



Position Statement

Racial Discrimination and Health Outcomes for Aboriginal and Torres Strait Islander People

Introduction

Racial discrimination is well documented as a contributing factor to poor health outcomes for Aboriginal and Torres Strait Islander Australians¹. Discrimination has both direct and indirect effects on health outcomes and is an increasing focus for epidemiological and public health research.^{2,3} Individual experiences of direct discrimination contribute to mental and physical health problems and the long history of social and institutional discrimination has caused intergenerational trauma among Aboriginal and Torres Strait Islander people.⁴

The Coalition for Aboriginal Health Equality Victoria (the Coalition) is committed to addressing racial discrimination against Aboriginal and Torres Strait Islander people, through advocacy to our respective members and to all levels of government; and through taking steps to ensure that each member organisation of the Coalition is a leader in positive change.

What is Racial Discrimination?

Popular understandings often assume that racism is overt, intentional, malicious, and individual. Not only does this narrow perspective disguise more subtle and pervasive forms of racism, it also makes discussing and confronting racism more difficult.⁵

Broadly speaking, racial discrimination or racism, often involves attitudes, assumptions and practices that negatively and unfairly generalise about what a person or group of people can or cannot do on the basis of their race. Racial discrimination or racism can range from overt acts such as racial abuse, to subtle acts such as exclusion of a person from social groups.⁶ These attitudes and practices may be held and carried out by individuals or organisations through direct discrimination, or entrenched in an organisation or community's social values or culture, which can produce indirect discrimination through policies or procedures.⁷ Racial discrimination is unlawful under both State and Federal legislation in particular circumstances where the conduct meets particular legal tests (and a relevant exception/exemption does not apply).

In addressing racial discrimination against Aboriginal and Torres Strait Islander people, it is therefore important to understand that it has multiple forms. Overt interpersonal racism is easy to recognise; however there are also other more insidious and systemic forms of racial discrimination. Systemic discrimination may effectively exclude individuals from social and economic opportunities and limit their ability to access services, including health services.⁸ Systemic discrimination can persist even in the absence of interpersonal racism.⁹ Systemic discrimination is also likely to have a more pervasive influence on health outcomes through a variety of health determinants including access to health and services, education and employment opportunities.¹⁰ Individuals and organisations must have an understanding of effective approaches to addressing both interpersonal and systemic forms of racial discrimination. In the context of racial discrimination towards Aboriginal and Torres Strait Islander people, it is also important to be aware of the ongoing impact and intergenerational trauma caused by colonisation and various



forms of associated discrimination, including direct violence, and enforced removal from country and from family.^{11,12}

Legal Definitions of Racial Discrimination

In Victoria, racial discrimination (both direct and indirect) is unlawful where it occurs in one of the areas of public life protected by the *Equal Opportunity Act 2010* such as employment, provision of accommodation, or provision of goods and services. **Direct racial discrimination** is defined as when a person is treated unfavourably because of their race (including colour, descent, ancestry, nationality or national origin, ethnicity or ethnic origin); the race that a person assumes you are; or characteristics associated with a particular race. **Indirect racial discrimination** is defined as when an unreasonable requirement, condition or practice is imposed, that disadvantages a person or group because of their race.

It is also against the law in Victoria to vilify a person or group of people because of their race or religion under the *Racial and Religious Vilification Act 2006*. Vilification is behaviour that incites or encourages hatred of, serious contempt for, revulsion or severe ridicule of another person or group of people because of their race or religion.

Racial discrimination is unlawful under the *Racial Discrimination Act 1975* (Cth) in slightly different circumstances: where there is any act, condition or requirement, involving a “distinction, exclusion, restriction or preference” based on a person’s race (including colour, descent or national or ethnic origin) and that act has the purpose or effect of “nullifying or impairing the recognition, enjoyment or exercise, on an equal footing, of any human right or fundamental freedom in the political, economic, social, cultural or any other field of public life” (section 9). It is also unlawful to make public statements about or because of a person or group’s race, which is reasonably likely to offend, insult, humiliate or intimidate that person or some or all of the group (section 18C).

