

Choosing to act: Bystander action to prevent race-based discrimination and support cultural diversity in the Victorian community

Research report

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Glossary

culture the distinctive patterns of values, beliefs and ways of life of a social group. Culture is a dynamic concept, which is influenced by environmental, historical, political, geographical, linguistic, spiritual and social factors (University of South Australia, 2004)

ethnicity a concept encompassing group affiliation and identity. An ethnic group is a social group whose members share a sense of common origins, claim a common and distinctive history and destiny, possess one or more dimensions of collective cultural individuality, and feel a sense of collective solidarity. Ethnicity is self-perceived and can change over time (Ministry of Economic Development, 2003)

diversity in this report refers to differences in race, ethnicity, culture, language, nationality or religion among various groups within a community, organisation or nation. In other contexts diversity may also distinguish people according to other attributes such as ability, gender, sexual preference and age

discrimination encompasses behaviours or practices that result in avoidable and unfair inequalities in power, resources and opportunities across groups in society. This is distinguished from a narrower legal definition: behaviours and practices that are unlawful. Discrimination may be based on a range of characteristics, including sexual preference, ethnicity, culture, gender, religion, disability, age, relationship status, social class, religion and race. Individuals may simultaneously experience multiple discriminations on the basis of two or more of these characteristics

race-based discrimination behaviours and practices that result in avoidable and unfair inequalities across groups in society based on race, ethnicity, culture or religion. It covers both interpersonal discrimination (occurring between individuals) and systemic discrimination (discrimination as a result of practices, policies or cultures within organisations)

racism a broader term than race-based discrimination which also includes beliefs and prejudices that if expressed may result in avoidable and unfair inequalities across groups in society based on race, ethnicity, culture or religion.

subtle racism racism that manifests itself in more subtle ways; it can also be referred to as 'contemporary racism', 'modern racism' or 'covert racism'

blatant racism racism that manifests itself in more overt and confrontational ways; it can also be referred to as 'overt' or 'old-fashioned' racism

direct discrimination a legal term referring to circumstances in which a person is treated less favourably because of their race, ethnicity, culture or religion than a person from a different background in the same or similar circumstances (e.g. an individual being refused employment on the basis of their religion)

indirect discrimination under the law, indirect race-based discrimination occurs when a condition or requirement is set that people from a particular race, ethnic group, culture or religion cannot meet and is not reasonable (e.g. everyone is equally required to wear a uniform that exposes their arms and legs. This requirement may exclude women from some religious or cultural groups with modest dress codes)

anti-discrimination behaviours or practices that seek to promote equal power, resources or opportunities across different racial, ethnic, cultural or religious groups

multiculturalism policies and practices that seek to recognise, manage and maximise the benefits of diversity with the intent of developing a culturally diverse society that is harmonious. In the Victorian context, multiculturalism is promoted within a common human rights framework and the rule of law

pro-social behavior behaviour undertaken with the primary intention of helping others

bystander a person or persons, not directly involved as a witness or perpetrator, who observes an act of violence, discrimination or other unacceptable or offensive behaviour; for the purposes of this report this includes racism and race-based discrimination

pro-social bystander action in this report, action taken by a bystander to identify, speak out about or seek to engage others in responding to specific incidents of racism or race-based discrimination and also to behaviours, attitudes, practices or policies that contribute to racism and discrimination

social norms rules of conduct and models of behaviour expected by a society or social group. They are rooted in the customs, traditions and value systems that gradually develop in a society or social group

sledging the practice whereby some players in competitive sports seek to gain an advantage by insulting or verbally intimidating opposing players

Executive summary

In 2011, VicHealth, the Social Research Centre and the University of Melbourne conducted a community phone survey across Victoria to identify whether Victorians recognised race-based discrimination as harmful or deserving attention and their readiness to take action when it occurred. The survey, the first of its kind, focused on three settings: the social setting, workplaces and community-based sports clubs.

Background

Social cohesion and a 'fair go' for all are necessary for healthy people and communities. Valuing Victoria's cultural diversity and Aboriginal heritage and making sure that our communities and organisations are free from race-based discrimination are important steps in achieving this. Three of every four Aboriginal Victorians (Paradies, Harris & Anderson, 2008) and nearly half of all people from culturally diverse backgrounds are affected by race-based discrimination during their lifetimes (Markus & Dharmalingham, 2008)

Supporting cultural diversity involves respecting and valuing a range of ways of living and being, within democratic and human rights frameworks, governed by the rule of law. Race-based discrimination involves practices and behaviours that result in unfair and avoidable inequalities between groups in society based on race, religion, culture or ethnicity.¹ It covers both interpersonal discrimination (occurring between individuals) and systemic discrimination (discrimination as a result of practices, policies or cultures within organisations). 'Racism' is also used in this study as a term extending beyond practices and behaviours to cover beliefs and prejudices.

Discrimination may not always be obvious or intentional. As blatant forms of race-based discrimination have become increasingly socially unacceptable, negative attitudes and behaviours have developed in more subtle ways. Discrimination may also occur in organisational environments because of practices developed over many years that inadvertently exclude or disadvantage people from certain cultural backgrounds.

Why work to reduce discrimination and support cultural diversity?

Exposure to discrimination can increase the risk of developing poor mental health conditions, such as anxiety and depression. It is linked to obesity, smoking, and alcohol and substance misuse. Emerging evidence suggests that it may also increase the risk of cardiovascular disease (VicHealth, 2012b).

At a community level, discrimination and intolerance can lead to tension and conflict and undermine business performance (Forrest & Dunn, 2007; Nicholas et al. 2001). In contrast, valuing and nurturing our cultural diversity can increase the prospects of good mental health for individuals, and has benefits for businesses and the economy (Pérotin, Robinson & Loundes, 2003; Putnam, 2007).

Preventing race-based discrimination and intolerance requires action to address the social conditions that can lead to this problem (VicHealth, 2009a). This involves strengthening community appreciation of diversity and building community and organisational environments that are fair and respectful to people of all cultural backgrounds.

¹ The definition of discrimination used in this publication is broader than the legal definition.

Most Victorians value their state's cultural diversity (VicHealth, 2007) and believe that race-based discrimination is an unacceptable problem requiring attention (see below). Research shows that one way to reduce discrimination is to harness the support of people who witness discriminatory or intolerant behaviours, policies and practices (i.e. bystanders) to take action.

What is bystander action?

In this study, 'bystander action' refers to the action taken to identify, speak out about or seek to engage others in responding to specific incidents of discrimination and intolerance. Bystander actions may also relate to behaviours, attitudes, practices or policies that contribute to race-based discrimination and intolerance.

Such bystander action is not focused on getting involved in a potentially dangerous situation. Rather, it includes a much broader range of behaviours, such as responding when a colleague or a friend seems uncomfortable with diversity, tells a racist joke or uses racial stereotypes. It might also include responding to practices in organisations that are discriminatory (e.g. policies that disadvantage a specific group) or that may contribute to discrimination (e.g. limited opportunities for different cultural groups to interact with one another).

The survey

A random telephone survey was conducted with Victorian residents aged 18 years and over. A total of 601 interviews were undertaken, with 400 in the Melbourne Statistical Division and 201 in other parts of Victoria. Further detail about the survey can be found in the technical report (www.vichealth.vic.gov.au/bystander-discrimination).

Key findings

How many had witnessed race-based discrimination?

More than one-third of respondents (34%) had witnessed race-based discrimination in at least one of the three settings over the past 12 months. They were more likely to have witnessed discrimination in a social setting (23% of respondents) than in a workplace (13%) or a community sports club (12%).

What behaviours and practices are recognised as unacceptable?

Overall, most people regarded racism and discrimination as unacceptable, with the majority of respondents not accepting almost all of the discriminatory behaviours and practices put to them in the survey. Victorians disapproved of interpersonal racism (e.g. a racist insult or abuse, racist sledging), as well as racism occurring in organisational contexts (e.g. racist recruitment or job allocation). Behaviours and practices that are not targeted towards or directly affecting individuals (e.g. racist slang, racist joking) were more likely to be accepted than behaviours with an obvious target or impact (e.g. race-based job allocation or racist insults and abuse).

Racist behaviour was considered more acceptable in social environments than in workplaces or sports clubs. For example, almost 60% reported that it was never acceptable to use racist slang and 33% felt that it was never acceptable to tell a racist joke among friends and family whereas 78% of respondents felt that racist slang was never acceptable and 60% felt it was never acceptable to tell a racist joke in the workplace.

What do people say they will do? How many have taken bystander action?

Just under one-third (30%) of respondents said they would say or do something or take some form of action if they witnessed racism. A further 23%, while reporting that they would not take any action, indicated that witnessing discrimination would make them feel uncomfortable. This ambivalent group may become active bystanders given the right circumstances.

In practice, almost half (47%) of respondents who reported witnessing racism reported taking some form of action.

What factors can encourage a person to take bystander action?

The conditions that encourage people to take action in response to race-based discrimination varied among settings. However, the survey indicated that Victorians were most likely to take bystander action if they:

- reported being aware that their organisation had policies or practices in place to deal with racism
- perceived their organisation as having a culture where people of all races and ethnicities are made to feel welcome, are treated with dignity and encouraged to take up important roles
- perceived that racist behaviour would not be acceptable in their organisation
- were confident that they would have the support of peers or colleagues
- were confident that the matter would be taken seriously in their organisation.

There were some indications that people were more likely to recognise and take action in response to race-based discrimination in junior sports clubs than in adult clubs and were more inclined to take action in larger than smaller workplaces.

Individuals more likely to take action in response to witnessing discrimination are those who:

- are confident in their own capacity to take action
- 'strongly agree' with the proposition that they can help to make a difference to ensure that people are treated with dignity and respect, are treated fairly, and are not discriminated against
- have attitudes suggestive of openness to diversity and concern about race-based discrimination (compared with those whose attitudes suggest an intolerance of diversity).

Women were more likely to take action than men, as were university graduates compared with those who had not graduated. While young people aged 18–34 years were more likely to have witnessed racism, they were less likely than their counterparts aged 35 years and over to report taking action.

The survey indicated that people were more likely to recognise and take action in response to more serious forms of discrimination, such as racist insult and abuse and race-based rates of pay.

Should organisations be leaders in preventing discrimination?

The vast majority of respondents (83%) agreed that something more should be done to minimise or address racism in Australia. Most respondents expected organisations to play a strong leadership role in this regard. The overwhelming majority agreed that employers had a responsibility to:

- make sure people are treated fairly at work regardless of their racial or ethnic background (99%)
- act if one of their employees is subject to racism or discrimination at work (98%)
- educate workers about racial tolerance and respect (92%)
- play a leadership role when it comes to promoting respect and tolerance towards people from different racial and ethnic backgrounds (90%).

A similarly large proportion of respondents agreed that community sports clubs should:

- make people from all racial and ethnic backgrounds feel welcome (97%)
- make sure players and supporters don't racially abuse other players or supporters (96%)
- educate players and supporters about acceptable behaviour towards people from all backgrounds (92%).

There was also a high level of agreement that this responsibility extended beyond the club, with 87% agreeing that 'community sports clubs should take a leadership role in the community in promoting tolerance and respect'.

Recommendations

This research shows:

- wide community recognition and concern about racism and intolerance
- clear support from the community for more to be done to address the problem, especially by employers and community-based sports clubs.

Victoria has strong government policies to support diversity and respond to racism and intolerance. Many organisations have taken a proactive stand in this regard. A notable example is the Australian Football League, which has developed and enforced policies to combat racial and religious intolerance and promotes the value of diversity through its multicultural program.

However, those responsible for enforcing policies in our organisations are often not present when breaches occur. Some behaviours and practices, although not necessarily unlawful, can contribute to a climate of acceptance of racism (e.g. perpetuation of racial stereotypes or racist joke-telling in a social context).

This research indicates that all people have an important role to play in efforts to combat racism and intolerance and there is a strong potential to encourage more bystander action in workplaces and sports clubs, especially in response to less blatant forms of racism such as racist joke-telling and racist slang.

The survey identified that almost a quarter of people were uncomfortable when they saw racism and discrimination taking place, but have not yet taken bystander action. Bystander programs could build on this recognition of harmful behaviour and help individuals overcome the final barriers to action.

Programs that are designed to increase bystander action must build individuals' knowledge and skills, and also build a climate where there is strong and visible support for constructive bystander action. These programs are most likely to be effective when they are integrated by organisations with an existing commitment to eliminating racism and discrimination and valuing diversity.

Particular efforts are required to address barriers to pro-social behaviour among young people, men and those who are not university graduates.

This research has affirmed the vital role of community, organisations and leaders to adopt a strong stance against racism and discrimination and in support of valuing diversity. When discrimination and intolerance go unchallenged, they are effectively condoned. Silent bystanders are an untapped resource and have a greater role in preventing racism and discrimination and supporting our cultural diversity.

1. Introduction

Racism is an enduring worldwide social problem (Dunn et al., 2011; European Commission, 2008; Karlsen, 2007; Simon, 2004; Statistics Canada, 2003; Ombudsman Against Ethnic Discrimination, 2007). In addition to being a violation of the basic human rights of all individuals, race-based discrimination has been implicated in a range of costs to society. They include (but are not limited to): higher rates of mental and physical ill health; reduced access to vital social resources such as employment, health services and education; unnecessary contact with the criminal justice system; and reduced workplace productivity (Paradies et al., 2009a).

While racism is often thought of in its most blatant and overt forms, most manifestations of contemporary racism occur within the routines of everyday life. Essed (1991) coined the phrase 'everyday racism' to describe racism such as jokes, exclusions and racist talk that are recurrent, normalised and 'infused into familiar practices'. Given their relative familiarity, these more subtle embodiments of racism often go unrecognised as being offensive or 'racist' and may go unnoticed altogether. Commonly viewed by people as harmless, the inconspicuous nature of contemporary racism grants it a deceptively powerful quality, and makes combating subtle forms of racism a particularly challenging endeavour.

Despite the everyday nature of most racism, very little attention has been given in research, policy or practice to the actions that ordinary people can take to address the problem. In the Australian context, the overwhelming preponderance of anti-racism policy and programs operate at a macro level through laws, codes and practices (although see Mitchell, Every & Ranzijn, 2011). Even among the few anti-racism efforts aimed at individuals, the focus is on directly modifying racist attitudes and beliefs rather than harnessing the untapped potential of bystanders.

This is similarly the case at the international level. Only a handful of the 219 clauses in the 2009 Durban World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance Declaration and Programme of Action (DDPA) relate to the actions of ordinary people, including those who witness racism. In particular, only one clause speaks to reducing everyday racism, where nation-states are asked to develop 'measures and policies ... which encourage all citizens and institutions to take a stand against racism' (United Nations, 2009, p. 31, clause 58).

While Australian policy may not emphasise the power of the individual or bystander to combat racism, race-based discrimination is a topic very salient with the Australian public, evidenced most recently by ongoing public debate about racism in Australia. One example is racist attacks upon international students within the public realm of Australian cities (Dunn, Pelleri & Maeder-Han, 2011). There has also been continued concern about the racism experienced by new and emerging groups such as African refugees (Moroney, 2009) as well as by groups such as Indigenous Australians (Paradies, Harris & Anderson, 2008). In these discussions, concern has focused on systemic racism among key institutions such as the police force (Smith & Reside, 2009). In response to these concerns, there have been calls for anti-racism initiatives from Indigenous and migrant and refugee community leaders, academics, peak organisations, racism conferences and from human rights agencies. As part of the Department of Immigration and Citizenship's 2011 multicultural policy, 'The People of Australia', the Australian Government made a commitment to develop an anti-racism strategy, with its development being led by the Australian Human Rights Commission (2012).

