

Racism and its links to the health of children and young people

Research highlights

Improving mental wellbeing

Children and young people are particularly vulnerable to the harmful effects of racism and its various forms. A recent large literature review revealed a strong and consistent relationship between race-based discrimination and negative child health and wellbeing outcomes such as anxieties, depression and psychological distress. It also showed a relationship between race-based discrimination and behaviour problems such as 'delinquent behaviours'. There is weaker evidence of associations between race-based discrimination and physical health outcomes in children such as obesity and chronic illnesses but this is thought to reflect the delayed onset between exposure to experiences of discrimination and the onset of these outcomes (Priest et al. 2013).

This fact sheet summarises key findings from various studies examining racism and health and wellbeing in children and young people, in particular the research led by Dr Naomi Priest who was supported by a VicHealth grant.

Is racism prevalent among the young?

Racism is commonly experienced by many children and young people in Australia.

- A national study of 698 students in secondary schools around Australia from both Aboriginal and CALD backgrounds reported that 70 per cent of young people had experienced some form of racism (Mansouri & Jenkins 2010). The main setting in which young people experienced racism was school, followed by media/internet/TV, work, and government agencies.
- Western Australian researchers found that one in five Aboriginal Australians aged 12–17 years in their study encountered racism (Zubrick et al. 2005).
- A Melbourne study reported that over half of Aboriginal Australians aged 12–26 years experienced race-based discrimination (Priest et al. 2011b).
- A smaller study of Indigenous Australians aged 16–20 years living in the Northern Territory indicated that around a third had experienced racism (Priest et al. 2011a).
- In Perth, over 85 per cent of Australian children aged 7–15 years from Middle Eastern and Asian heritage reported experiencing discrimination (Runions, Priest & Dandy 2011).

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 (Berman & Paradies 2010).

Racism can occur at three levels:

- internalised – incorporation of racist attitudes, beliefs or ideologies into one's worldview
- interpersonal – interactions between individuals
- systemic – production, control and access to resources in a society (Berman & Paradies 2010; Paradies 2006a).

Race-based discrimination occurs when racist behaviours and practices result in avoidable and unfair inequalities across groups in society (Paradies et al. 2009). This definition encompasses overt forms of racism such as racial violence, open threats or rejection as well as subtle forms such as race-based bias, exclusion and using racial stereotypes. Race-based discrimination can occur at individual, interpersonal, organisational, community and societal levels.

How prevalent is racism?

A 2011 national survey reported that eight out of ten Australians believed racism takes place in Australia (Dunn et al. 2011) and that one in ten Australians admitted they are prejudiced against other cultures.

In Victoria, VicHealth research in rural and metropolitan areas showed that racism is prevalent in the lives of Aboriginal Victorians and those from culturally and linguistically diverse (CALD) backgrounds. Nine out of ten of 755 Aboriginal Victorians surveyed (VicHealth 2012a), and nearly two-thirds of 1139 people from CALD communities (VicHealth 2012b) experienced racism in the previous 12 months. Those surveyed experienced racism in public settings, shops, public transport, sports, work, housing and educational settings.

What are the effects of racism on health and wellbeing?

In adults

There is an increasing recognition both in Australia and globally that racism has detrimental health, social and economic consequences for individuals, communities and societies (Karlsen 2007).

- Racism contributes to community violence (Poynting 2006), a compromised sense of belonging (Nelson, Dunn & Paradies 2011), and economic exclusion (Booth, Leigh & Varganova 2009).
- There is strong evidence that race-based discrimination causes mental health and wellbeing problems such as anxiety, depression, stress and poor quality of life (Paradies 2006b; Pascoe & Smart Richman 2009; Williams & Mohammed 2009).
- Experiencing race-based discrimination is also linked to unhealthy coping behaviours such as dropping out of physical activity and community activities, smoking and misusing alcohol or drugs (Paradies et al. 2009).

Specifically in children and young people

In children and young people, racism has the potential to negatively affect development with consequences for health and mental wellbeing, educational and social outcomes throughout their life course.