Racial Discrimination and Health Outcomes

Racism can undermine an individual’s sense of self-worth, leave them feeling vulnerable and isolated, and affect their physical and mental health. Members of communities targeted by racism can feel anxious, unwelcome and less confident to participate in public life and debate...There are also tangible social and economic costs for the broader Victorian community.¹³

Empirical studies show there is a strong correlation between experiences of racism and a range of mental health conditions including psychological distress, depression and anxiety. In addition, experiencing racism is associated with high blood pressure, infant low birth weight and heart disease. Racism has also been directly linked to unhealthy behaviours including alcohol, cigarette and other substance abuse.¹⁴ Reduced self-esteem, low self-efficacy and reduced self-control are also identified as psycho-social outcomes of exposure to racism.¹⁵ More subtle experiences of racism strongly linked to poor mental health outcomes include feelings of being left out and avoided; a form of social exclusion which results from both direct and indirect racism.¹⁶

In research conducted in four Victorian Local Government areas, 97% of Aboriginal people surveyed had experienced racism in the last 12 months and 70% had experienced 8 or more racist incidents.¹⁷ Researchers also found a strong correlation between individuals’ experiences of more than eleven incidences of racist behaviour, and poor mental health outcomes; findings also revealed that ongoing harmful effects of racism including anxiety and depression continued long after exposure to racist incidents; individuals also experienced anxiety on behalf of relatives and loved ones¹⁸.



Australians for Native Title and Reconciliation (ANTaR) have also noted that 75% of Aboriginal & Torres Strait Islander people regularly experience race discrimination when accessing primary health care.¹⁹ Racism also affects individuals' abilities and willingness to access a range of other services which impact on health and wellbeing, including housing and employment services.^{20,21}

Racism has flow on effects for individuals' social cohesion²² and for their levels of workforce productivity and education achievement.²³ The effects of racism for employees and employers include high rates of absenteeism, low overall workplace morale and productivity, high staff turnover, and increased health care and social service costs.²⁴

The evidence shows that individuals, health service providers, state peak bodies, local, state and federal governments all have roles to play in ensuring that racial discrimination against Aboriginal and Torres Strait Islander people is effectively addressed in Victoria.

What works to combat racial discrimination?

The Coalition for Aboriginal Health Equality is committed to an evidence-based approach to addressing racial discrimination. The approaches below have been incorporated into the Coalition's organisational commitments and into the Coalition's recommendations for health service providers and all levels of government.

Taking Preventive Action

A person may suffer long term mental and physical effects as a result of exposure to racial discrimination. Preventive action is therefore a more effective and efficient public health intervention than responding to individual incidents of prejudice; a range of preventive actions which can be undertaken at the interpersonal and organisation level are outlined below.²⁵ It is clear from the growing body of evidence on discrimination in Victoria that interventions targeting organisational and community settings are needed as there is a high prevalence of discrimination experienced in these settings.^{26,27} A quarter of Aboriginal Victorians report they anticipate racism in certain settings and nearly a third report they will avoid situations due to anxiety over the likelihood of prejudiced treatment; this avoidance and anticipation in turn increase anxiety and restrict Aboriginal people's opportunities.²⁸

Communication, Training and Behavioural Change

International evidence shows that it is more effective to seek to change behaviours than to seek to address underlying beliefs; therefore strategies that curb racist behaviours will have a positive impact on reducing Aboriginal people's experiences of racism.²⁹ Underpinning this behavioural change, it is vital to provide accurate information and offer sound alternative explanations to racist views, to build a consensus that supports culturally safe behaviours.³⁰ Talking to others and opening up effective channels of communication lessens the effects of stress associated with experiences of racism.^{31,32} Organisations should aim to provide the practical skills to empower people to speak out against racism and invoke empathy for others; this can be achieved through a variety of mechanisms including staff induction and ongoing training, human resources support, and ensuring access to resources for appropriately addressing incidences of interpersonal racism.^{33,34,35}

Approaches taken by organisations, policy advocates and governments must focus on changing racist behaviours and actions, rather than on changing racist attitudes and beliefs and offer practical solutions to changing behaviour.^{36,37}

Strategic Approaches

Individuals, organisations, advocates and governments should incorporate longitudinal strategies and develop long-term plans for addressing discrimination rather than proposing rather one-shot interventions; effecting behavioural



change and addressing institutionalised forms of inequality take time and cannot be effectively implemented without a commitment to continual improvement.³⁸

Finally, international evidence has shown that effective strategies for addressing racial discrimination should be supported by collaboration across agencies and through full and direct consultation with members of the affected communities.³⁹

Commitments and Recommendations for Action

The Coalition for Aboriginal Health Equality has developed a comprehensive set of recommendations for health service providers and all levels of government based on this evidence and Coalition members are committed to adopting these approaches within our organisations.

Commitment to a Human Rights Approach

The Coalition for Aboriginal Health Equality is committed to addressing discrimination against Aboriginal and Torres Strait Islander people through a human rights approach. The principles of human rights emphasise empowerment for all Indigenous peoples and provide a clear, positively oriented set of principles to guide individuals and organisations in addressing discriminatory behaviours, practices and policies.