Addressing race-based discrimination is important in implementing a number of government policies. This includes the bipartisan commitment to multiculturalism, now manifest in the

Multicultural Victoria Act 2011, encapsulating support for equal rights and the freedom to express one's cultural heritage and to participate in all aspects of society. The *Victorian Equal Opportunity Act 2010*, meanwhile, makes it unlawful to discriminate on the basis of race in certain contexts. It places a positive duty on organisations to take reasonable and proportionate measures to eliminate discrimination, rather than simply responding to complaints. Addressing race-based discrimination is important for realising a number of rights provided by the Victorian Charter of Human Rights and Responsibilities, including the right to enjoy one's culture and the right to freedom of religion and belief. Addressing race-based discrimination is among the range of strategies required to address disadvantage experienced by Aboriginal Victorians and to support people from refugee and migrant backgrounds to settle in Australia.

VicHealth has identified the prevention of race-based discrimination and supporting diversity among its strategic priorities (VicHealth, 2009b). VicHealth recognises that a spectrum of responses is required to reduce discrimination and its associated harms. However, the emphasis of its work is on preventing racism before it occurs. This is often referred to as 'primary prevention'. In 2009, VicHealth worked in partnership with the University of Melbourne (the McCaughey Centre and the Onemda Koori Health Research Centre) and the Victorian Equal Opportunity and Human Rights Commission to develop an evidence-informed framework to guide this work (Paradies et al., 2009a). In the course of the literature review conducted to inform framework development, approaches to support pro-social bystander responses were identified as holding some promise in the primary prevention of race-based discrimination.

2. About this research

As part of VicHealth's ongoing work to support the primary prevention of race-based discrimination, the Social Research Centre and academic associates from the University of Melbourne and La Trobe University were commissioned to undertake two companion research projects on bystander action to prevent race-based discrimination and violence against women. The findings of the 'preventing race-based discrimination' research project are summarised in this report and the key implications for policy and practice are discussed. A companion report discusses the findings of the 'preventing violence against women' component of the project (see www.vichealth.vic.gov.au/bystander). Designed to inform future policy and practice, the objectives of the aspect of the project focusing on prevention of race-based discrimination were to:

- increase understanding of the Victorian community's capacity and willingness to engage in positive bystander action in response to the occurrence of, or conditions contributing to, race-based discrimination
- identify facilitators of and barriers to positive bystander behaviours and to building cultures that encourage bystander principles and behaviours
- identify settings and audiences to which efforts to strengthen bystander activity could be most profitably targeted.

3. Race-based discrimination: Prevalence and impacts

In 2007, VicHealth published data from a survey of 4000 Victorians in the report *More than tolerance: Embracing diversity for health*². The findings showed that while most Victorians support society being made up of people from different cultures, a small number (around one in 10) hold views that are 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 1 in 3) holds attitudes suggestive of intolerance of ethnic difference (e.g. the belief that some groups do not fit into Australian society, or resistance to people retaining what makes them culturally distinctive). Markus (2010), in a review of surveys conducted in Australia over the past three decades, maintains that the level of intolerance and rejection of cultural diversity can reach as high as 40–45% of the adult population.

Annual national surveys supported by the Scanlon Foundation suggest that the prevalence of race-based discrimination may be worsening. Across three waves of the national survey, an upward trend in experiences of race-based discrimination was observed, with such experiences reported by 7% of respondents in 2007 compared to 10% in 2009 and 14% in 2010 (Markus, 2010, 2011). This increase in discrimination is supported by other evidence from the same survey, with 41% of respondents in 2010 reporting that the level of racial prejudice in Australia is greater now than five years ago, compared to only 16% reporting a decrease (Markus, 2011).

While anyone from any group can be the victim of racism, certain groups in Australia report experiencing a higher rate of race-based discrimination than do others. A 2006 nationwide survey found that 15% of respondents from non-LOTE (language other than English) backgrounds had experienced racist talk. However, the rate was more than double (32%) for those from a LOTE background and more than quadruple (63%) for Indigenous Australians (Dunn et al., 2011). Among people from LOTE backgrounds, those who are readily visibly distinguished, such as people of African, Middle-Eastern or Asian appearance, are affected the most. For example, 51% of those from African, Middle-Eastern and Asian backgrounds reported experiences of insults and verbal abuse compared with 41% of other respondents from LOTE backgrounds.

An increasingly wide body of research has established that discrimination has serious consequences for those affected. Of particular concern is the impact of racism on mental and physical health. Exposure to race-based discrimination is associated with anxiety, depression, stress and poor quality of life. People reporting discrimination are also more likely to be overweight or obese and to engage in behaviours known to cause poor health such as smoking, substance misuse and alcohol misuse. While there are conflicting findings, some studies show an association between race-based discrimination and infant low-birth weight, heart disease and stroke. The link with heart disease is supported by emerging evidence of an association with factors known to increase the risk of heart disease and stroke (e.g. high blood pressure, increased heart rate, early coronary calcification and damage to red blood cells) (Trenerry, Franklin & Paradies, 2011).

These negative health impacts are understood to be due to a number of factors, including:

- restricted access to resources required for health (e.g. employment, housing and education) and increased exposure to health risks (e.g. unnecessary contact with the criminal justice system)

² This survey was led by Professor Kevin Dunn, University of Western Sydney and Associate Professor James Forrest, Macquarie University.

- internalising, by affected individuals, of negative evaluations and stereotypes of their own group, leading to poor self-worth, self-esteem and psychological wellbeing
- negative psychological and physiological effects of stress and negative emotions
- disengagement from healthy activities (e.g. exercise, taking medications and maintaining good sleep patterns) and attempting to cope by engagement in behaviours that impact negatively on health (e.g. smoking, excess alcohol consumption and drug use)
- injury, and the associated mental health problems, that may result from racially motivated assault.

Being exposed to discrimination has a particular impact on the health of young people because it occurs at a stage of the life-cycle when it has the potential to negatively affect their psychological adjustment and thereby their wellbeing into adulthood (Priest et al., under review).

As discussed in Section 1, contemporary racism may often manifest in very subtle ways. These more subtle and covert forms are nevertheless of concern as research suggests that there may be greater health and social consequences associated with exposure to them than with acts that are obviously discriminatory (Guyll, Mathews & Bromberger, 2001; Stetler, Chen & Miller, 2006). This is understood to be because action can be more readily taken when behaviour is unambiguously discriminatory (Guyll, Mathews & Bromberger, 2001; Harrell, 2000).

Although the nature of the relationship between discrimination and health is complex, there is evidence that individuals experiencing more frequent discrimination are at particular risk of developing health problems (Paradies, 2006). Furthermore, the impacts of discrimination can have a trans-generational effect: discrimination affecting one generation can potentially compromise the social and economic prospects of future generations, contributing to intergenerational cycles of poverty and disadvantage (Blank, Dabaday & Citro, 2004; Mays, Cochran & Barnes, 2007; Pachter & Coll, 2009; Rollock & Gordon, 2000; Sanders-Phillips, 2009).

The impacts of discrimination are not confined to those directly subjected to it; they can also create a climate of apprehension and fear that curtails the activities and aspirations of others from similar cultural backgrounds (Harell, 2000; Szalacha et al., 2003). This was graphically illustrated in the aftermath of the World Trade Center plane bombing when women from Muslim backgrounds reported restricting their movements to avoid racially motivated harassment (Human Rights and Equal Opportunity Commission, 2004).

Discrimination is a human rights violation, both in its own right and because it compromises the attainment and enjoyment of other human rights, including the right to health (World Health Organization, 2001). It is identified as such in a number of treaties and agreements to which the Australian and Victorian governments are signatories (Attorney-General's Department, 2004). As a community, we have a special obligation to protect people settling through the Humanitarian Program from discrimination. Coming from conflict zones around the world, refugees are likely to have had a history of discrimination and human rights abuses prior to arrival and may be particularly vulnerable to its health impacts in Australia (United Nations High Commission for Refugees, 2002).

At a broader level, discrimination has the potential to undermine positive intercultural relations and community cohesion. At its worst, it can lead to large-scale community conflict and violence warranting police intervention (Forrest & Dunn, 2007).

Discrimination as a contributor to poor mental health also contributes to decreased workforce participation. The Productivity Commission assessed the impact of six common conditions on workforce participation. Among these, mental health and nervous conditions were found to have the largest impact (Laplagne, Glover & Shomos, 2007).

A study exploring the economic costs of discrimination for governments and businesses is still underway (Paradies et al., 2009b), but such costs are understood to be considerable, including those associated with:

- responding to grievances through formal complaints mechanisms. Estimates made on the basis of 1999 New South Wales data indicate a total average cost of around \$55,000 per case (Equal Opportunity Commission, NSW, 1999)
- reduced productivity and absenteeism. An estimated 70% of workers exposed to violence, harassment or discrimination take time off work as a result (Equal Opportunity Commission, NSW, 1999)
- reduced overall workplace morale and productivity (Nicholas et al., 2001)
- staff turnover, and recruitment and induction of replacement staff (Blank, Dabaday & Citro, 2004)
- health care and social service costs associated with the long- and short-term consequences of discrimination (e.g. treatment and rehabilitation, income support payments).

Discrimination has also been implicated in the disproportionate exposure of those from certain cultural groups to a range of other social and economic problems such as unemployment, early school leaving, poor educational outcomes and involvement in the criminal justice system (Williams & Williams-Morris, 2000). These problems are themselves associated with direct economic costs as well as compromising economic growth (Dusseldorf Skills Forum & Business Council of Australia, 2005).

My son, who was involved in that insulation thing, you know at the time he was looking for work and, ah, one of his mates was installing those batts in the roof that all this kerfuffle was about. And, um, he said to me when he come home...one night he said, um, "We get paid more than the Indians. That's true." I said, "I don't believe that." He said, "Yeah, I know, the boss tells us. He say, 'I only pay them \$12 an hour, you guys can get \$18 an hour' or whatever, you know, so there's racism isn't it?"

(Research participant)

4. Primary prevention: A guide to activity in Victoria

In 2009, VicHealth published *Building on our strengths: A framework to reduce race-based discrimination and support diversity in Victoria* (Paradies et al., 2009a). Drawing on an international evidence base, this document (henceforth referred to as the 'VicHealth framework') set out a conceptual framework for the prevention of race-based discrimination as well as strategic directions and priority areas for government and community action. The philosophy behind the VicHealth framework underlines the need for comprehensive strategies to combat race-based discrimination at multiple levels. Drawing from an ecological model of health (Stokols, 1992), it recognises the complex interactions between deeply held stereotypes and prejudices, race-based discrimination in the form of everyday acts, and systemic discrimination embedded within current ideologies and structures. It recognises that a complex interplay of factors operating at four levels (individual, organisational, community and societal) contributes to race-based discrimination. Accordingly, efforts to reduce race-based discrimination must be targeted at these four levels.

This ecological approach shifts the focus away from single-factor explanations and solutions to comprehensive strategies (McKown, 2005) involving many different types of action operating at multiple levels and across a range of settings in a mutually reinforcing manner.

In the VicHealth framework, eight key themes are identified as those the research evidence suggests should underpin efforts to reduce racism:

- increasing empathy for the targets of racism
- raising people's awareness of their own beliefs, attitudes and behaviours relating to race and diversity
- providing accurate information to help dispel false beliefs that may underpin racism
- assisting people to recognise incompatible beliefs (e.g. the contradiction between holding race-based prejudice and a belief in the 'fair go')
- increasing personal accountability for intolerant beliefs and behaviours
- breaking down barriers between cultural groups
- increasing organisational accountability for fair and respectful treatment of all racial and ethnic groups
- promoting positive social norms relating to race and diversity.

A number of promising approaches to putting these themes into action were identified in the VicHealth framework, among them the use of bystander action to combat intolerant behaviour and establish non-discriminatory social norms.

5. Why support pro-social bystander behaviour?

When witnessing an incident of racial discrimination, an individual, or bystander, makes a decision about whether to take some form of action to intervene or not. Understanding the decisions and actions of bystanders has been of interest to researchers internationally since at least the Second World War. In particular, in the wake of the Holocaust, researchers were anxious to explain the pro-social actions of 'rescuers' as well as the widespread silence and failure of individuals to intervene to prevent the perpetration of genocidal violence and persecution. Some of the most striking research findings in relation to bystanders from this period are those identifying the prevalence of individuals' conformity to peer-group norms and pressures and obedience to perceived authority or leadership.

In short, bystanders are more likely to intervene if they perceive that their immediate leaders, peer-group or broader community support action (Nelson, Dunn & Paradies, 2011).

By the 1960s and throughout the 1970s, the focus of bystander research was influenced by a number of high-profile cases of bystanders failing to intervene. Perhaps the most famous of these was the case of Kitty Genovese. Catherine (Kitty) Genovese was raped and murdered on 13 March 1964 outside her Queens (New York, US) apartment, where it is alleged 38 neighbours witnessed or overheard the attack but failed to call the police or intervene to prevent the murder (Rosenthal, 1964). Ongoing research into this apparent trend of silent or passive bystanders has led to a greater understanding of the factors or situations where individuals are more likely to intervene, to act as a 'pro-social' bystander. Much research has described the process by which an individual decides whether to act as a pro-social bystander (Nelson, Dunn & Paradies, 2011).

In the field of psychology, the term 'bystander' refers to an individual who is present or witnesses a situation of interest. Typically, this has been assumed to be an emergency of some kind in which the person experiencing this emergency is a stranger. Thus, the term 'bystander' traditionally offers no indication of the extent to which an individual is active or willing to intervene. In some literature, 'bystander' has an implication of passivity. Recent studies of bystander helping and pro-social bystander behaviour move the focus from passivity to active helping. Similarly, in this report bystander anti-racism is defined as an active process involving assertive responses that specifically 'communicate one's displeasure in a way that is visible to the perpetrator' (Hyers, 2007, p. 1). Here, we define bystander anti-racism as:

Action taken by a person or persons (not directly involved as a target or perpetrator) to speak out about or to seek to engage others in responding (either directly or indirectly, immediately or at a later time) to specific incidents of racism and also to behaviors, attitudes, practices or policies that contribute to racism.

This definition encompasses more than just emergency or critical incidents; it also includes legal discrimination and more subtle, every-day and institutional forms of racism, which can occur even in the absence of a specific target (e.g. a joke about a specific racial group when no member of that group is present, or an organisational procedure that disadvantages a particular ethnic group). It includes bystander action in response to both interpersonal and systemic racism.

The inclusion of factors contributing to discrimination in the above definition speaks to the potential of bystander anti-racism to not only reduce the impact of specific incidents but also to contribute to preventing discrimination from occurring by responding to known contributing factors (i.e. primary prevention). These factors are identified from the VicHealth framework, shown in Table 1.