- Child health research has linked racism to higher rates and risk of anxiety, depression, psychological distress (Priest et al. 2013). Racism has also been associated with behaviour problems such as 'delinquent behaviours' (Priest et al. 2013).
- There is evidence that racism is linked to poorer physical wellbeing, including cardiovascular and metabolic disease for children (Chambers et al. 2004; Priest et al. 2013).
- Childhood exposure to either direct (Coker et al. 2009; Nyborg & Curry 2003; Simons et al. 2002; Szalacha et al. 2003) and/or vicarious* race-based discrimination (Kelly, Becares & Nazroo 2013; Priest et al. 2010) has been linked to poor child health, wellbeing and development. Experiences of race-based discrimination have been negatively associated with outcomes as diverse as birth weight and gestation (Collins et al. 2004), socio-emotional wellbeing (Coker et al. 2009; Kelly et al. 2013), cognitive development (Kelly et al. 2013).

* In this context, vicarious racism is racism experienced by another person whether witnessed or not by the child.

- Children of parents affected by racism are at increased risk of developing emotional and behavioural problems through less supportive parenting and/or changes in racial socialisation (Mays et al. 2007; Sanders-Phillips 2009).
- Experiences of discrimination due to systemic racism also impact on children's wellbeing through access to resources needed for optimal health (Sanders-Phillips 2009).

In Aboriginal groups and those from CALD backgrounds

Children and young people from Aboriginal and CALD backgrounds are more likely to experience racism than other Australians.

- Studies and surveys across states (Zubrick et al. 2005), and urban, regional and remote areas (Priest et al. 2011a; Priest et al. 2011b) have reported a relationship between racism and health and wellbeing, which indicated a link to anxiety, depression, suicide risk, substance abuse and overall poor mental and general health (Priest et al. 2011a; Zubrick et al. 2005).
- There is also a relationship between racism, housing conditions and childhood illnesses among children in remote Aboriginal communities (Priest et al. 2010).
- Children and young people from CALD backgrounds, newly arrived migrant and refugee groups may be at risk of high levels of racism. National research investigating Australian racist attitudes indicated that people from Muslim or Middle Eastern backgrounds were most commonly described as not 'fitting in' (Dunn et al. 2011).
- Another study reported that young people aged 11–19 years from refugee backgrounds experienced racism within the first three years of settlement in Australia, which had a significant impact on their health and wellbeing (Correa-Velez, Gifford & Barnett 2010).
- A national study investigating racism with school-aged students from Indigenous and CALD backgrounds found a link between racism and reduced health and wellbeing (Mansouri et al. 2009).
- A small scale study of primary school children from Middle Eastern and Asian backgrounds found links between reports of discrimination and withdrawn social behaviours, greater emotional problems, and indirect aggression. Although this research measured perceived discrimination rather than racism specifically, the authors suggest that racism was the most likely form of discrimination experienced by those children involved in the study (Runions, Priest & Dandy 2011).

Racism affects health through various ways, including:

- stress and negative emotions, having negative physiological and psychological effects
- individuals disengaging from healthy activities and coping by engaging in behaviours that impact negatively on their health such as smoking and excessive alcohol consumption
- restricting access to resources required for health such as housing and education (VicHealth 2009).

What can we do to address racism among children and young people?

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

The variety of ways that racism can influence poorer health outcomes indicates the need for multilevel and multi-setting strategies. Strategies that support all children, their families and their broader communities to develop positive attitudes towards cultural diversity, and deal with racism could effectively reduce its harmful long-term effects.

- Multiple strategies in settings that have a strong influence on children and young people's life chances such as schools are recommended (Paradies et al. 2009).
- Educational and leadership programs may also provide all children and young people with the skills needed to identify and respond to racism (Paradies 2005).
- Programs that foster resilience and positive mental health in dealing with experiences of racism have been successful overseas (Sanders-Phillips 2009) and could be applied in Australia.
- Rather than dealing with the consequences of discrimination, the aim should focus on preventing it from occurring and developing environments where diversity is supported (Paradies et al. 2009).

Further research is needed to understand experiences of racism by Australian children and young people from a wider range of ages, cultural backgrounds and regional areas. Additional research is also needed to better understand how Australian children and young people can be protected from racism, and how to best support them should they experience it.

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