Australia's international commitments to Aboriginal and Torres Strait Islander peoples' rights are upheld through the *United Nations Declaration on the Rights of Indigenous Peoples*.⁴⁰ In Victoria, there are three pieces of legislation relevant to human rights (two of which are noted above): the *Equal Opportunity Act 2010*, the *Racial and Religious Tolerance Act 2001*, and the *Victorian Charter of Human Rights and Responsibilities Act 2006* ("Charter").⁴¹ As outlined above, the *Federal Racial Discrimination Act 1975* (Cth) is also relevant.

The legislative commitments to equal opportunity and human rights in Victoria emphasise that duty holders in public areas of life (such as public authorities and health service providers) have a positive duty to take reasonable and proportionate measures to eliminate discrimination and victimisation as far as possible; this should be reflected in state-wide commitments to addressing the ongoing inequality in health outcomes between Aboriginal Victorians and the non-Aboriginal population.

Recommendations

1. Within our own organisations and in Victorian health services

Members of the Coalition for Aboriginal Health Equality hereby undertake to provide leadership in addressing racial discrimination through:

- 1.1. Working directly with Aboriginal and Torres Strait Islander people and their communities and representative bodies on addressing discrimination
- 1.2. Seeking to eliminate false beliefs by providing accurate information within our organisations and to our members, key stakeholders and representatives of government
- 1.3. Providing practical skills to empower people to speak out against racism and open up conversations about discrimination, through appropriate training and induction mechanisms including cultural safety training, and provision of information about how to make enquiries or complaints to the Victorian Equal Opportunity and Human Rights Commission or Australian Human Rights Commission
- 1.4. Making best use of available evidence for addressing racial discrimination and using peer to peer support within the Coalition



- 1.5. Ensuring acknowledgement of country and of Aboriginal people, including at public events and in key organisational documents.
- 1.6. Regularly monitor progress via an annual audit of all Coalition members and via any other internal auditing tools in individual organisations

The Coalition strongly recommends that Victorian health service providers:

- 1.7. Ensure that the services provided to Aboriginal and Torres Strait Islander clients are safe, positive, welcoming, culturally appropriate and non-discriminatory – in both the physical provision of services and the terms and conditions upon which services are provided
- 1.8. Promote cultural safety as a duty of care and make best use of the dedicated resources which currently exist to build on cultural safety
- 1.9. Provide education, support and resources for staff to ensure that the needs of Aboriginal and Torres Strait Islander clients are met in a culturally appropriate manner
- 1.10. In accordance with applicable privacy laws and the prohibition against collection of discriminatory information in the *Equal Opportunity Act 2010*, wherever possible, collect and analyse data to ensure delivery of quality outcomes for Aboriginal and Torres Strait Islander clients

2. Local, State and National Governments

The Coalition for Aboriginal Health Equality recommends that all levels of Government take action to ensure that their commitments to Aboriginal Health Equality are met,⁴² through addressing discrimination as one of the key determinants of poor health outcomes. The Coalition recommends that:

- 2.1. There is sustained and substantial federal funding towards addressing racial discrimination against Aboriginal and Torres Strait Islander people, in accordance with commitments made to address racism under the *National Aboriginal and Torres Strait Islander Health Plan*⁴³
- 2.2. That all Government strategies are undertaken with full consultation and involvement of Aboriginal and Torres Strait Islander people
- 2.3. All Victorian Local Governments commit to specific engagement with and actions to address the needs of Aboriginal and Torres Strait Islander people in their Municipal Health and Well-Being Plans or other local planning strategies and, wherever possible, through the creation of reconciliation plans.
- 2.4. There is a whole-of-government focus at the local, state and national levels on equity through education, the housing and justice systems and other relevant areas of government influence outside the health system
- 2.5. That all levels of Government account for the economic impact of racism; economic measures including reduced productivity, increased absenteeism and increased health costs are strong indicators for measuring individual and organisational action to combat discrimination
- 2.6. That wherever possible, Government-funded approaches to addressing racial discrimination against Aboriginal and Torres Strait Islander people focus on changing racist behaviours and actions
- 2.7. That all levels of government develop long-term plans, as behavioural change, by necessity, takes time.



The Coalition for Aboriginal Health Equality Victoria (CAHEV) works to ensure that the commitments of the *Statement of Intent to Close the Gap in Indigenous Health Outcomes* are met. Membership of the Coalition is comprised of community-controlled and mainstream civil society organisations which have committed to the *Statement of Intent*. As signatories to the *Statement of Intent*, Members of the Coalition for Aboriginal Health Equality are committed to working together to achieve equity in health status and life expectancy between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians by year 2030.