Table 1: Key factors contributing to race-based discrimination

Individual	Organisational	Community	Societal
Belief in racial hierarchy and racial separatism	Organisational cultures that do not recognise discrimination or value diversity	Limited relationships and interaction between people from different groups	Institutional, media, cultural and political support for, or weak sanctions against, discrimination
Belief that some groups do not fit into Australian society	Organisations that support or have weak sanctions against discrimination	Neighbourhood, family and peer cultures that are supportive of, or have weak sanctions against, discrimination	Limited connections between people from different groups
Fear, anxiety, discomfort, avoidance or intolerance of diversity	Policies, practices and procedures that favour the majority group	Resource competition	Impacts of colonisation
Denial that discrimination occurs and/or that it is serious	Inequitable recruitment, evaluation, training, remuneration, turnover or promotion of staff	Local demography, historical context and community identity	Inequitable distribution of material, informational and symbolic resources
Negative stereotypes and prejudices	Limited opportunities for positive inter-group relationships and interactions	Leadership that supports, fails to recognise or has weak sanctions against discrimination or does not value diversity	A national identity that excludes certain groups
Failure to recognise own negative attitudes/behaviours and/or a belief that they are 'normal'	Leadership that supports, fails to recognise or has weak sanctions against discrimination or does not value diversity		Leadership that supports, fails to recognise or has weak sanctions against discrimination or does not value diversity
Poor conflict resolution skills			
Limited positive inter-group relationships and interaction			

Source: Paradies et al., 2009a

In primary prevention, the goal of promoting bystander anti-racism action is to challenge and change social norms that allow race-based discrimination to manifest. For example, as indicated in Table 1, interpersonal discrimination is generally underpinned by a belief in the superiority of one's own group. In turn, this can be reinforced by weak sanctions or discriminatory social norms at the organisational, community and societal levels (Paradies et al., 2009a). By positively shaping social norms, bystander anti-racism can aim to stop the perpetration of racism.

Examples of bystander anti-racism embody a wide range of pro-social activity, including actions that confront the perpetrator, recruit other active bystanders, support a target after an experience of racism, formally report the incident, or seek assistance (e.g. from a colleague, manager, police officer or school teacher).

6. A model for supporting pro-social bystander behaviour

Researchers Ashburn-Nardo, Morris and Goodwin (2008) used the classic social-psychological research on bystander intervention (see, for example, Latane & Darley, 1970) to develop the Confronting Prejudiced Responses (CPR) model. The CPR model is an attempt to take the theory and research on bystander helping and apply it to anti-prejudice action. The CPR model outlines five steps that a bystander goes through in the process of intervening:

1. An incident must be interpreted as racism or discrimination.
2. A bystander must decide whether the incident warrants confrontation.
3. The bystander needs to take responsibility for intervening or confronting the perpetrator.
4. Once the bystander has taken responsibility, that person is required to decide how to confront or intervene. This means the bystander has to make an assessment that he or she has the skills or ability to intervene.
5. The bystander takes action, and this may involve a cost–benefit analysis.

The CPR model describes the processes involved in bystander action at an individual level. These processes are likely to remain much the same as individuals act across a range of settings.

The authors of the CPR model acknowledge that bystanders may not always go through such a deliberative process before intervening, that sometimes action is spontaneous or driven by strong emotion. The CPR model does, however, offer an indication of the factors that enable bystander action at each stage of the process. The first three steps of the model suggest that bystander action is facilitated by knowledge of what constitutes racism or discrimination, coupled with an awareness of the gravity of racism and an ability to see a situation from the target's perspective.

The fourth step in the CPR model points to the importance of skills in intervention or confrontation. Bystander action is enabled when individuals perceive they have the skills or ability to act. Providing people with these skills/abilities, as well as educating them about the utility of a constructive response, will enable bystander anti-racism. According to the fifth step of the CPR model, if bystanders are aware of the benefits of intervention, they are more likely to act.

Hyers (2007) found that one of the strongest motives for action in response to a racist comment was educating the perpetrator. Another powerful motive for action was emotional expression. Female participants in the study reported their assertive responses were driven by a need to respond in a way that expressed their values. That is, bystander action was an expression of anger, disapproval, defiance and so on. Along the same lines, in a study of complaining, Kowalski (1996) found that complaining could serve a number of purposes. A complaint could be aimed at changing a situation or someone's behaviour, but complaints also serve a cathartic function, to vent frustrations or express anger. Recent research by Stocks, Lishner and Decker (2009) suggests that bystander, or pro-social, behaviour is also driven by empathy for the target.

7. Research focus and components

7.1 Research settings

The research focused on three settings. These were selected on the basis of a literature review (see Section 7.2 below) and an assessment of their potential for future interventions to support pro-social action. The first of these was a social setting and involved looking at how respondents act when witnessing racist behaviours from acquaintances and friends.

The second setting was the community-based sports club. This was selected given the popularity of sports and hence the opportunities provided to reach large numbers of people. Sports settings are organisational contexts through which social norms are shaped and can be changed. In the 2006 'More than tolerance' survey commissioned by VicHealth, 35% of people from non-English speaking backgrounds reported experiencing race-based discrimination at a sports or other public event at some level of frequency. This was nearly three times the level experienced by people born in Australia (VicHealth, 2007). VicHealth has a particular interest in sports clubs because it has significant investment in the sports and active recreation sector, currently approximating \$10 million per annum.

The third setting was the workplace. In the Victorian 'More than tolerance' survey, 38.9% of respondents from non-English speaking backgrounds reported experiencing race-based discrimination at some level of frequency in the workplace. This was three times the rate experienced by people born in Australia (VicHealth, 2007). Like sport settings, workplaces are organisational contexts through which social norms are shaped and can be changed. Research has shown that race-based discrimination impacts all facets of the workforce experience, from job recruitment and interview selection and conduct to employee productivity and wellbeing (Trenerry, Franklin & Paradies, 2011). VicHealth has identified workplaces as a priority setting in its *Strategy and business plan* (VicHealth, 2009b) and has established the Creating Healthy Workplaces program, through which pilot projects addressing a number of health issues are being developed. Among them is a pilot project to explore reducing race-based discrimination in the workplace.

Experience suggests that both workplaces and sports clubs are settings through which anti-discrimination initiatives can be effective (Paradies et al., 2009a).

While the research focused on two particular settings as 'case studies', many of its findings are likely to be relevant, at least in broad terms, to other organisational settings (e.g. educational institutions).

The research presented in this report was undertaken in four key steps, summarised below.

7.2. Review of literature

The initial review of literature focused on the origins, underlying theories and studies relating to bystander anti-racism, as well as barriers and facilitators of bystander anti-racism (Nelson, Dunn & Paradies, 2011). The studies identified in this literature review showed some promise in relation to the effectiveness of bystander anti-racism in an overseas context, but no Australian studies were identified. Further research in the Australian context was required to establish organisational and community readiness to engage in bystander anti-racism as well as its likely effectiveness. This literature review informed all further components of the research project detailed in Sections 7.3 and 7.4. It can be found at www.vichealth.vic.gov.au/bystander-discrimination.

7.3. Qualitative research to inform survey development

While the academic research in this area provides a sound understanding of the theoretical factors that either contribute to or inhibit pro-social bystander behaviour, a targeted program of qualitative research was conducted to help 'build a bridge' between these theoretical constructs and the design of practically oriented survey instruments. Four focus groups and seven cognitive interviews were used to explore the theoretical constructs of interest with participants. The purpose was to establish how these general constructs relate or apply to the workplace, sports and general social settings.

Participants were working adults 25–50 years old involved in local community sports clubs either directly or via their children. An even mix of men and women and a diverse range of occupations across socio-economic levels were represented, with participants predominantly from an Anglo-Australian background. This qualitative research allowed a better understanding of the 'language' of participants as well as exploration of their attitudes to workplaces and sporting clubs as conduits for pro-social behaviour. These discussions were used to develop realistic setting-based scenarios for inclusion in the survey.

7.4. Victorian Bystander Survey

The Victorian Bystander Survey was conducted among residents of metropolitan and rural Victoria, with landline numbers, who were 18 years of age or older in mid-2011. In total, 601 respondents completed the survey. About 37% of those contacted agreed to take part. Most of those who completed the survey were female (59%), with an average age of 54 years among participants. Although most participants completed the survey in English, the survey was offered in additional languages, with a small proportion of surveys being completed in Italian and Vietnamese. The survey took approximately 18 minutes to complete. A full technical report of the survey (Pennay & Paradies, 2011) can be found at www.vichealth.vic.gov.au/bystander-discrimination.

A detailed discussion of the survey is in the technical report. Primary areas of investigation were based on themes arising out of the literature review and the contributing factors in the VicHealth framework (see Table 1). They included:

- views about the responsibility of key institutions to provide a fair and respectful environment
- appropriateness of racist behaviours in social, sports club and workplace settings
- personal responses to racist behaviours in social, sports club and workplace settings
- the likelihood of taking some form of action against offensive (racist) behaviours in social, sports club and workplace settings
- accounts of witnessed racism
- individual and organisational barriers and facilitators to taking action.

This survey is one of the first of its kind exploring pro-social behaviour in relation to race-based discrimination. It covered three separate settings and addressed both interpersonal and systemic discrimination. Some forms of subtle discrimination were included. However, due to the complexity of framing questions for telephone interviewing on more subtle and indirect forms, the emphasis was on more obvious manifestations of racism and discrimination. Different results may have been achieved had it been practical to explore a comprehensive range of behaviours and practices.

In considering the survey results it is important to note the following:

- 184 respondents were associated with a workplace³ and 235 were associated with a community sports club in the past 12 months. Questions relating specifically to these two settings were asked of these respondents, and not the whole sample.
- The sample size was too small to assess all differences between groups and variables of interest. This applies especially to differences between English-speaking background respondents and non-English speaking background respondents, and between particular cultural groups and the whole sample.
- The term ‘significant’ is used to denote that findings were statistically significant, rather than necessarily substantial in size. That is, these differences were likely to be due to actual differences between the samples rather than to sampling error. All differences reported in the text are statistically significant to the 95% two-tailed level unless otherwise stated. Statistically significant differences in the tables are denoted by the hash symbol (#).

7.5. Consultations on bystander interventions in the workplace and sports settings

Following the survey, qualitative research was conducted into bystander involvement in race-based discrimination in a workplace context. This investigation was designed to provide insights into settings and audiences on which bystander activity could most productively focus, as well as to garner information to support organisational policies and the development of bystander training programs for application in workplaces. Participants with responsibility for relevant policies and programs in workplaces with 50 or more employees were included in four focus group discussions. During the discussions, participants were prompted to talk about their current policies and programs focused on issues of respect and specifically around race discrimination. This included discussion of how the bystander role could fit within their organisations. They were also prompted to discuss the nature and content of training programs that would be suitable and required in relation to bystander anti-racism. Additional consultations were undertaken with VicHealth personnel who hold expertise in relation to sport settings.

³ Includes respondents who had been working for their current employer for three months or more in a culturally diverse workplace of five or more employees, referred to as ‘in-scope’ employees.

8. Research findings

8.1 How ready is the Victorian community to take action to prevent race-based discrimination?

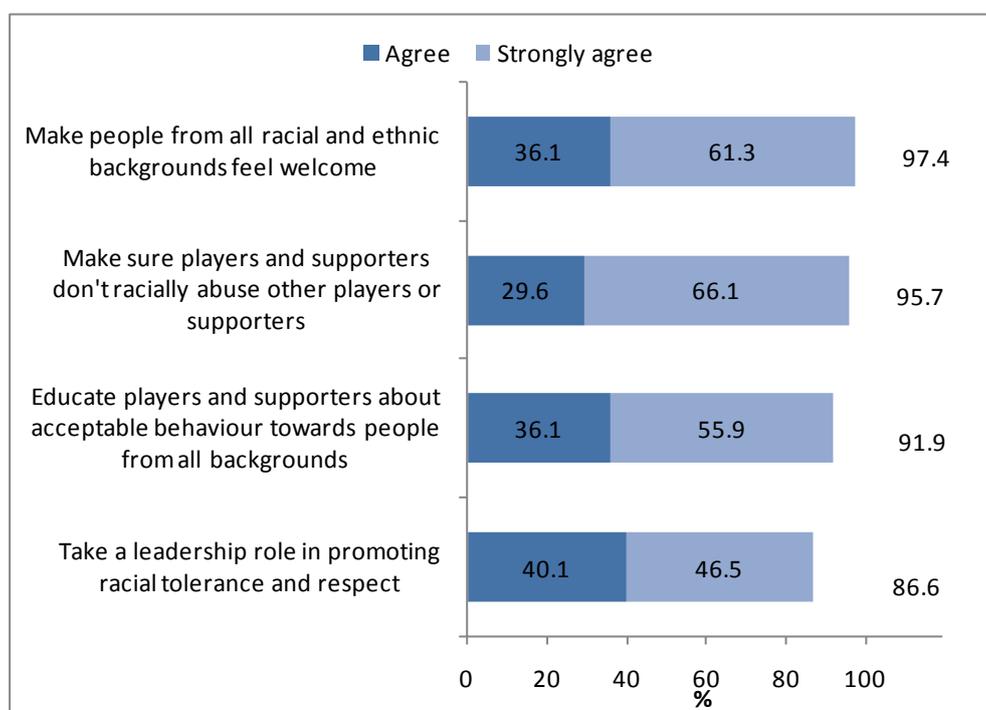
8.1.1 Do Victorians support action to counter racism? What responsibility do they believe workplaces and sports clubs have to be pro-social agents?

The success of efforts to strengthen pro-social responses to racism will depend on a broad consensus that this is a problem requiring a response, and an expectation that key institutions will play a role in this regard.

Accordingly, Victorians were asked for their views on the need to address racism generally in Australian society as well as the extent to which they felt sports clubs and workplaces were responsible for establishing and maintaining a respectful and fair environment for people, regardless of their racial or ethnic background, both within the respective settings and in the community.

An overwhelming majority (83%) agreed with the proposition that ‘something more should be done to minimise or address racism in Australia’. Expectations were similarly high for the two settings. As can be seen in Figure 1, most of the sample agreed that local community sports clubs should ‘make people of all racial or ethnic backgrounds feel welcome’ (97%), ‘ensure that players and supporters do not racially abuse other players and supporters’ (96%), and ‘educate players and supporters about acceptable behaviour towards people of all backgrounds’ (92%). Furthermore, 87% of respondents expected local community sports clubs to ‘play a leadership role in the local community in promoting racial tolerance and respect’.

