K5) has been used by the Australian Bureau of Statistics (ABS) for other Aboriginal and Torres Strait Islander people's surveys.<sup>16-18</sup> In most ABS and other Australian surveys, the data is categorised across a spectrum of low, moderate, high or very high psychological distress.

Scores of 12–25 on the K5 indicate high or very high psychological distress<sup>18</sup>, with a very high score of psychological distress possibly indicating a need for professional help.<sup>19</sup>

The 755 survey participants were aged 18 years or older and lived within two rural and two metropolitan local government areas. The surveys were administered between December 2010 and October 2011 by local Aboriginal workers to a non-random sample, face-to-face in individual or group sessions. Table 1 lists the demographic details of the sample.

**Table 1 Demographic details of survey participants**

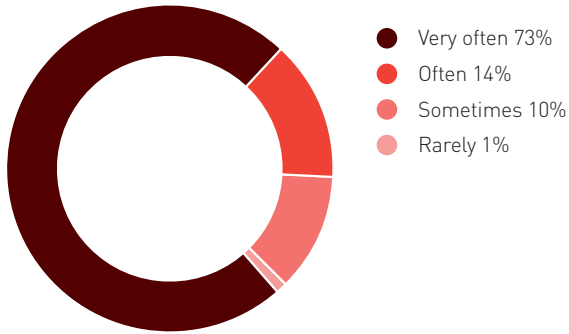
		n	%
<b>LGA</b>	Rural Council 1	313	41.5
	Rural Council 2	295	39.1
	Metropolitan Council 1	90	11.9
	Metropolitan Council 2	57	7.5
<b>Gender</b>	Male	284	37.6
	Female	451	59.7
<b>Age</b>	18–24	178	23.6
	25–34	175	23.2
	35–44	174	23.0
	45–54	90	11.9
	55–64	53	7.0
	65+	33	4.4
<b>Education</b>	Tertiary qualifications	78	10.3
	Trade or TAFE	88	11.7
	Higher School Certificate	99	13.1
	School certificate	236	31.3
	Primary school	74	9.8
	Other	49	6.5

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

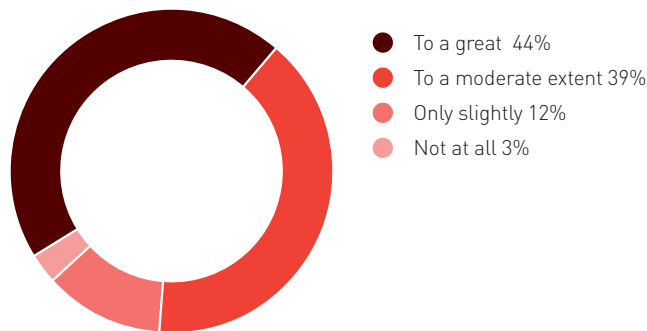
Almost nine out of 10 of the participants reported feeling good about being Aboriginal often or very often and 85 per cent felt a sense of belonging to their local area or neighbourhood to a moderate or great extent (see Figures 1 and 2).

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

**Figure 1** The proportions of participants who felt good about being Aboriginal



**Figure 2** The proportions of participants who felt a local sense of belonging



## Survey findings

### Experiences of racism

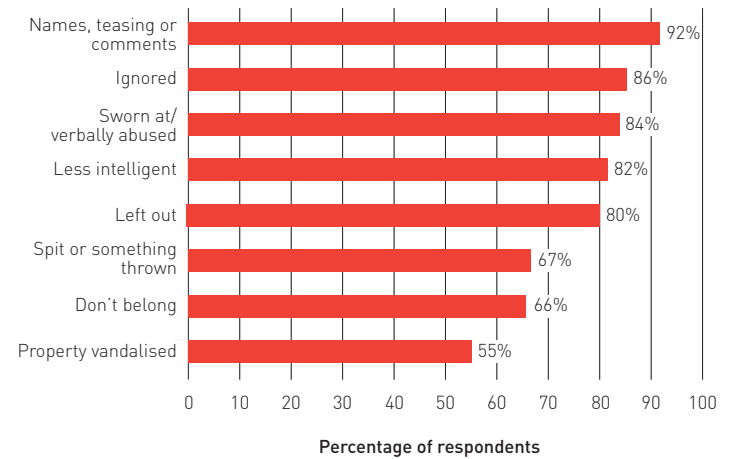
Almost every Aboriginal Victorian who participated in this survey had experienced racism in the previous 12 months. Only 3 per cent reported no racist experiences. Most experienced racism multiple times, with over 70 per cent experiencing eight or more incidents during the year.