The Coalition works towards its strategic priorities through holding Governments to account for commitments in the *Statement of Intent* by developing and promoting advocacy messages and building on the strengths of individual member organisations. By working cooperatively and strategically, the Coalition aims to maximise successes, support Aboriginal community self-determination, advocate collectively and share capacity.

Coalition for Aboriginal Health Equality Victoria: Members

Australian Nursing Federation (Victorian Branch)	Royal Australian College of General Practitioners (Victoria Faculty)
Australian Red Cross	Royal Flying Doctor Service (Victoria & Tasmania)
Australians for Native Title and Reconciliation (ANTaR)	Rural Workforce Agency Victoria (RWAV)
<i>beyondblue</i>	SecondBite
Cancer Council Victoria	Save The Children
Dental Health Services Victoria (DHSV)	Uniting Aboriginal and Islander Christian Congress
Diabetes Australia - Vic	Uniting Church in Australia – Synod of Victoria and Tasmania
Heart Foundation (Victoria)	The Victorian Health Promotion Association (VicHealth)
Inner North West Melbourne Medicare Local	Victorian Aboriginal Community Controlled Health Organisation (VACCHO)
Networking Health Victoria	Victorian Aboriginal Education Association, Inc.
Onemda VicHealth Koori Health Unit	Victorian Alcohol and Drug Association (VAADA)
Oxfam Australia	Victorian Council of Social Service (VCOSS)
The Pharmacy Guild of Australia - Victoria	Victorian Equal Opportunity & Human Rights Commission (VEOHRC)
QUIT Victoria	Victorian Hospitals Industrial Association
Royal Australasian College of Surgeons	



References

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- ² Paradies, Yin (2006) "A systematic review of empirical research on self-reported racism and health", *International Journal of Epidemiology*, (35) pp. 888-901.
- ³ Paradies, Yin and Joan Cunningham (2012) "The DRUID Study: racism and self-assessed health status in an indigenous population," *BMC Public Health*, Bio Med Central (Open Access)
- ⁴ Atkinson et al (2010) "Trauma, Transgenerational Transfer and Effects on Community Wellbeing", Chapter 10 in Purdie et al, *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*, Australian Government Department of Health and Ageing, Australian Council for Educational Research, Kulunga Research Network, Telethon Institute for Child Health, Canberra, ACT.
- ⁵ ANTaR (May 2012) *Submission in response to the Anti-Racism Strategy Discussion Paper*
- ⁶ Ferdinand et al (2012) *Mental Health Impacts of Racial Discrimination in Victorian Aboriginal Communities: The Localities Embracing and Accepting Diversity (LEAD) Experiences of Racism Survey*, The Lowitja Institute, Melbourne.
- ⁷ VicHealth (2012) *Preventing race-based discrimination and supporting cultural diversity in the workplace. An evidence review: full report*, p. 11.
- ⁸ Systemic discrimination occurs when organisations operate according to rules or policies that may appear neutral, but which end up disadvantaging people with particular characteristics, including cultural or ethnic identities. VEOHRC (2013) *Reporting Racism*, pp 7–8.
- ⁹ VicHealth (2012) *Preventing race-based discrimination and supporting cultural diversity in the workplace. An evidence review: full report*
- ¹⁰ Paradies, Yin and Joan Cunningham (2012) "The DRUID Study: racism and self-assessed health status in an indigenous population," *BMC Public Health*, Bio Med Central (Open Access), p. 3.
- ¹¹ Ibid, p. 2.
- ¹² Chapter 10 in Purdie et al (2010) *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*, Australian Government Department of Health and Ageing, Australian Council for Educational Research, Kulunga Research Network, Telethon Institute for Child Health, Canberra, ACT.
- ¹³ Ibid.
- ¹⁴ Paradies, Yin (2006) "A systematic review of empirical research on self-reported racism and health", *International Journal of Epidemiology*, (35) pp. 888-901.
- ¹⁵ Ferdinand et al (2012) *Mental Health Impacts of Racial Discrimination in Victorian Aboriginal Communities: The Localities Embracing and Accepting Diversity (LEAD) Experiences of Racism Survey*, The Lowitja Institute, Melbourne, p. 21.
- ¹⁶ Ferdinand et al (2012) *Mental Health Impacts of Racial Discrimination in Victorian Aboriginal Communities: The Localities Embracing and Accepting Diversity (LEAD) Experiences of Racism Survey*, The Lowitja Institute, Melbourne, p. 21.
- ¹⁷ Ferdinand et al (2012) *Mental Health Impacts of Racial Discrimination in Victorian Aboriginal Communities: The Localities Embracing and Accepting Diversity (LEAD) Experiences of Racism Survey*, The Lowitja Institute, Melbourne.
- ¹⁸ Ibid: pp. 1, 5, 21.
- ¹⁹ ANTaR (May 2012) *Submission in response to the Anti-Racism Strategy Discussion Paper*
- ²⁰ Priest, Naomi and Paradies, Yin (2010) *The Economic Costs of Racism in Australia: Scoping Project Report*. Social Justice Discussion Paper No.5 March 2010, The Social Justice Initiative, University of Melbourne.
- ²¹ Victorian Equal Opportunity and Human Rights Commission (2013) *Reporting Racism: What you say matters*.
- ²² Ibid
- ²³ Priest, Naomi and Paradies, Yin (2010) *The Economic Costs of Racism in Australia: Scoping Project Report*. Social Justice Discussion Paper No.5 March 2010, The Social Justice Initiative, University of Melbourne.