Figure 1: Perceived responsibilities of local community sports clubs

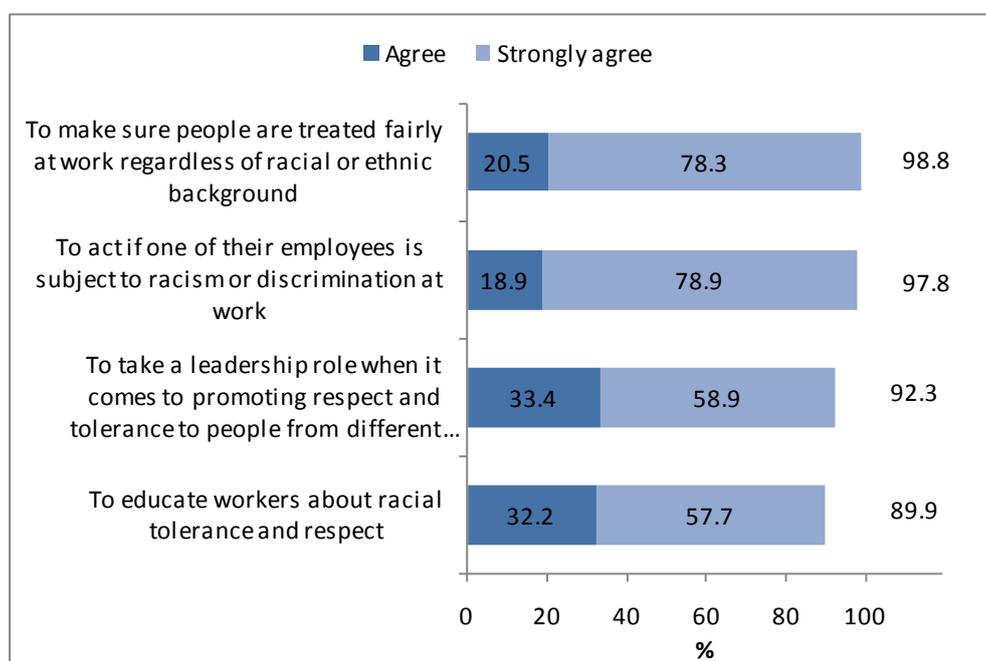


Base: total sample ($n = 601$).

Observations made for the workplace were very similar, evident in Figure 2. Almost all respondents had an expectation that employers will ensure that ‘people are treated fairly at work regardless of their racial or ethnic background’ (99%) and that employers ‘have a responsibility to act if they become aware of workplace-based discrimination’ (98%). A considerable majority of respondents agreed that employers should ‘take a leadership role when it comes to promoting respect and tolerance for people of different racial and ethnic backgrounds’ (92%). Nine in 10 agreed that ‘employers should play a role in educating their workforce about racial tolerance and respect’.

These data suggest that the Victorian community supports action to address race-based discrimination and has high expectations that key organisations will not only respond appropriately to race-based discrimination when it occurs, but also take positive steps to promote an environment that is respectful and inclusive of all, both in their own organisations and, in the case of community sports clubs, in the wider community.

Figure 2: Perceived responsibilities of employers



Base: In-scope employee ($n = 184$).

8.1.2 Do Victorians recognise racism as unacceptable?

We turn now to factors involved in the readiness of individuals to engage in pro-social behaviour. According to the Confronting Prejudiced Responses (CPR) model introduced earlier, in order for someone to take action when confronted with a racist incident or episode, that person must first recognise a particular episode as racist. Accordingly, respondents were asked to indicate their perceptions of the acceptability of a number of potentially racist behaviours in social, sports club and workplace settings.

Overall, recognition of racism as unacceptable was high, with almost all of the behaviours and practices being recognised as never acceptable by a majority of respondents. However, there was some variation between settings and between particular behaviours and practices. The level of recognition of racism in the social setting (Figure 3) was generally lower than for the more formal

and institutional sports club and workplace settings (Figures 4 and 5). For example, 60% of respondents reported that it was 'never acceptable' to use racist slang in a social setting and 33% felt it was 'never acceptable' to tell a racist joke. For the workplace setting, the proportions were 78% and 60% respectively.

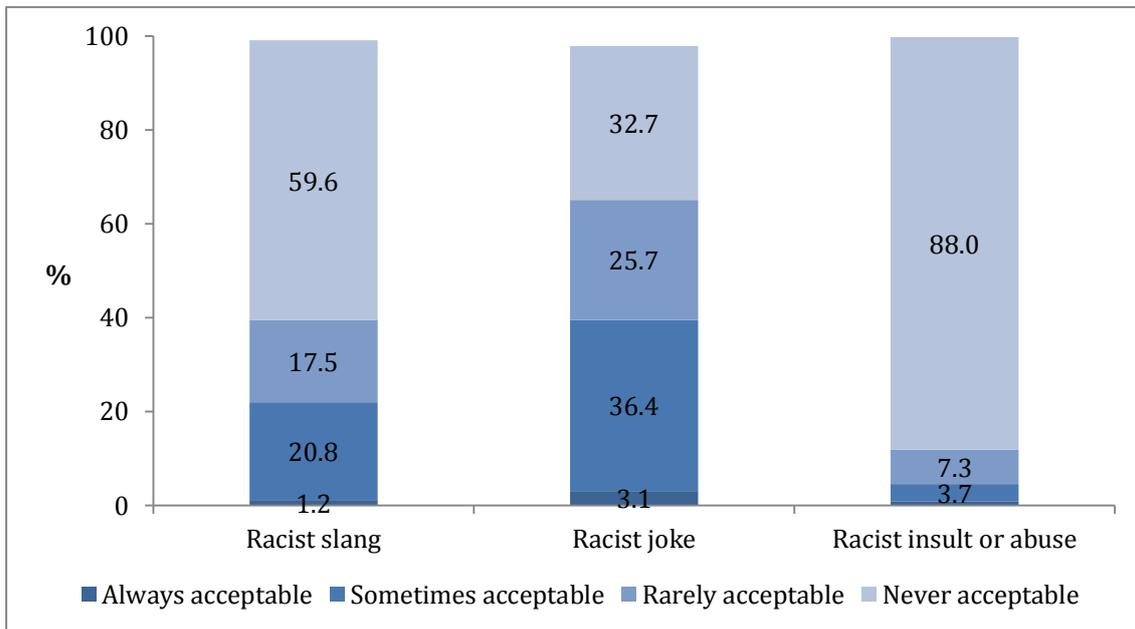
Generally speaking, behaviours and practices that were more likely to be regarded as 'never acceptable' tended to be more blatant and have consequences for individuals that were immediately apparent. For example, whereas nearly 9 in 10 people recognised racial insult or abuse as never acceptable in a social setting, only 6 in 10 recognised racist slang and 3 in 10 racist joking as never acceptable. Similarly, in the workplace, over 85% of respondents recognised more blatant forms such as race-based job allocation and rates of pay and racist exclusion from social events as 'never acceptable'. By comparison, 78% of respondents thought that racist slang was 'never acceptable' and only 59% thought that racist joke-telling was 'never acceptable'. These findings suggest that Victorians recognise racist behaviours and practices, but that the level of recognition is higher for more blatant forms and for racism occurring in formal institutional settings.

Data (not shown) on those who reported that the hypothetical behaviours were at least sometimes acceptable (i.e. 'always', 'sometimes' or 'rarely') suggests that 4 in 10 respondents felt that it was at least sometimes acceptable for someone they know to use racist slang. Almost two-thirds felt that it was sometimes acceptable for someone they know to tell a racist joke and just over 1 in 10 regarded it as acceptable for someone they know to insult or racially abuse another person. Overseas-born persons from non-English speaking backgrounds were less likely to 'support' the use of racist slang (26%) than Australian-born persons (41%) and overseas-born persons from English-speaking backgrounds (49%). There were no differences on the basis of age, gender, education or geographic location.

And some Sudanese people went past and the little girl had the braids all sticking out. My mum in complete innocence who's half deaf at 85, said "oh my god Marina that little piccaninny is adorable" ... and I have just gone bright red and I've gone, "Mum don't say that again". She goes "what, she's adorable". Now, she doesn't even think piccaninny is a bad word to her. It's a, a era of her time ... You know I'm a product of her but I know, I would never use a word like that. My children know, they would never use a word like that. So sometimes it's not because they're bad people. I mean my mum would do anything for anyone. She's not a bad person. But it's the environment she was brought up in the words and language that she was taught and has not being changed into, you know the modern day language I guess.

(Research participant)

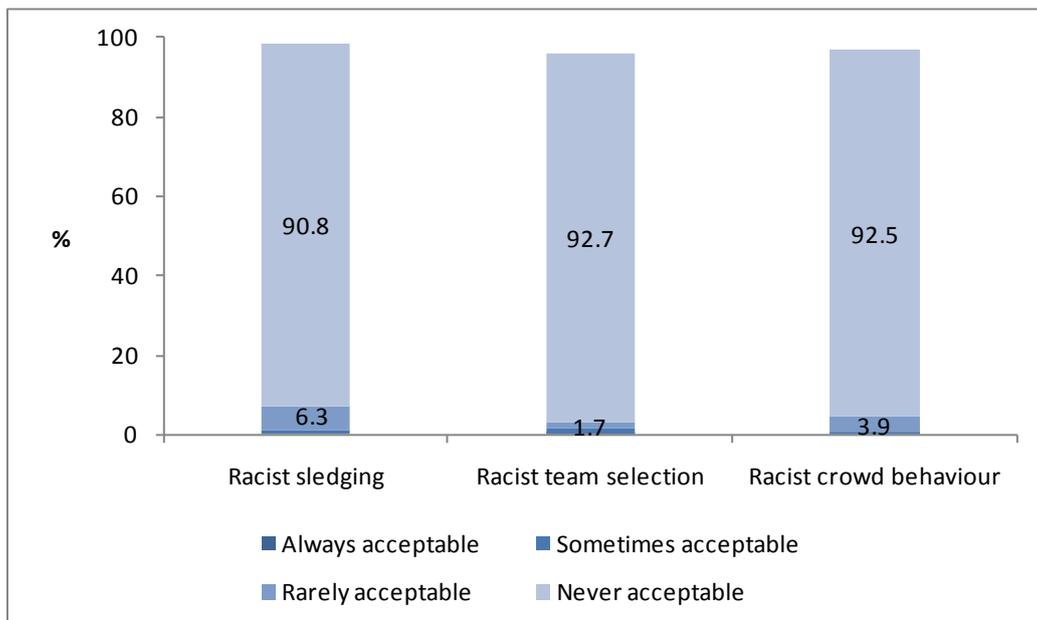
Figure 3: Perceived acceptability of selected behaviours when socialising with friends



Base: total sample ($n = 601$).

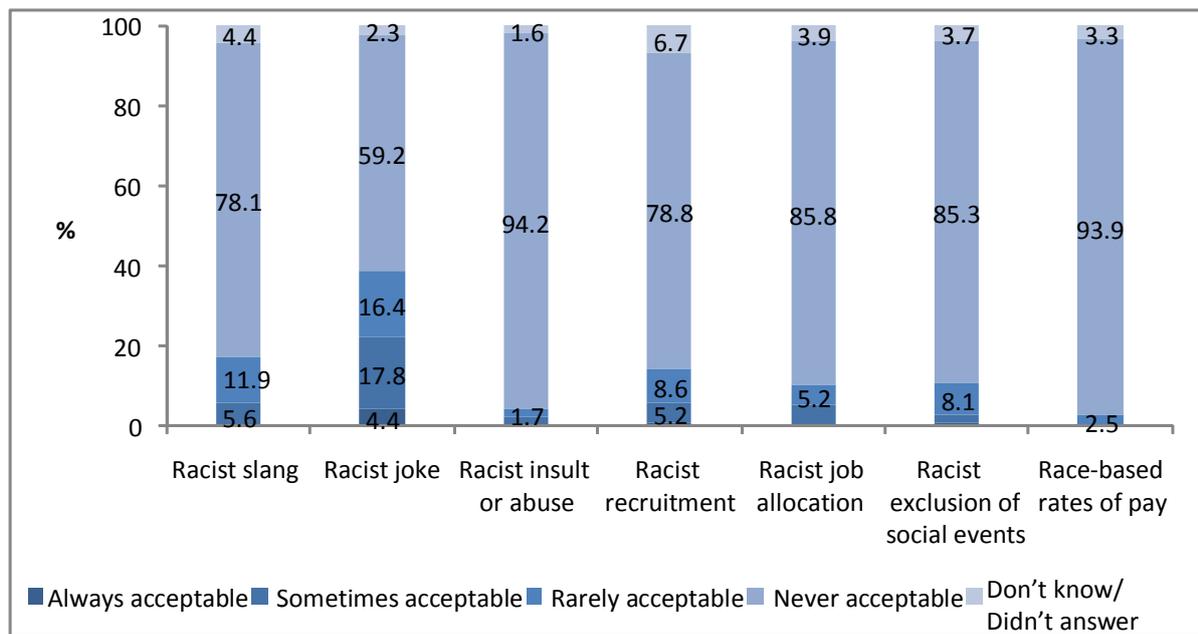
Note that figures do not always add to 100% in these graphs as figures for the 'don't know/didn't answer' category are not shown.

Figure 4: Perceived acceptability of selected behaviours in a local sports club setting



Base: involved in local community sports club ($n = 235$).

Figure 5: Perceived acceptability of selected behaviours in a workplace setting



Base: in-scope employees ($n = 184$).

Further analysis (data not shown) suggests respondents were more likely to report that racist behaviours were rarely or never acceptable if they were in large workplaces (200 employees or more) than small workplaces (69% compared with 43%) and if they reported that their workplace had policies and procedures in place to educate or inform employers about racial tolerance and respect (70% compared with 41%).⁴

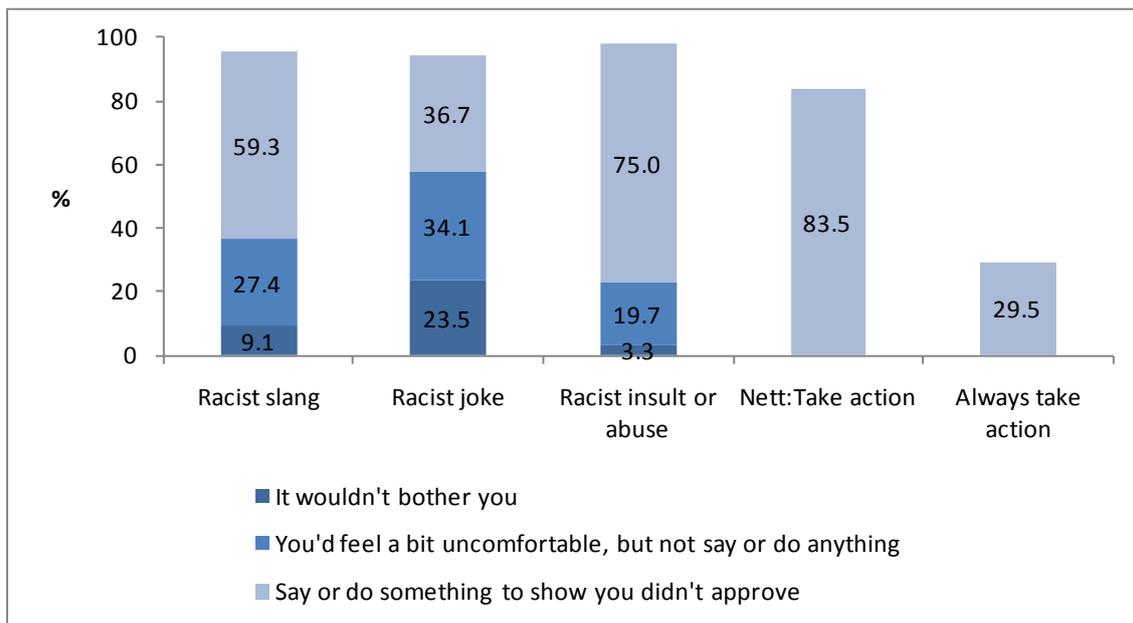
8.1.3 What are Victorians' intentions when witnessing racism?

