

Mental Health Impacts of Racial Discrimination in Victorian Aboriginal Communities

Summary Report



This Summary Report is based on the Experiences of Racism Survey funded by the Lowitja Institute, Australia's National Institute for Aboriginal and Torres Strait Islander Health Research, which incorporates the Cooperative Research Centre for Aboriginal and Torres Strait Islander Health. Its findings are reported in the full report, *Mental health impacts of racial discrimination in Victorian Aboriginal communities*, co-authored by Ms Angeline Ferdinand, Associate Professor Yin Paradies and Associate Professor Margaret Kelaher and published by the Lowitja Institute in January 2013, available at: www.lowitja.org.au/publications.

For further information, contact:

Ms Angeline Ferdinand, Research Fellow, The University of Melbourne (a.ferdinand@unimelb.edu.au)

Ms Vanessa Harris, General Manager of Research, The Lowitja Institute (vanessa.harris@lowitja.org.au)

The Experiences of Racism 2010-11 survey was undertaken in Victoria as part of the Localities Embracing and Accepting Diversity (LEAD) program (see p. 4) being carried out by the Victorian Health Promotion Foundation (VicHealth). The survey – developed to add an enhanced Aboriginal* perspective to the LEAD program – 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.

What is racism?

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. 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.

Racism is bad for your health

The link between poor physical and mental health and self-reported perceptions or experiences of racism has been well documented. 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, which are contributing factors to the health gap between Australia's First Peoples and other Australians.

Racist attacks can cause injury and psychological distress. 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.

About the Experiences of Racism survey

The Experiences of Racism survey involved 755 Aboriginal Victorians aged 18 years or older living in four municipalities – two rural and two metropolitan – in Victoria. The surveys were conducted face-to-face by local Aboriginal workers in individual or group sessions. 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 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. The five-question version of the modified Kessler scale [K5] used in this survey is also used by the Australian Bureau of Statistics for other surveys of Aboriginal and Torres Strait Islander people.

Main survey results

Context

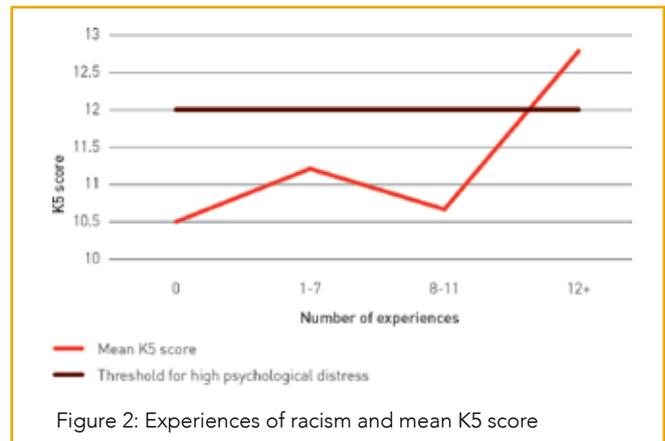
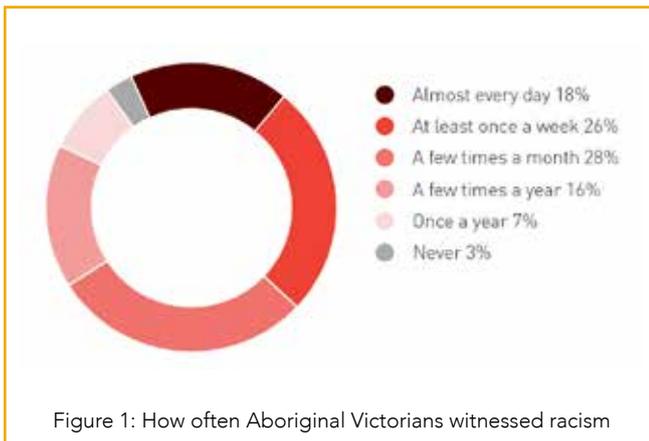
- » Across the four municipalities, the majority of Aboriginal respondents were women (60%) with a mean age of 36 years
- » 87% reported feeling good about being Aboriginal often or very often
- » 85% felt a sense of belonging to their local area or neighbourhood to a moderate or greater extent
- » 35% of participants had achieved Higher School Certificate or above.

Prevalence of racism

- » 97% of those surveyed had experienced racism in the previous 12 months
- » More than 70% experienced eight or more racist incidents
- » People educated at Year 12 or above reported 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; 29% witnessed this a few times a month
- » The results were consistent across the four municipalities where the survey took place.

Types and experiences of racism

- » 92% of those surveyed 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 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.



Where racism happens (top 5)

- » shops
- » public spaces
- » education settings
- » sports settings
- » employment settings
- » Some types of racism seemed to result in much more psychological distress than others, e.g. property damage, social exclusion, and when seeking housing or accessing public transport.

Coping with racist incidents (most common strategies)

- » ignored the perpetrator
- » verbally confronted the perpetrator

- » wanted to confront but didn't
- » talked to someone else
- » accepted it as a fact of life or put up with it
- » tried to reason with the perpetrator
- » used humour
- » made a complaint.