²⁴ Ibid

²⁵ Ferdinand et al (2012) *Mental Health Impacts of Racial Discrimination in Victorian Aboriginal Communities: The Localities Embracing and Accepting Diversity (LEAD) Experiences of Racism Survey*, The Lowitja Institute, Melbourne.

²⁶ Ibid

²⁷ Victorian Equal Opportunity and Human Rights Commission (2013) *Reporting Racism: What you say matters*.

²⁸ Ferdinand et al (2012) *Mental Health Impacts of Racial Discrimination in Victorian Aboriginal Communities: The Localities Embracing and Accepting Diversity (LEAD) Experiences of Racism Survey*, The Lowitja Institute, Melbourne.

²⁹ Ibid, p. 23.

³⁰ Ibid

³¹ Pedersen et al (2003) *Anti-Racism – What Works? An evaluation of the effectiveness of anti-racism strategies*. Prepared for the Office of Multicultural Interests. School of Psychology, Murdoch University, Western Australia.

³² Ferdinand et al (2012) *Mental Health Impacts of Racial Discrimination in Victorian Aboriginal Communities: The Localities Embracing and Accepting Diversity (LEAD) Experiences of Racism Survey*, The Lowitja Institute, Melbourne, p. 1.

³³ Victorian Equal Opportunity and Human Rights Commission (2013) *Reporting Racism: What you say matters*.

³⁴ Pedersen et al (2003) *Anti-Racism – What Works? An evaluation of the effectiveness of anti-racism strategies*. Prepared for the Office of Multicultural Interests. School of Psychology, Murdoch University, Western Australia.

³⁵ Department of Families, Housing, Community Services and Indigenous Affairs (2010) *Toolkit for Indigenous Service Provision* http://www.dss.gov.au/sites/default/files/documents/05_2012/toolkit_service_providers.pdf.

³⁶ Pedersen et al (2003) *Anti-Racism – What Works? An evaluation of the effectiveness of anti-racism strategies*. Prepared for the Office of Multicultural Interests. School of Psychology, Murdoch University, Western Australia.

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³⁹ Ibid

⁴⁰ The *United Nations Declaration on the Rights of Indigenous Peoples* was first signed in September 2007. Australia became a signatory in 2009; it can be viewed in detail on the website of the Australian Human Rights Commission. URL: <https://www.humanrights.gov.au/publications/un-declaration-rights-indigenous-peoples-1>

⁴¹ Victorian Equal Opportunities and Human Rights Commission: *Victorian laws administered by the Commission*. Permanent URL: <http://www.humanrightscommission.vic.gov.au/index.php/the-law>

⁴² Commitments to Aboriginal and Torres Strait Islander Health Equality include:

- The COAG commitment to *Closing the Gap* (<http://www.healthinfonet.ecu.edu.au/closing-the-gap>)
- The *Statement of Intent* to close the gap in Indigenous health outcomes: (<https://www.humanrights.gov.au/publications/close-gap-indigenous-health-equality-summit-statement-intent>)
- The *National Aboriginal and Torres Strait Islander Health Plan* (<http://www.health.gov.au/NATSIHP>)
- The Victorian Aboriginal Health Strategy, *Koolin Balit* (<http://www.health.vic.gov.au/aboriginalhealth/koolinbalit.htm>)

⁴³ *National Aboriginal and Torres Strait Islander Health Plan 2013-2023* <http://www.health.gov.au/NATSIHP>