The CPR model suggests that, in addition to recognising a certain behaviour, episode or incident as constituting racism, a witness has to conclude that an incident warrants action. Accordingly, Victorians were asked how they would react to witnessing selected racist behaviours in all three settings.

Regarding the social setting (Figure 6), three-quarters of respondents said they would take action to show their disapproval if someone they knew used racist language to insult or abuse another person. Nearly 6 in 10 (59%) said they would say or do something to show their disapproval if someone they knew used racist slang to describe people of a certain racial or ethnic background, and over a third (37%) regarded the telling of a racist joke as warranting a response. Additionally, 30% of respondents indicated that they would take action in response to all selected racist behaviours in a social setting.

⁴ See Section 8.2.3 for information on this line of questioning. Results significant at the 80% two-tailed confidence level only.

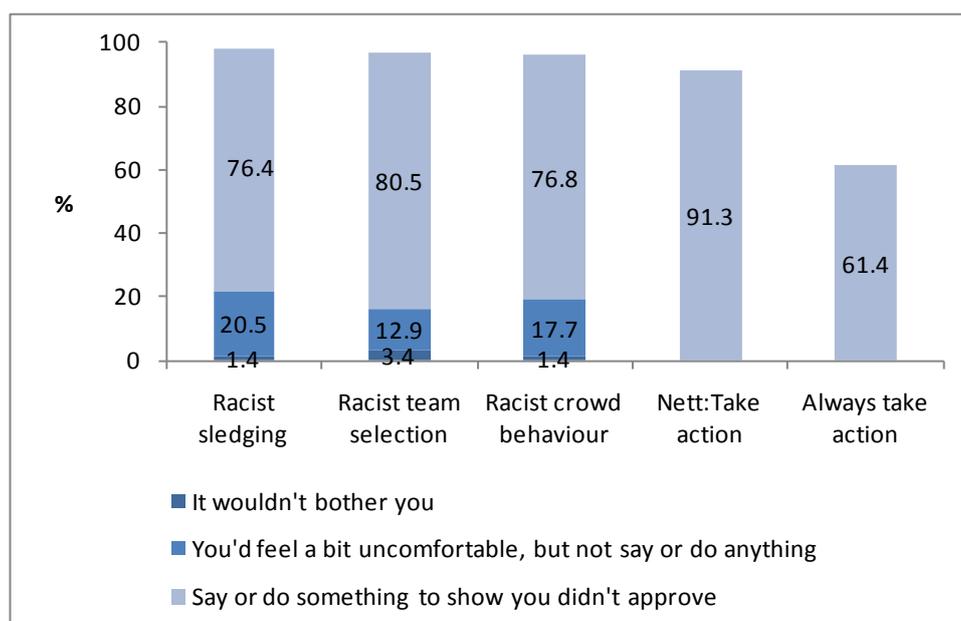
Figure 6: Stated intentions when witnessing selected behaviours in general social settings



Base: total sample ($n = 601$).

Although only some of the scenarios are directly comparable between settings, there was a much stronger inclination toward taking action in organisational contexts. At least three-quarters of those involved in local community sports clubs said they would say or do something to show their disapproval if faced with racist sledging (76%), race-based team selection (81%) or race-based crowd behaviour (77%) at their local sports club. Perhaps most telling, however, is that nearly two-thirds of respondents (61%) said they would say or do something to show their disapproval in response to all of these scenarios (Figure 7).

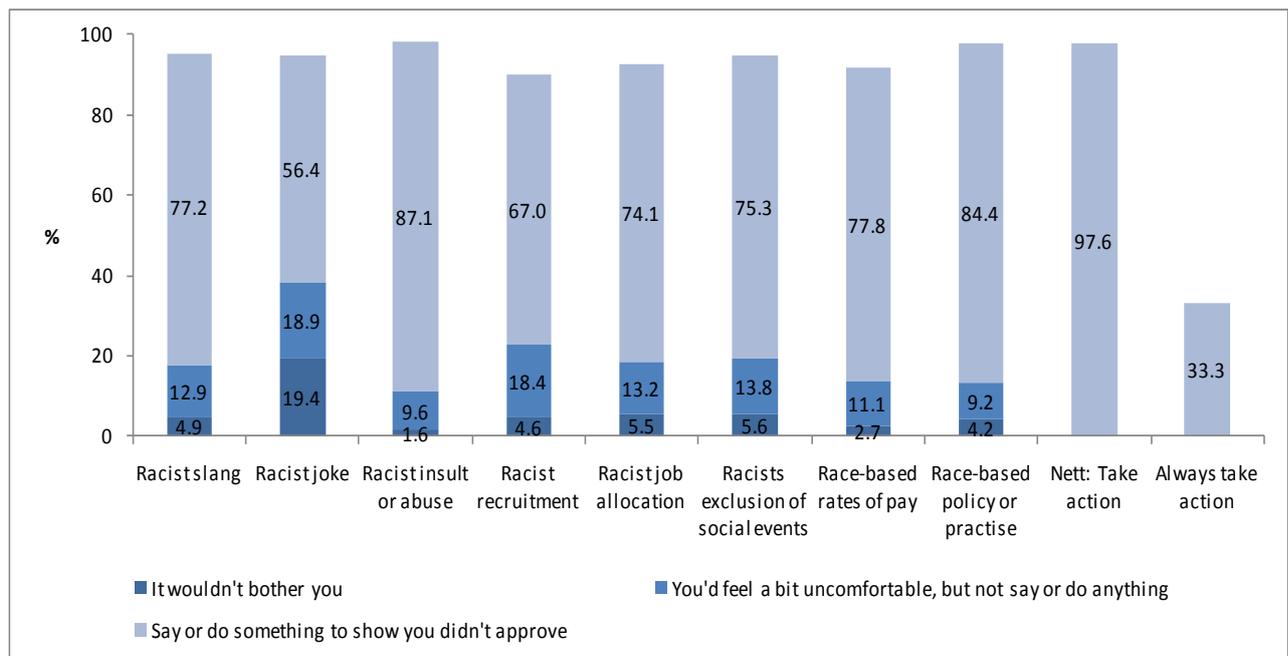
Figure 7: Stated reaction to witnessing selected behaviours in local sports club settings



Base: involved in local community sports club ($n = 235$).

Stated reactions in the workplace setting (Figure 8) were quite similar to those in the sports club setting: a considerable majority of respondents were of the view that they would take action if they were confronted with a racist situation at work. This ranges from 56% saying that they would say or do something to show their disapproval if someone at their work told a racist joke, to 87% saying that they would take action if they witnessed racist insults or abuse directed at another employee. Almost all respondents (98%) said they would take action in response to at least one of the scenarios and a third (33%) reported that they would take action in response to every scenario.

Figure 8: Stated reaction to witnessing selected 'racist' behaviours at work



Base: in-scope employee ($n = 184$).

These findings suggest that respondents were also less inclined to take action in relation to less blatant forms of racism, with the smallest proportion of respondents indicating that they would take action in relation to racist joke-telling in both a social setting and at work.

Overall, 30% of respondents said that they would say or do something to show their disapproval in response to each scenario presented (data not shown). This proportion was higher for females (34%) than for males (25%) and for those with university education (45%) than not (26%). There were no statistically significant differences on the basis of age, country of birth, geographic location, or between people of English-speaking and non-English speaking backgrounds.

Another group of interest are those respondents who could be categorised as ambivalent. For the purposes of this report, this group was defined as those for whom each of the selected behaviours was deemed to be 'never' or 'rarely' acceptable but for whom the stated response to each behaviour was 'discomfort' rather than an intention to 'say or do something to show their disapproval'. This group is of importance, since their discomfort suggests that, under the right conditions, they may take action in the future. This 'ambivalent' group constitutes 23% of respondents. University graduates are more likely to be in the 'always take action' group (45%) than in the 'ambivalent' group (10%). There were no significant differences on the basis of age, country of birth, geographic region or gender.

Victorians show a strong intention to take action against racist behaviours and practices, especially more blatant ones. While this intention to act may not always translate into action (discussed further in Section 8.1.4), this nevertheless shows promise regarding the second step of the CPR model (deciding whether the incident warrants action) and lays a foundation from which to promote pro-social bystander action.

8.1.4 How do Victorians actually respond when witnessing race-based discrimination?

While behavioural intentions are considered important for understanding why and how people act in particular ways, there is a frequently observed difference between an individual's self-reported intentions to act in a certain way, and how they actually act. This is referred to in the research literature as the 'intention-behaviour' gap (see Sniehotta, Scholz & Schwarzer, 2005).

Respondents were asked to indicate whether or not they had witnessed racism amongst friends, amongst extended family, at the sports club or at the workplace in the past 12 months, as well as what types of incidents they had encountered. Respondents who indicated that they had taken action the last time they witnessed racist behaviour were also asked what type of action they took.

Concerning the prevalence of witnessed racism, overall one-third of sample members (34%) had witnessed racism towards other people in at least one of the three settings. The most common setting in which people witnessed racism towards other people was when socialising with friends (23%). Amongst employed respondents, 13% had witnessed racism at their workplace in the past 12 months. About 12% had witnessed racism in a local community sports club and the same proportion had witnessed racism towards other people amongst their extended family.

Younger persons (those aged 18–34 years) were significantly more likely to have witnessed racism in the selected settings in the past 12 months (59%) and those aged 55 years and over were significantly less likely to have done so (18%). Those with university qualifications were more likely (at 46%) to report having witnessed racism in one of the selected settings in the past 12 months compared with 32% of those without.

Respondents who had witnessed racism were asked to describe the most recent situation. Responses to this open-ended question were grouped according to categories and are illustrated in Figure 9. The most frequent events were racist jokes/humour, reported by a third (33%) of respondents, racist slang/name-calling/sledging (26%) and expressions of underlying racist attitudes/stereotypes (25%). Overt racial abuse (e.g. racist crowd behaviour or high-level sledging) was far less common, at 9%.

Saying to an 85-year-old, "Mum you are not allowed to say that", and she's looking at me like, "what, why?" [laughs]. But once I explained it to her, she would never say that again now. So even at 85 you can still learn lessons that have been ingrained for years and years, she would never use that word again now. You know, once I said how derogatory it was.

(Research participant)

If, if someone on the sidelines makes a racist slur either a member from the club will immediately go and speak to them, or umpire would speak to them. There is no racial slurs that ever get away, at the association ever I've never heard one.

(Research participant)

Specific incidents described by respondents included:

A person at a bar was pushed by someone of a different race and racial slurs were used.

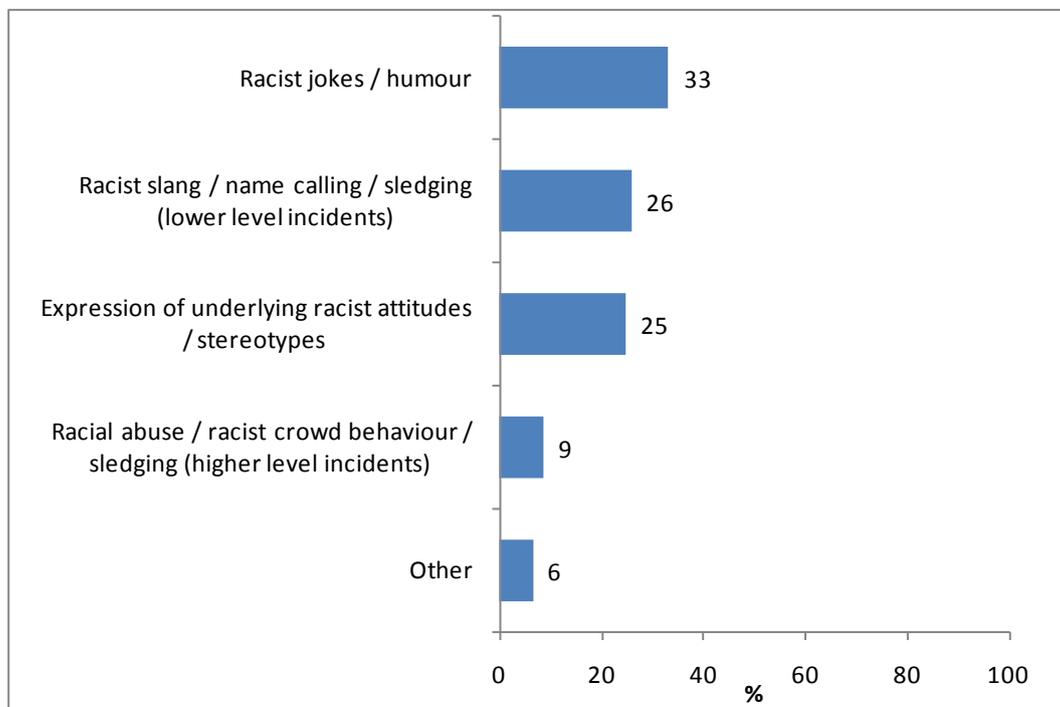
Staff were making fun of an Indian employee and the way he spoke (his accent) to customers.

A bunch of Aboriginal girls were drinking and one of her friends said “That’s all Aboriginals can do is drink”.

Mostly name calling, people from the islands would be called nicknames like “boongers” or “coconuts” but that’s the extent of it.

The respondents who reported having witnessed racism in the past 12 months were then asked if they said or did anything in response (i.e. if they had taken some form of action). Just under half these respondents reported having done so.

Figure 9: Type of racist incident witnessed in the past 12 months



Base: reported witnessing a racist incident in a selected setting in the past 12 months ($n = 205$).

As can be seen in Table 2, females who reported observing an incident were more likely than males to take action (55% compared with 37%). Those aged 18–34 years were less likely to take action (29%) than those aged 35–54 years (55%) and those 55 years and over (50%). University graduates were also more likely to have taken action than non-university graduates (60% compared with 42%).

The data in Table 2 also indicate that those born overseas were more likely than those born in Australia to take action, and that bystanders were more likely to respond to forms of racism they regarded as serious. However, these differences were not statistically significant. This is due to the small sample size.