Mental health impact of racism

- » People who experienced the most racism also recorded the highest psychological distress scores
- » Two-thirds of those who experienced 12 or more incidents of racism reported high or very high psychological distress
- » More than 70% worried at least a few times a month that their family and friends would be victims of racism.**

What was learned?

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

- » Almost every Aboriginal Victorian interviewed had experienced racism in the previous 12 months.
- » The majority personally experienced, witnessed or worried about racism multiple times a month.

2. People's mental health can be improved if they are exposed to fewer incidents of interpersonal racism.

- » This study highlighted that racism is more likely to lead to elevated levels of psychological distress, which places Aboriginal Victorians at an increased risk of developing mental health problems.
- » High levels of psychological distress are not exclusively related to racism. 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 was 342% greater than those who experienced no exposure to racism.
- » 79% of survey participants avoided some settings, so as to limit their personal exposure to racism. As such, they were at a disadvantage in accessing resources needed for good health – e.g. employment and housing – safely, equally and freely.

- » The practical implications of experiencing or avoiding racial discrimination when dealing with employment, educational, health, housing or justice systems are at least partly linked to income inequality, which is associated with differential employment and education outcomes.

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

- » Of the 12 strategies for coping with racism only one ('talking to someone about the experience') led to lower odds of finding an incident stressful, suggesting there is little that individuals can do to reduce the negative effect of racism on their health.
- » Prevention is likely to be a more effective and efficient public health intervention than responding to harmful incidents.

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

- » Interventions in organisational and community settings are needed because of the high frequency of experiences of racism in these settings.
- » Multi-level, multi-setting, multi-strategy community-based interventions, such as LEAD, could play an important role in protecting the mental health of Aboriginal people in Victoria and elsewhere.

Strategies for change

- » Increase efforts to support employers, staff and educators to comply with anti-discrimination legislation.
- » Devise strategies that promote respect and social cohesion within communities.
- » Organisational and community interventions are likely to be effective approaches to reducing racism.
- » Further strategies for preventing race-based discrimination are outlined in the reports:
 - » *Preventing race-based discrimination and supporting cultural diversity in the workplace – An evidence review: Full report*
 - » *Review of bystander approaches in support of preventing race-based discrimination*
 - » *Building on our strengths: A framework to reduce race-based discrimination and support diversity in Victoria.*

Select references

Australian Bureau of Statistics, Inclusion of the K5 in ABS surveys. Accessed on 28 June 2012 at: <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/84330C2EDC3DB940CA2579D50015D74E?opendocument>.

Paradies, Y., Chandrakumar, L., Klocker, N., Frere, M., Webster, K. & Burrell M., et al. 2009, *Building on our strengths: A framework to reduce race-based discrimination and support diversity in Victoria*, Victorian Health Promotion Foundation, Melbourne.

Nelson, J., Dunn, K., Paradies, Y., Pedersen, A., Sharpe, S., Hynes, M. & Guerin, B. 2010, *Review of bystander approaches in support of preventing race-based discrimination*, Victorian Health Promotion Foundation, Melbourne.

Trenerry, B., Franklin, H. & Paradies Y. 2012, *Preventing race-based discrimination and supporting cultural diversity in the workplace – An evidence review: Full report*, Victorian Health Promotion Foundation, Melbourne.

Victorian Health Promotion Foundation 2007, *More than tolerance: Embracing diversity for health: Discrimination affecting migrant and refugee communities in Victoria, its health consequences, community attitudes and solutions – A summary report*, Victorian Health Promotion Foundation, Melbourne.

LEAD Pilot Program

In 2007 the Victorian Health Promotion Foundation (VicHealth) published findings from a survey of 4000 Victorians, the majority of whom supported a society that included people from different cultures. These conclusions were published in the report *More than tolerance: Embracing diversity for health*. However, approximately one in 10 of those surveyed held views that were blatantly racist and approximately one in three suggested that they did not tolerate certain ethnic differences.

The Localities Embracing and Accepting Diversity (LEAD) pilot program was developed in response to these findings. Funded by VicHealth, the Department of Immigration and Citizenship (DIAC) and *beyondblue*, LEAD is being implemented by VicHealth with assistance from the Victorian Equal Opportunity and Human Rights Commission and the Municipal Association of Victoria. It aims to work with local government to build fair and welcoming communities and organisations using a coordinated range of actions within a specific locality.

For more information, go to:
www.vichealth.vic.gov.au/LEAD.



Published by The Lowitja Institute | W: www.lowitja.org.au

About the Artwork

'The colour of my skin might be different but inside I'm the same as you' by Heidi Knowles, a descendant of the Yorta Yorta tribe from Cumeragunja, Victoria.

'The two Longneck Turtles in the painting represent Peace and Harmony, while the People represent those on whom the research was based. They are surrounded by Spirit Figures, which represent the different nationalities living in the community, and if you look inside these figures you will see that each one has the same insides but different coloured skin. This means that no matter what the colour of your skin, inside we are all exactly the same and bleed the same colour.'