There were no differences in experiences of racism due to gender, age or rurality. People educated to Year 12 or above reported a significantly higher number of experiences of racism than people with lower levels of education. This finding is consistent with other research. University-educated people were more likely to report racism than non-university-educated people in institutional settings (such as local government, employment, education, public spaces and health settings). However, there were no differences in reported exposures in a range of other settings.

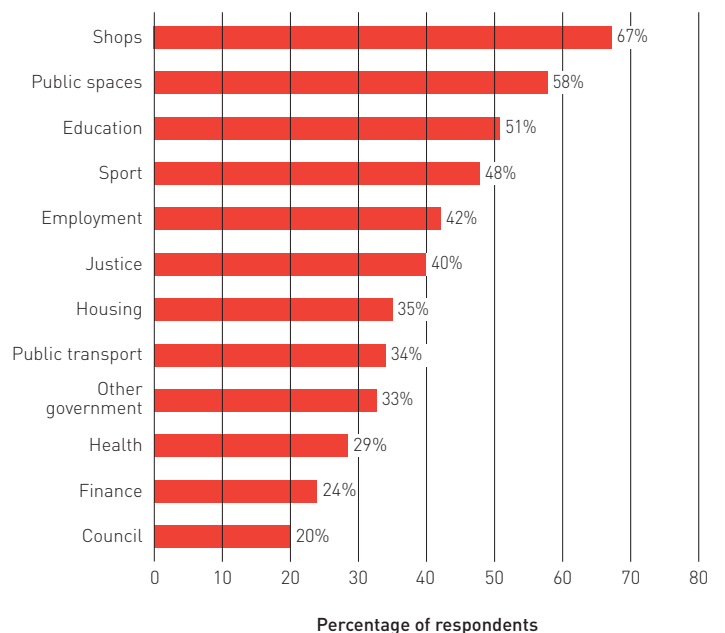
Figure 3 shows that race-based teasing, jokes or stereotypes were the most common form of racism experienced by the survey respondents. At least eight out of 10 participants also experienced being ignored, sworn at or left out because of their race or told that they were less intelligent than other Australians.

More than half had their property vandalised, were spat at or were physically assaulted in a race-based attack. Two-thirds were socially excluded because of their Aboriginality. The interviewers confirmed that some Aboriginal Victorians were told that they do not belong in Australia.

**Figure 3** Aboriginal Victorians – experiences of racism



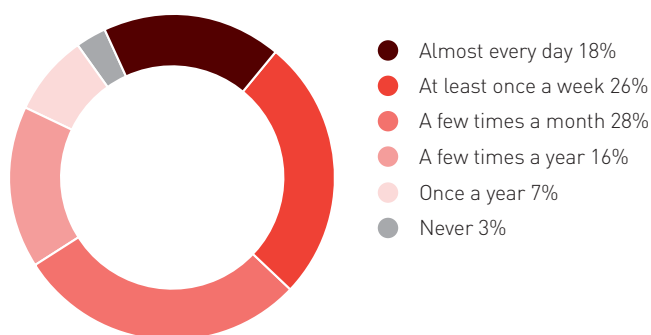
**Figure 4** Settings in which Aboriginal Victorians experienced racism



The experiences of racism were consistent across all the local government areas and occurred across a broad range of settings (see Figure 4). They were most commonly experienced in shops (67%) and public spaces (59%), but many Aboriginal Victorians also encountered racism while in education and employment, at sports events, on public transport or engaging with justice and housing services. The incidents may not necessarily have involved staff or authorities in these settings, as the perpetrator may have been a member of the general public.

The participants were also asked how often they witnessed other people being subjected to racist treatment. Figure 5 indicates that one-quarter (26%) saw incidents of racial discrimination at least once a week and 18 per cent witnessed incidents almost every day. An additional 29 per cent viewed racist incidents a few times a month.