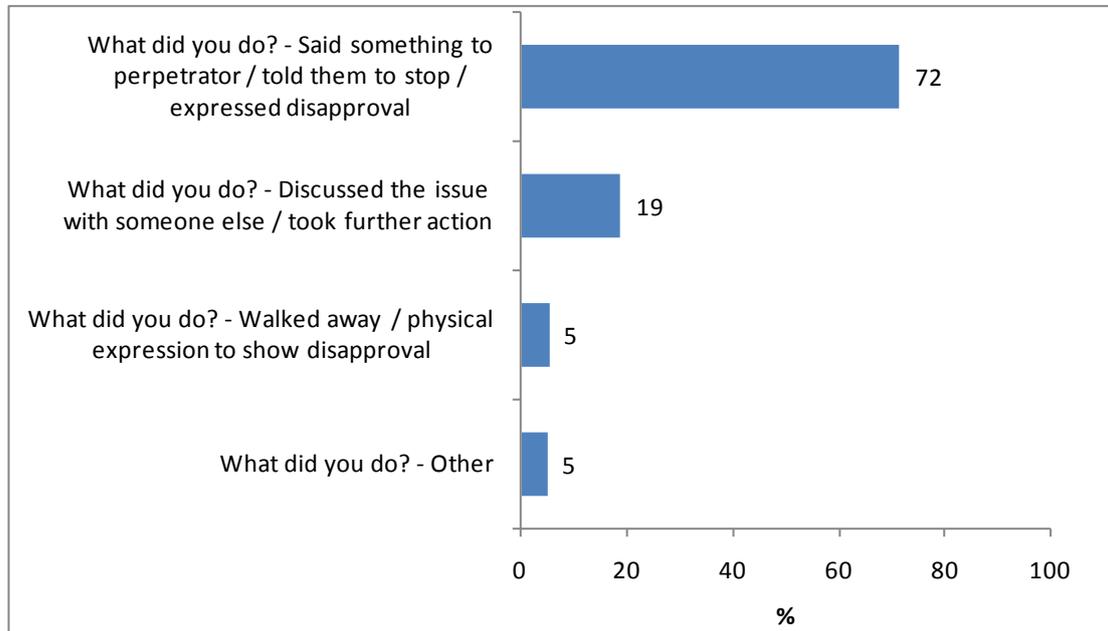
Table 2: Percentage who reported taking bystander action

Selected characteristic	<i>n</i>	%
Total	205	46.5
Gender		
Male	86	36.6
Female	119	55.2 [#]
Age group (years)		
18–34	42	28.7 [#]
35–54	102	54.7
55+	61	50.0
Place of birth		
Australia	162	40.7
Overseas, English-speaking background	21	68.6
Overseas, non-English speaking background	22	59.0
Education		
Not university graduate	118	41.8
University graduate	87	60.1 [#]
Region		
Melbourne (Stat. Div.)	148	45.6
Rest of Victoria	57	49.9
Type of incident		
Racist slang/name-calling/sledging (lower level incidents)	56	40.3
Expression of underlying racist attitudes / stereotypes	49	45.9
Racist jokes/humour	62	49.7
Racial abuse/racist crowd behaviour/sledging (higher level incidents)	20	56.7

Significance testing against total. # denotes statistically significant at the 95% confidence level.
Note: The proportion taking action excludes four respondents who took a pro-racist stance.

Those respondents who reported taking some form of bystander action were asked to describe the type of action they took. The responses to this open-ended question were grouped according to categories. The results of this grouping are shown in Figure 10.

Figure 10: Type of pro-social action taken



Base: took pro-social action in response to witnessing racism ($n = 90$); excludes four respondents who took a pro-racist stance.

The majority of responses to witnessing a racist incident involved the bystander saying or doing something to show their disapproval (72%). This is a fairly broad response category, typical examples of expressing disapproval including:

Spoke to them and told them straight that it wasn't called for.

I just said that I found the comment inappropriate.

Told them I didn't find the joke funny and didn't agree with what they were saying.

I responded to the email, saying I don't understand what is funny about this.

An additional 19% of the sample indicated that they talked to someone else about the situation, while 5% indicated that they showed some expression of disapproval.

8.1.5 Is there a relationship between intention to act and taking action?

The survey results were further analysed to identify key characteristics of those individuals who reported intending to take action as bystanders when presented with the hypothetical scenarios and those who reported actually taking bystander action in response to a racist incident in the past 12 months. This analysis took into account responses to questions in relation to all three settings and all

of the hypothetical scenarios. By scoring participants on their responses to these survey items, a summary ‘level of pro-social intentions’ was calculated.⁵

The analysis suggests a relationship between pro-social intentions (or the reported intention to take action) and reported pro-social behaviors (Table 3). Around three-quarters of those with high pro-social intentions who reported witnessing racist behavior said they took action as a result. This proportion decreases to around 4 in 10 for those with a moderate pro-social intention and around 1 in 4 of those with a low pro-social intention. In other words, there is a relatively strong relationship between a high stated intention to intervene if witnessing racism and pro-social bystander action taken when witnessing an incident.

Table 3: Relationship between individual’s score on level of pro-social intentions and action taken by bystanders

	Pro-social inclination			
	Total (n=601) %	Low (n=190) %	Moderate (n=214) %	High (n=190) %
Did not witness a racist situation	66.2	68.7	70.3	59.3
Witnessed and took action	15.7	7.5 [#]	11.7	30.3 [#]
Witnessed and did not take action	17.6	22.7	17.9	10.4
Don't know	0.1	-	0.3	-
Took action as a proportion of all those who witnessed an incident	46.5	23.8	39.4	74.4

8.2 What are the barriers and facilitators to taking action as bystanders?

As noted in Section 8.1.5, the survey found that while many respondents indicated an intention to act if they witnessed discrimination, not all did in practice. This suggests that it is important to identify and address the factors that facilitate bystander action and those that obstruct it. In the literature review, a range of potential enablers, as well as obstacles, to bystander anti-racism were identified. These are summarised in Table 4. Some of these are well researched, such as the role of group identity. In others, such as awareness of the harms caused by racism, there is a need for further research to establish the extent to which they support bystander anti-racism.

⁵ Refer to the technical report for the complete method of calculation.

Table 4: Enablers of and obstacles to bystander action

Enablers of bystander action	Obstacles to bystander action
Knowledge of what constitutes racism Awareness of harm caused by racism Perceived responsibility to intervene Perceived ability to intervene Negative stereotypes and prejudices Desire to educate perpetrator Self-validation, catharsis – expressing anger, disapproval, etc. Desire to aid target of racism Self-affirmation	Subtle nature of some forms of racism Exclusive group identity Fear of violence or vilification, being targeted by the perpetrator Lack of knowledge about how to intervene Impression management/preserving interpersonal relationships Desire to avoid conflict Freedom of speech/right to express one’s opinion

Source: Nelson, Dunn & Paradies, 2011

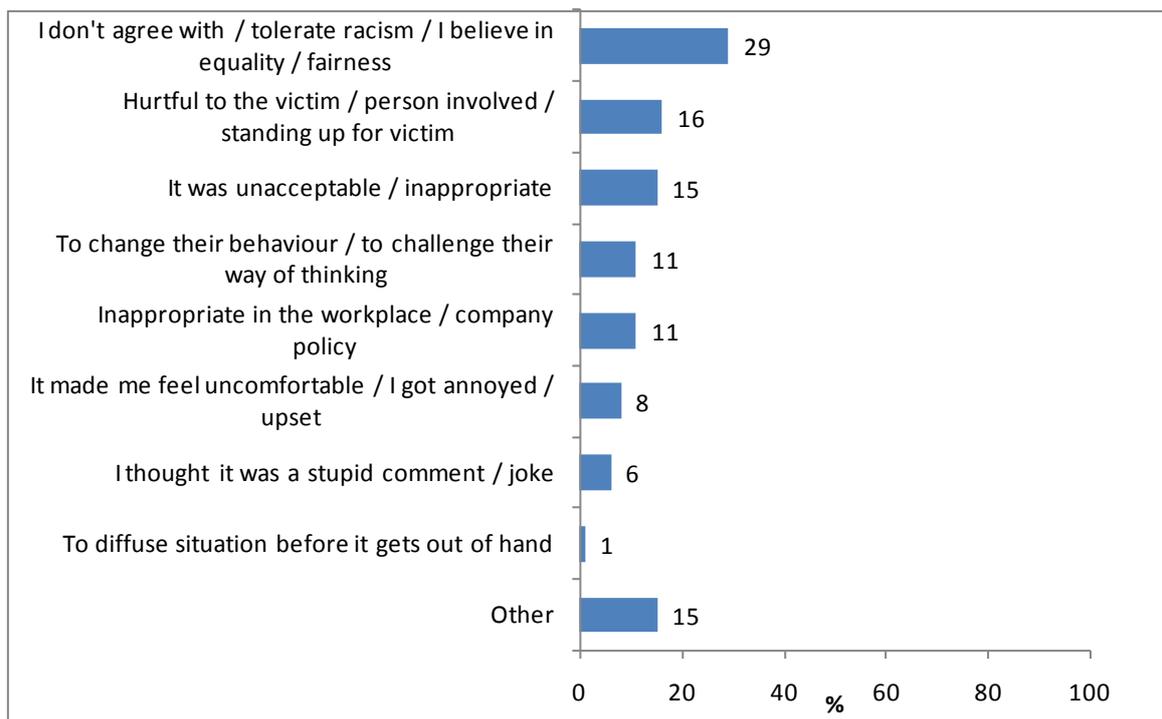
The research indicates that many of these factors can themselves be facilitated by conditions at the organisational level, including:

- professional development and training to strengthen employee or member understandings of racism and appropriate, inclusive behaviour in the workplace or organisation
- communication by the organisation that any form of racism, no matter how ‘minor’ or jovial, is unacceptable in the workplace or organisation
- an expectation that employees, members or service users will contribute to an inclusive, non-discriminatory workplace/organisational culture
- support to employees, members or service users to take action
- organisational culture and practice that normalises action, and that privileges action over inaction (Nelson, Dunn & Paradies, 2011).

8.2.1 How do Victorians explain their previous reactions to witnessed racism?

An important part of understanding bystander action is determining which factors personally motivate individuals to take action and which of them constrain such action. Respondents who indicated that they had taken action against the last racist act they witnessed were asked to reflect on the reason they decided to take action. Those respondents who indicated that they had not taken action against the last racist act they witnessed were asked to reflect on the reason they decided to not take action. Responses to these open-ended questions were grouped according to themes. The full range of themes for self-reported factors underlying action and inaction are presented in Figures 11 and 12.

Figure 11: Stated reason for taking bystander action



Base: took pro-social action in response to witnessing racism (n = 90).

Amongst those that took action, the most commonly cited theme was ‘disagreement with claim and with racism/belief in fairness’, mentioned by 29% of those who had recently taken action. Additional factors frequently cited were that the ‘behaviour was hurtful to the victim/standing up for the victim’ (16%), and that the behaviour was ‘unacceptable/inappropriate’ (15%).

Examples included:

Always been against racism, everyone's the same.

I could see the person was hurt and it was unnecessary.

It was a stupid joke and I didn't think it was funny.

To support the person being abused and to try and make the abuser aware of what it would be like to be on the opposite side.

The reason [to intervene is] because it's being harmful, deliberately harmful.

(Research participant)

The themes of fairness and the hurt that can be caused by racism may be worth considering in the development of information and resources to strengthen pro-social behaviours.

Amongst those who had not taken action, the most common theme was the belief that the ‘behaviour was a joke/nothing serious/harmless’, cited by 24% of the sample. Also commonly cited (20%) was ‘not my position or place to say anything/none of my business/not confident ...’.

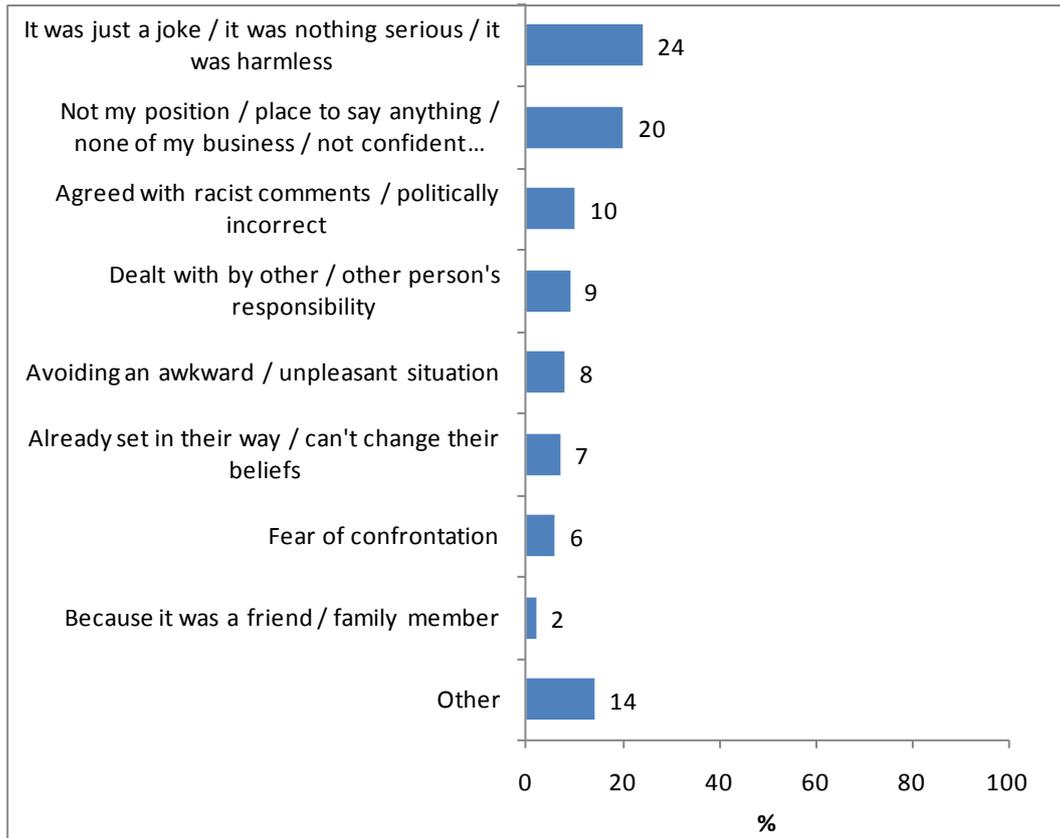
Examples included:

Because they are family, learned to accept them that's what they're like, wasn't offending anybody present.

*Sometimes you just need to keep your mouth shut.
None of my business.*

These patterns suggest that future efforts to strengthen positive bystander behaviours may need to be underpinned by raising awareness about the seriousness of the problem and the harms that can result.

Figure 12: Stated reason for not taking bystander action



Base: did not take action in response to witnessing racism ($n = 90$).

8.2.2 What is the relationship between attitudes toward diversity and bystander action?

Although the relationship between attitudes and behaviour has been the subject of some debate, there is evidence of a moderate association between attitudes and individual behaviour (Dovidio et al., 1996; Schutz & Six, 1996; Wagner, Christ & Pettigrew, 2008) and between attitudes and the 'social norms climate' at a community or organisational level (which in turn influences behaviour) (Paradies et al., 2009a). This section examines how attitudes towards diversity in Australia and intentions to take action in all three settings are related.

Broader attitudes towards race relations in Australia as well as personal levels of both subtle and blatant racism were investigated as potential obstacles to or facilitators of bystander action using a number of commonly used measures. Respondents were also asked about the extent to which they agreed 'they could make a difference to helping ensure that all people are treated with dignity and respect, are treated fairly and are not discriminated against'. These were correlated with respondents' level of pro-social intention (determined using the approach described in Section 8.1.5). The results, summarised in Table 5, provide ample evidence of an association between bystander action and attitudes towards diversity, and between action and perceived levels of personal responsibility and capacity to act.

Respondents who are less open to diversity (e.g. agree that 'Australia is weakened by people sticking to their old ways' or that 'people from other groups should try to think and act like Australians') are more likely to have low pro-social inclination. On the other hand, respondents who 'felt secure with people of different backgrounds and cultures' and stated that 'something more should be done to minimise and address racism in Australia' are more likely to have a high pro-social inclination. Agreement with the statement 'I can make a difference in helping to ensure all people are treated with dignity and respect, are treated fairly and are not discriminated against' is also associated with a stronger pro-social inclination.

These findings suggest that efforts to strengthen attitudes towards diversity and increase awareness of racial inequality should promote increased bystander action. Also likely to be important are efforts to engender a sense of personal responsibility and confidence in the capacity of individuals to make a difference.

Table 5: Pro-social inclination and behaviour by attitudinal variable

Attitudinal variable	Pro-social inclination and behaviour				
	Base	Low	Moderate	High	Took action
	(n = 601)	(n = 172)	(n = 183)	(n = 118)	(n = 109)
		%	%	%	%
Total		30.1	31.9	20.6	15.7
Strongly agree ...					
I can make a difference in helping to ensure ...					
... all people are treated with dignity and respect	n = 278	21.7 [#]	27.6	29.3 [#]	20.9
... all people are treated fairly	n = 262	21.6 [#]	25.9	30.1 [#]	21.1
... people are not discriminated against	n = 249	18.8 [#]	29.2	29.1 [#]	21.8
You feel secure with people of different backgrounds and cultures	n = 245	21.6 [#]	30.1	29.1 [#]	18.6
Australians from an Anglo background enjoy a privileged position	n = 70	13.2 [#]	26.9	32.3	27.5
Australia is weakened by people sticking to their old ways	n = 59	46.9 [#]	23.0	23.9	4.0 [#]
People from other groups should try to think and act like Australians	n = 100	37.5	30.3	24.0	6.2 [#]
Some racial groups that do not fit into Australian society	n = 96	45.5	32.1	13.3	7.8
There is equal opportunity for all people in Australia	n = 100	26.7	29.1	32.6 [#]	9.8
Something should be done to minimise or address racism in Australia	n = 183	18.6 [#]	31.3	27.2	23.0

Significance testing against total using *t*-test for column proportions. # denotes statistically significant at the 95% two-tailed confidence level.

8.2.3 What organisational features facilitate positive bystander responses?

A range of organisations have been identified in the VicHealth framework as key settings in which attitudes and social norms pertaining to racism can be challenged. As discussed earlier, this research focused on two of these: workplaces and sports settings.

Organisations can actively create environments that promote respect and fairness towards people, regardless of their ethnic or racial background, and encourage pro-social responses when this expectation is breached. They can do this formally (e.g. through policies and programs to promote

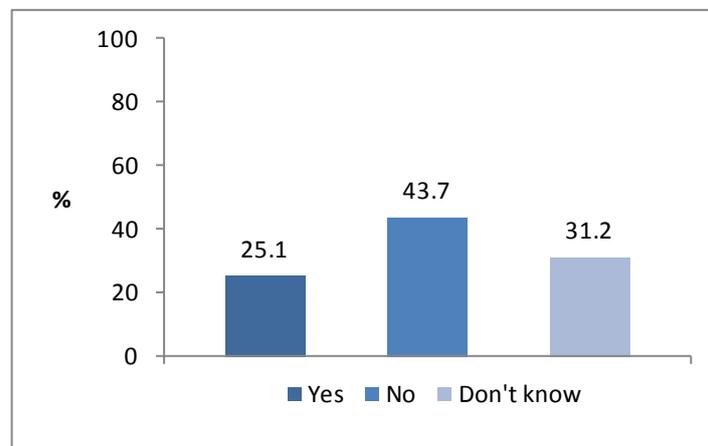
diversity) and informally (e.g. through peer, collegial and management cultures that oppose intolerance and lack of fairness).

To address the formal aspect of the organisational environment, survey respondents were asked about their awareness of organisational policy or programs promoting respectful behaviour toward people, regardless of their racial or ethnic background, in the two settings (Figures 13 and 14).

Like in the kitchen, kitchen hands, you know...always, always Indian. Male...and they get, they get paid less.

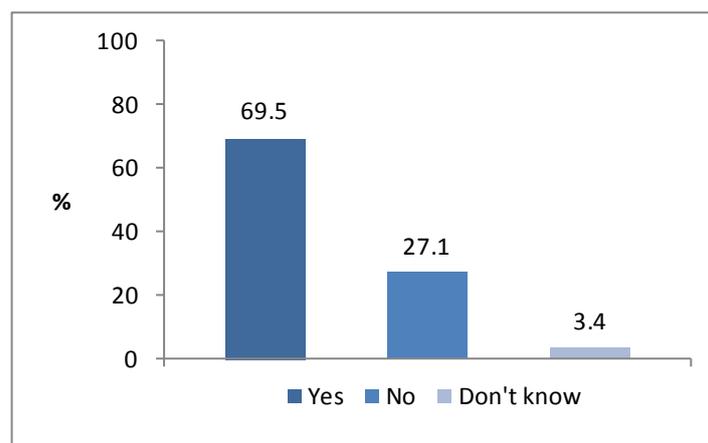
(Research participant)

Figure 13: Awareness of policies or programs promoting racial tolerance and respect in local sports settings



Base: involved in a local community sports club in the past 12 months ($n = 235$).

Figure 14: Awareness of policies and programs to educate or inform employees about racial tolerance and respect



Base: in-scope employee ($n = 184$).

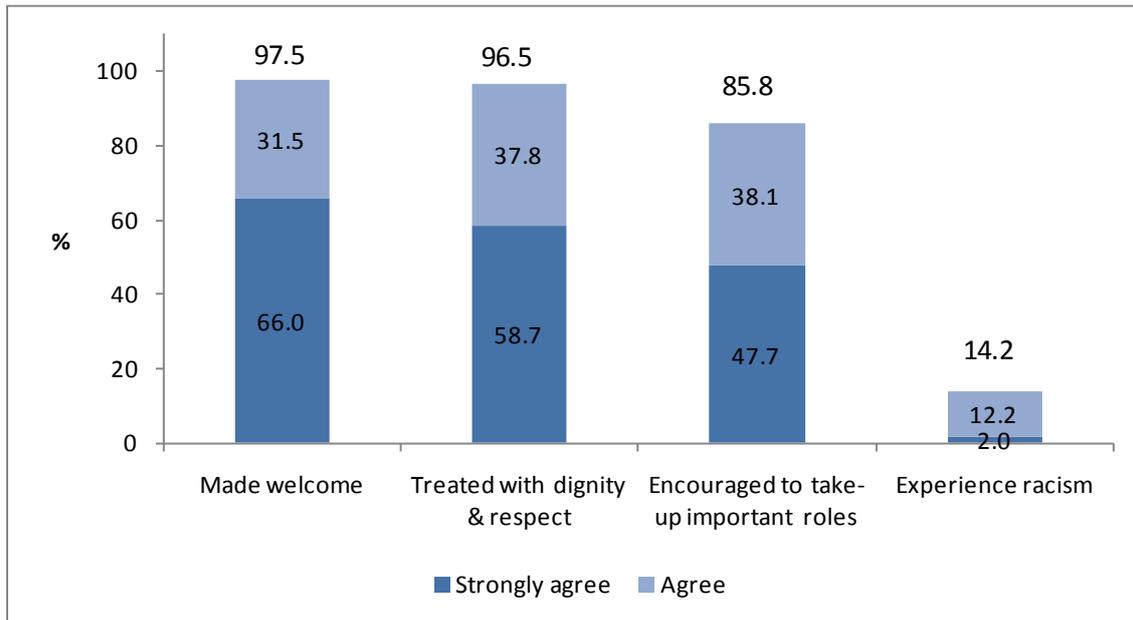
Only a quarter (25%) of those respondents who have been involved in a local community sports club in the past 12 months believed that the club had policies or programs in place to educate or inform members about racial tolerance and respect (Figure 13). The finding that nearly one in three respondents involved in local community sports clubs 'don't know' whether their club has policies in place with respect to race-based discrimination suggests that any policies that do exist are not a prominent aspect of club culture.

In contrast, more than two-thirds of those interviewed (70%) were aware of the existence of such policies or programs at their workplace (Figure 14). This suggests that workplaces are more likely to have official sanctions in place to deal with race-based discrimination. Nevertheless, the finding that nearly one-third of respondents reported that there were no policies in place in the workplace, or that they were not aware of such policies, is a concern. It suggests the possibility that such policies and programs are not routinely promoted to employees, despite the legislative obligation on employers to take positive steps to eliminate race-based discrimination.

The survey also sought to gauge respondents' perceptions of organisational cultures relevant to the treatment of people from a range of ethnic and racial backgrounds. This is especially important for supporting bystander action given evidence that the social norms of peer groups and communities can have a powerful impact on the likelihood that an individual will take action as a bystander (Nelson, Dunn & Paradies, 2011).

Respondents were asked a series of questions about the environment and treatment of people from a diversity of backgrounds, again in the key organisational environments of workplaces and sports clubs. Findings suggest that Victorians believed that clubs offer a positive environment for people from all racial and ethnic backgrounds. Results in Figure 15 show near-universal agreement among respondents that their club is welcoming of people from all racial and ethnic groups (98%) and that people from all racial and ethnic groups are treated with dignity and respect (97%). There are also very high levels of agreement that clubs encourage people of all races and ethnicities to take up important roles around the club (86%). Only about 1 in 7 people involved in local community sports clubs (14%) agreed that their club is a place where people from minority racial or ethnic groups experience racism.

Figure 15: Perceptions of the culture of the local sports club with respect to people of minority racial or ethnic groups



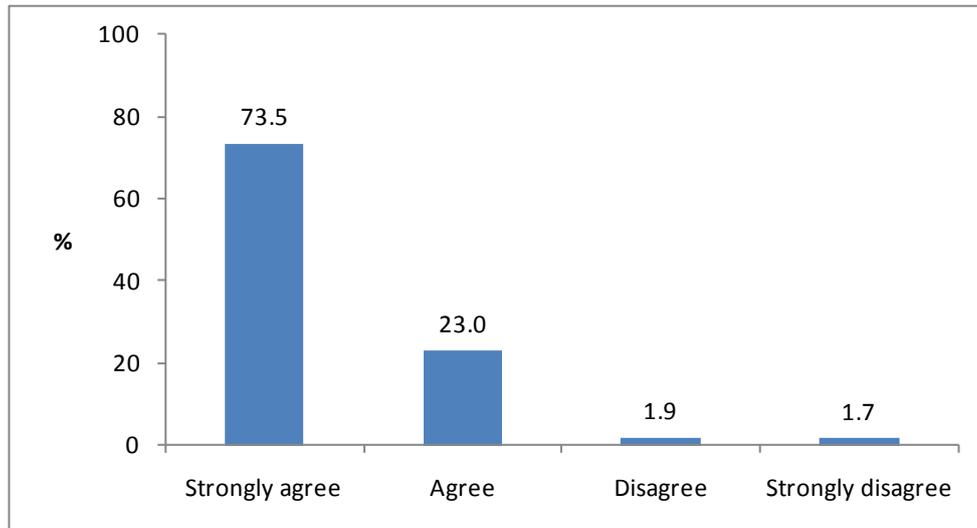
Base: involved in a local community sports club in the past 12 months ($n = 235$).

Nearly every employee either ‘strongly agreed’ (74%) or ‘agreed’ (23%) that people at their work were treated with dignity and respect, regardless of their racial or ethnic background (Figure 16). Furthermore, more than two-thirds of employees (68%) were of the view that their workplace never treats people unfairly because of their racial or ethnic background and a further 23% reported that this rarely happens (Figure 17).

I played in like representative footy and cricket teams and you hear of people speak about opponents pretty, you know, in a very racist way, you kind of look at them and you know and ask why because obviously they’ve never done anything to them, but they’re just their opponents.

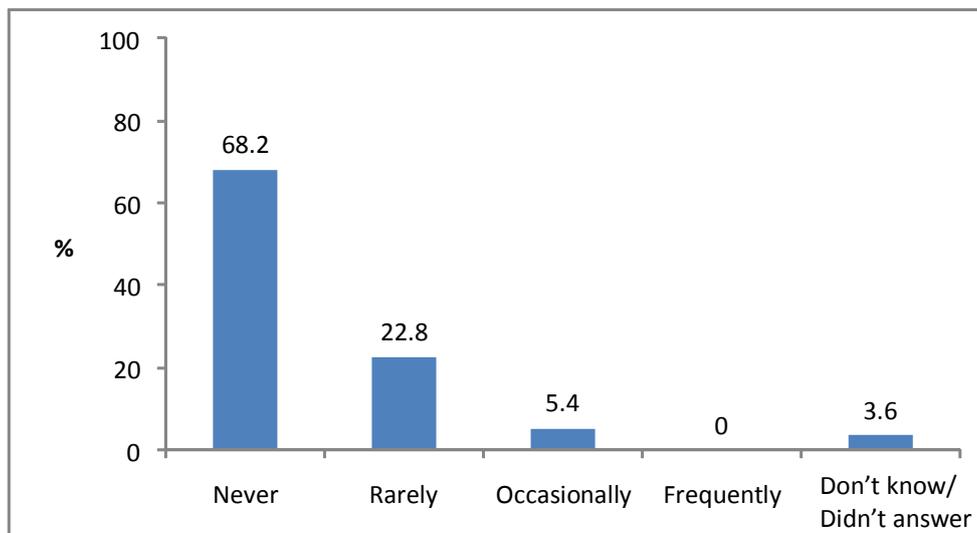
(Research participant)

Figure 16: Level of employee agreement that people at their workplace are treated with dignity and respect, regardless of their racial or ethnic background



Base: in-scope employee ($n = 184$).

Figure 17: Perceived workplace frequency of unfair treatment because of racial or ethnic background

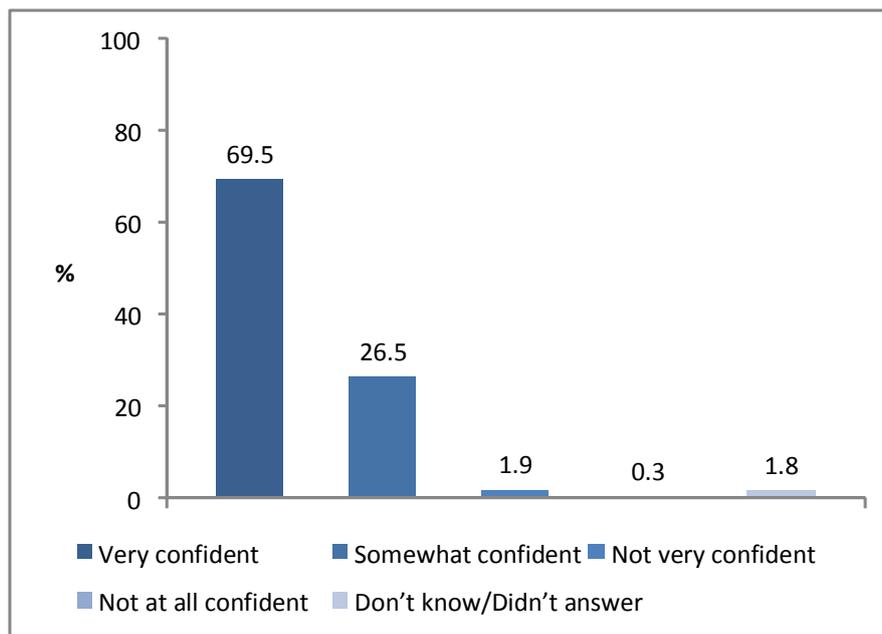


Base: in-scope employee ($n = 184$).

As introduced earlier in Table 4, a bystander's confidence in their own capacity to take action, their perception as to whether their action would have any impact and the level of peer support they expect to receive are all factors identified in the literature as affecting bystander action. Accordingly, the survey sought to gauge individual views in these three areas.