**Figure 5 How often Aboriginal Victorians witnessed racism**



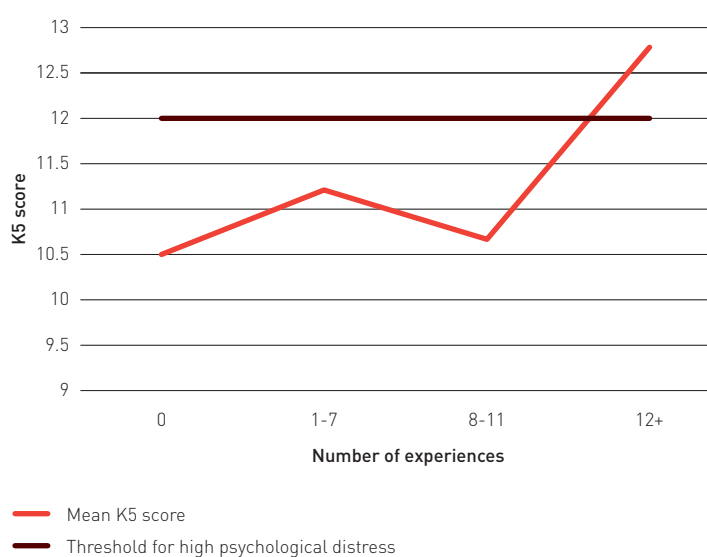
## Perpetrators of racism

When participants were asked about the most recent racist incident they had experienced, a high proportion (92%) reported that the perpetrator was non-Aboriginal. Approximately one-quarter (26%) of respondents knew the perpetrator a little, while almost two-thirds (64%) did not know the perpetrator at all. The remaining 10 per cent of respondents reported that the perpetrator was someone they knew well or someone who was close to them. The perpetrators were not interviewed, so their motives cannot be determined.

## Mental health impacts of racism

The scores recorded on the Kessler scale indicated that the volume of racism affected the participants' mental health. Figure 6 demonstrates that people who experienced 12 or more incidents of racism were also much more likely to record scores above the K5 threshold of 12 for high or very high psychological distress, compared to people who experienced less racism.

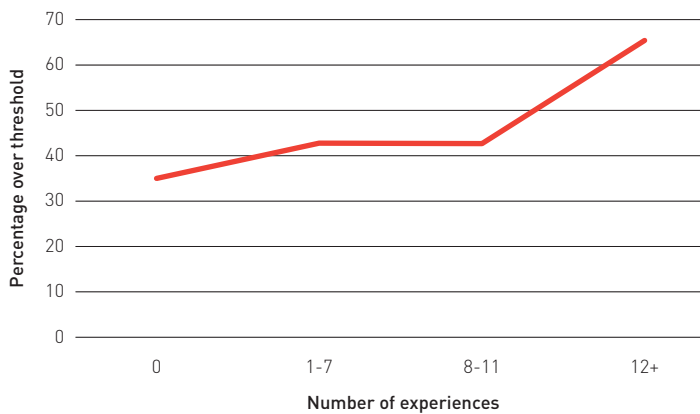
**Figure 6 Experiences of racism and mean K5 score**



The data in Figure 7 shows that racism was not the only cause of psychological distress as some people with no racist experiences also demonstrated scores above the threshold of 12. However, the likelihood of exceeding this threshold increased as people were exposed to higher volumes of racism.



**Figure 7 Number of experiences of racism and psychological distress threshold**



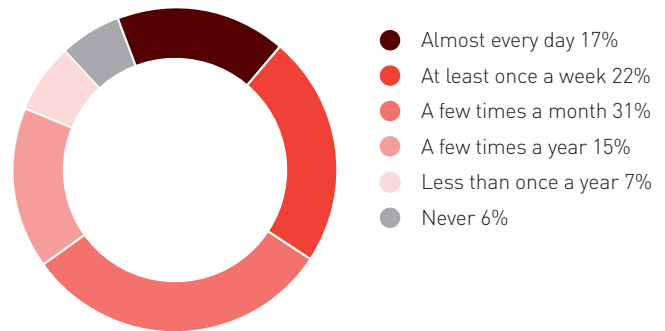
In Figure 7, approximately one-third of people with no experiences of racism and approximately one-half of people with one to 11 experiences exceeded the threshold for psychological distress. This threshold was exceeded by almost two-thirds of participants exposed to 12 or more incidents. The fact that the risk of high or very high levels of psychological distress increased as the volume of racism increased suggests that the risk of mental health problems can be reduced as the volume of racism reduces. Every incident of racism that can be prevented matters.

Some types of racism seemed to be more harmful than others, even taking frequency of exposure into account. The items 'felt left out and avoided because you are Aboriginal' and 'having property vandalised because you are Aboriginal' were associated with being above the threshold for high or very high psychological distress. Racism experienced while seeking housing or dealing with real estate personnel and while on public transport was also significantly associated with being above the threshold for high or very high psychological distress on the K5.

More than one-quarter of the participants anticipated that others would intentionally or unintentionally say or do something racist often or very often. Another 45 per cent anticipated this would occur sometimes.

A large portion of the participants (67%) were worried about experiencing racism sometimes, often or very often. Figure 8 shows that more than 70 per cent worried a few times a month or more that their family and friends would experience racism. Almost four out of ten of the participants experienced this worry at least weekly.

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



### Coping strategies used to respond to racism

People who had experienced racism used a range of strategies to respond to these incidents. The participants who reported at least one incident were asked to recall how they coped with their most recent experience and how stressful they found the experience.

The two most common responses were to ignore the incident (33%) or verbally confront the perpetrator (32%). Other strategies included using humour, accepting it, trying to reason with the person, trying to change themselves, seeking or accepting help from others, making a complaint, reporting the incident to police or taking legal action. Some stated that they wanted to face up to the person, but did not.

The success of these strategies cannot be determined, as it is difficult to objectively judge how extreme or stressful each incident was or whether higher levels of stress were attributable to the response strategy chosen. 'Talking to someone about the experience' was associated with lower odds of the participant finding the experience stressful or very stressful.

The strategies of 'accepting racism' or 'just putting up with it' were associated with greater levels of subjective distress. 'Making a legal complaint' was also associated with higher levels of distress, although this association may be due to more severe experiences of racism (e.g. vandalism) rather than the effects of making a complaint.

Sixty-two per cent of participants reported that they sometimes, often or very often avoided situations because of racism, while another 17 per cent avoided such situations on occasion. This suggests that rates of racism published in this report could have been much higher. This method of coping restricts opportunities for Aboriginal Victorians to participate in activities that many other Australians may take for granted.

## Conclusions

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

Almost every Aboriginal Victorian interviewed experienced racism in the previous 12 months. The majority of the survey participants personally experienced, witnessed or worried about racism multiple times per month.

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

This study highlighted that Aboriginal Australians living in Victoria 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. The majority of participants experienced physical racist attacks, such as assaults, that exposed them to the risk of injury and psychological distress.<sup>2</sup> Collectively, these findings indicate that the volume and specific type of racist experiences has a negative effect on people's lives and wellbeing, even after direct exposure has ended.

High levels of psychological distress were not exclusively related to racism. Approximately one-third of participants who reported no racist experiences were above the threshold for high or very high psychological distress. However, the odds of a person who experienced high levels of racist incidents (12+) being above the threshold for high or very high psychological distress on the K5 was 342 per cent greater than those who experienced no exposure to racism in the last 12 months.

Many of the settings in which racist incidents occurred play a vital role in the life opportunities and social connectedness of Aboriginal Victorians. More than two-thirds of the survey participants experienced forms of racial discrimination, such as bias, exclusion or rejection that may limit their access to some resources they need for good health, such as information, employment and housing. The finding that 79 per cent of participants avoided some settings in order to limit personal exposure to racism means that these people felt unable to participate safely, equally and freely in some aspects of community life. The threat of racism may have prevented or restricted their access to public services, their participation in sport or recreation in parks, community activities and festivals.

The practical implications of experiencing or avoiding racial discrimination when dealing with employment, educational, health, housing, transport or justice systems are profound. Mental health inequality is at least partly linked to income inequality, which is associated with differential employment and education outcomes.<sup>20-21,23</sup>

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

This survey posed 12 possible strategies for coping with racism. Only one of these (i.e. 'talking to someone about the experience') was associated with lower odds of finding an incident very stressful or extremely stressful. This suggests there is little that individual Aboriginal Victorians can do to reduce the negative effect of racism on their health.

Other research has upheld the use of social support as a response to racism for Aboriginal people but noted that all responses involve a range of risks, costs and benefits.<sup>22</sup> It is likely that interventions designed to prevent the occurrence of racism have more potential to successfully improve mental health in Aboriginal communities than interventions with individuals after multiple experiences of racism have occurred.

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

The variability of racist experiences in different settings suggests that the organisational and institutional contexts, and the nature of interactions between people in these settings, can vary the level of racism experienced. Intervening at an organisational or institutional level may effectively reduce exposure to racism. If so, multilevel, multi-setting, multi-strategy community based interventions, such as LEAD, could play an important role in protecting the mental health of Aboriginal Victorians.<sup>20, 21</sup>

If racism is to be curtailed in public spaces and more Aboriginal Victorians are able to participate in public life without fear of racial discrimination, the work that supports employers, educators and staff of other institutions to comply with anti-discrimination legislation needs to be bolstered with strategies that promote norms of respect and social cohesion in community settings.

## Acknowledgements

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