Respondents were asked how confident they were that, if their club became aware that some club members were treating other club members unfairly because of their racial or ethnic backgrounds, the club would take the matter seriously. As can be seen from Figure 18, the great majority were either confident (70%) or somewhat confident (27%) that this would be the case.

Figure 18: Confidence in capacity of sports club to take action



Base: involved in a local community sports club in the past 12 months ($n = 235$).

Table 6 shows similarly high levels of confidence in the workplace setting. Fifty-nine per cent of respondents reported they would be confident they would know what to do in response to race-based discrimination at work. Eight-four per cent were very confident that their employer would take the matter seriously and 72% felt that they would have the support of their colleagues. Just under half (46%) were very confident that all three pre-conditions for pro-social bystander action were in place at their workplace (data not shown).

Table 6: Confidence in workplace response to individual bystander action

	%
Confident you would know what to do	
Very confident	58.7
Somewhat confident	29.8
Not very confident	5.3
Not at all confident	3.9
'Don't know'/didn't answer	2.3
Confident employer would take the matter seriously	
Very confident	84.3
Somewhat confident	12.2
Not very confident	1.2
Not at all confident	<1.0
'Don't know'/didn't answer	2.3
Perceived level of support from colleagues	
All or most of your colleagues	71.9
Some of your colleagues	22.7
Few if any of your colleagues	3.6
'Don't know'/didn't answer	1.9

These results show a high level of confidence in the environments concerned, suggesting that most people perceive an environment in which there are strong social sanctions against racism. To the extent that such conditions are facilitators of individual action, this confidence augurs well for the potential to strengthen pro-social behaviour in Victoria. As discussed further below in this Section, there is some evidence for this in the survey itself, with 'high action-takers' being more likely to hold positive perceptions of their workplace and sports clubs' responses to racial equality and respect.

However, the extent of confidence found in the survey may also be an indication that racism is being under-recognised. Surveys discussed earlier in this report (see Section 3) indicate a relatively high rate of self-reported discrimination both in general and in the sports and workplace settings in particular, along with a relatively large proportion of people (up to 1 in 4) holding attitudes suggestive of intolerance of diversity. Further, other community surveys indicate that, when asked if racism is a problem in Australian society (i.e. generally), people overwhelmingly agree that it is. This apparent contradiction between recognition of racism as a societal problem, alongside a belief that

it is not associated with oneself (or in the case of the current survey one's workplace or sports club), has been identified in other research. For example, in the Victorian 'More than tolerance' survey, 84% of respondents agreed that racism was a problem, but only 12% believed that they were themselves racist (VicHealth, 2007). Because problem recognition is one of the key requirements of the CPR model, these findings suggest the need to convey a nuanced message in any communications and training materials developed to encourage bystander responses. These would need to provide a realistic portrayal of the magnitude of the problem and its manifestation in day-to-day environments, while at the same time not undermining apparently high confidence in the commitment and capacities of key organisations to respond appropriately.

Unfortunately, owing to the small sample size, comparing perceptions of groups most affected by race-based discrimination (in particular Aboriginal Victorians and people of African and Arabic-Muslim backgrounds) with the rest of the sample was not possible. Further research would be required to establish whether these groups have different perceptions of the racial climate in sports clubs and workplaces. However, in the companion survey, addressing bystander responses to violence against women, significant and consistent gender differences were found: female respondents generally perceived the climate toward women as less fair, welcoming and safe than did male respondents and had a lower level of confidence in the organisation's inclination to respond to sexism and discrimination (VicHealth, 2012a).

Analysis (data not shown) was undertaken to explore the particular factors associated with action. It was found that in the sports clubs, high action-takers were more likely⁴ to report being aware that their sports club has policies or practices in place to educate or inform members about racial intolerance and respect. Seventy-two per cent in clubs with these policies stated they would always take action compared with 58% of those who didn't think their club had such policies or were unaware of their existence. High action-takers were also more likely to strongly agree that their club had a culture whereby people of all races and ethnicities were made to feel welcome, were treated with dignity and respect and encouraged to take up important roles. Seven in ten respondents with a positive view of their club culture said they would always take action in response to the scenarios in the survey, compared with 57% of those with a less favourable view of club culture.

In the workplace, high action-takers were more likely to report⁶ being aware of workplace policies or programs aimed at racial intolerance and respect at their workplace. Thirty-nine per cent of those aware of such policies or programs reported that they would always take action, compared to 20% of those from workplaces where there were no such policies or programs or where they were unaware of their existence. High action-takers were also more likely to report a perception of a high level of sanction against racist behaviour at work. Fifty-eight per cent of those who felt that none of the racist behaviours would be acceptable at their work said they would always take action, compared to 18% where the level of workplace sanction against racism was regarded as more equivocal. Similarly they were also more likely to be 'very confident' that the matter would be taken seriously at work (38% of those with this level of confidence would always take action compared with 8% of those with lower levels of confidence). As well as having high levels of confidence in formal responses, action-takers were also more likely to report an expectation that they would be supported by all or most colleagues (40% of those expecting all or most of their colleagues to support them said they would always take action, compared to 17% of those who expected less support).

At an individual level, 'action-takers' were more likely to report being 'very confident' in their own capacity to take action at work. Forty-two per cent reporting that they were 'very confident' in their

⁶ Significance tested to the 80% two-tailed confidence level.

own capacity also reported that they would always take action compared with 22% who reported not being confident.

These findings are consistent with the barriers and facilitators identified in the literature and suggest the importance of organisational policies and cultures in supporting bystander responses. The finding that those with higher confidence in their own capacity were more likely to take action suggests that there may be some value in approaches that seek to build people's skills and confidence to take pro-social action.

8.3 What are the settings and populations to which bystander work could be targeted?

8.3.1 Are some population groups more likely to be active bystanders?

Investigating the groups most likely to have pro-social intentions and to engage in pro-social behaviour is important because it can help to identify those likely to be particularly receptive to efforts to increase positive bystander responses. In addition, it can identify those groups for which stronger efforts may be required to understand and address barriers. The results of this analysis are presented in Table 7 in which the relationship between key respondent characteristics and their pro-social inclination and behaviour (determined using the method described in Section 8.1.5) is presented. University graduates (28%) are significantly more likely to take action than those who are not university graduates (13%), as are people aged 35–45 years (21%) compared with younger (17%) and older (9%) respondents.

Another factor is how long you've been with the organisation. If you're just a new starter, within six months, you're like oh, I don't want to upset anyone, I don't want to take that step in case I am wrong and then it just ruins my reputation. But if you've been there for a long time then you've got some sort of backing, you've got that confidence as well to speak up.

(Research participant)

Also, I think some people are scared how their co-workers are going to look at them after as well, because especially in team environments as well, um, you know, if there's one team member that goes and causes disruption and it's reported, um, you know, other co-workers are friends with them, then you know you might be discriminating.

(Research participant)

Table 7: Pro-social inclination and pro-social behaviour by selected characteristics

Selected characteristic	Pro-social inclination and behaviour (%)				
	Base	Low	Moderate	High	Took action
Total	601	30.1	31.9	20.6	15.7
Gender					
Male	246	33.1	36.3	16.5	12.1
Female	355	27.4	27.9	24.3	19.0
Age group (years)					
18–34	67	21.3	39.8	20.4	17.0
35–54	248	32.0	29.6	15.6	21.3 [#]
55+	285	31.5	31.3	26.4	8.8
Place of birth					
Australia	457	30.9	32.0	20.0	14.7
Overseas	144	28.2	31.7	21.9	18.2
Education					
Not university graduate	399	33.5 [#]	32.3	19.3	13.0
University graduate	202	15.7 [#]	30.0	26.2	27.6 [#]
Region					
Melbourne (Stat. Div.)	400	29.5	32.3	19.5	16.7
Rest of Victoria	201	31.7	30.9	23.3	13.1

Significance testing against total using *t*-test for column proportions. # denotes statistically significant at the 95% two-tailed confidence level.

Drawing on findings presented earlier in this report, the most consistent differences in pro-social attitudes, intention and behaviours were between men and women, and between university graduates and those who were not. In summary, women were more likely than men to report that they would always take action in response to the hypothetical scenarios of racism in a social setting presented to them (34% compared with 25%). Women reporting that they had witnessed racism in the past 12 months were more likely than their male counterparts to report that they had taken action (55% compared with 37%). University graduates were more likely to report that they had witnessed racism than those without tertiary education (46% compared with 32%), to report that they would always take action in response to specific scenarios presented to them (45% compared with 26%) and to take action in response to racism they had witnessed (60% compared with 42% of respondents who were not university graduates).

These data are consistent with the findings of other research (Nelson, Paradies & Dunn, 2011) suggesting that these groups are more likely to have a pro-social orientation. They suggest that these populations are likely to be especially responsive to future efforts to strengthen bystander

responses. Conversely, it is likely that strengthening pro-social approaches in organisational environments with limited gender and/or socio-demographic diversity may firstly require establishing a sound understanding of barriers and facilitators.

Younger respondents (those aged 18–34 years) were more likely to have witnessed racism, in contrast to those age 55 years of age and over. The reverse was true when it came to taking action, with young people who had witnessed racism significantly less likely to have taken action (29%) than 35–54 year olds (55%) and those aged 55 years and over (50%).

The reasons for these differences can only be speculated upon. It is possible that younger Victorians are exposed to more racism than older people. Data from other studies also suggest that age may be a predictor of attitudes toward diversity. In those studies in which age differences have been found, acceptance of diversity is lower among those aged 55 years and over (Pederson & Griffiths, 2012). To the extent that attitudes to and recognition of racism are linked, this may help to explain the age differences in witnessed racism found in this current survey. The effect of age on action-taking may be due to individual and contextual factors, the influence of which varies with age. For example, interpersonal competence and self-confidence may increase with age, while peer group acceptance may become relatively less important. The fact that there are no statistically significant differences on the basis of age in intent to act lends support for this explanation.

The higher rate of racism witnessed by young people suggests there may be benefits in targeting pro-social interventions to them and to contexts in which young people predominate. However, particular effort may be required to understand and address barriers to action among young people. The population of older Victorians is a potential source of support in efforts to strengthen bystander responses. Harnessing this support may require attention to attitudes toward diversity and capacity to recognise racism.

As discussed in Section 7.4, the sample size and composition limited the sub-group analysis to age and gender across many of the measures in the survey. However, a statistically significant finding was that people of non-English speaking backgrounds were less likely to find racist slang acceptable when socialising with friends (26%) than people born in Australia (41%) and people born overseas in an English-speaking country (49%). The data also indicate that they were more likely than those Australian-born to have taken action in response to a racist incident witnessed in the past 12 months (59% compared with 41%). However, this was not statistically significant.

There were no statistically significant differences on any other measures or between people from metropolitan Melbourne and the rest of Victoria. The latter is interesting in light of the marked divide in attitudes toward diversity between rural and metropolitan areas found in community attitudes surveys (see for example VicHealth, 2007), with those in rural areas tending to be less accepting of cultural diversity.

8.3.2 What types of organisations are most likely to be associated with pro-social bystander action?

While the small sample size worked against detailed analysis of the sports setting, two findings suggest that junior sports clubs may be particularly good contexts for pro-social initiatives. Being involved in a junior club was associated with action-taking,⁷ with 67% of respondents involved in junior clubs saying that they would always take action in response to the hypothetical scenarios

⁷ Significant at the 80% confidence interval only.

presented to them, compared with only 52% of those in adult clubs. Race-based sledging was identified as unacceptable by a larger number of respondents associated with junior clubs (95%) than those involved with adult clubs (82.3%).

These findings are consistent with unpublished focus group research commissioned by VicHealth wherein participants had a much lower threshold of tolerance of racism toward children (extending beyond their own children) than of racism directed toward adults. Initiatives to strengthen pro-social responses in junior clubs convey the additional advantages typically associated with interventions at an early stage of life. That is, they would target a stage when values, including those influencing behaviour in cross-cultural encounters, are being shaped, thus strengthening young people's present and future responses to racism. Preventing young people's exposure to racism is also important given evidence suggesting that stressors at this time can negatively influence health and development into adulthood.

Organisational culture emerges from this research as a significant factor. As discussed in Section 8.2.3, in both sports clubs and workplaces, the existence, promotion and application of policies and procedures to ensure fairness toward people, regardless of their racial or ethnic background, as well as the broader organisational, peer group and collegial climate, were significant predictors of action in response to racism.

In relation to the workplace, *organisational size* was a factor, with 69% of respondents in large workplaces (those with at least 200 employees) reporting that all of the racist behaviours and practices identified in the survey would rarely if ever be acceptable in their workplaces, compared with only 43% of those in smaller workplaces. Similarly, while more than 4 in 10 respondents in larger workplaces reported that they would always take action in response to racism in the workplace, this was true for only 28% of those in smaller workplaces. Larger workplaces are more likely to have undertaken the organisational development required as a foundation for promoting pro-social responses to racism and have a stronger infrastructure within which to embed approaches. Around half of Australia's private sector workforce is employed in large businesses (Australian Bureau of Statistics, 2001). While analysis of the impact of size on the sports club was not possible, it is likely that organisational size is also a factor in this setting, for similar reasons.

9. Implications of the findings

9.1 Bystander action in the primary prevention of race-based discrimination

This study suggests wide community recognition and concern regarding the existence of racism and race-based discrimination in Victoria. There is strong support from the Victorian community for organisations to play a role in further promoting racial equity and an appreciation of cultural diversity. The overwhelming majority of people agree that both workplaces and sports clubs have responsibilities to maintain inclusive and equitable environments for people from a diverse range of backgrounds. While survey participants' intended responses to racism vary by setting and scenario, most people reported that they would respond in some way to most of the scenarios presented. A strong relationship between intention and action was also found. A further group, while not declaring an intention to take action, would nevertheless feel uncomfortable. This group is important: under the right conditions, it is possible that they would become action-takers. Together, these data suggest broad support for efforts to strengthen bystander anti-racism and a critical mass of individuals in the community prepared to take such action. The study provides some clear directions about the sorts of conditions likely to facilitate this.

9.2 Practice and program design implications

The combined findings from this research suggest that three key factors should underlie program development to promote pro-social bystander action in Victoria. In summary, increasing bystander capacity will require efforts to:

- increase individual bystanders' *knowledge* of racism and race-based discrimination, *awareness* of the impacts of these behaviours and the costs of not taking action, and *skills* to take action to intervene safely and effectively
- reduce individuals' *perceived social costs*, or increase the perceived benefits, of intervening (e.g. address individuals' concerns that they may not be supported by peers/colleagues/leaders or be singled out for taking action)
- promote organisational cultures conducive to pro-social bystander action (e.g. clear policies promoting racial equity and respect and appreciation of diversity; leadership by senior and middle management; address informal peer/collegial cultures that condone/participate in race-based discrimination).

These findings suggest that bystander interventions should be conceptualised as part of a broader organisational development approach, and are best implemented in organisations that have well-developed policies/programs for dealing with racism rather than as 'stand-alone' programs.

A program designed to promote pro-social bystander action is likely to consist of individual training of managers/leaders, before being rolled out to all staff; written and/or audiovisual materials such as worksheets, handbooks, scenarios/vignettes to support training rather than to be used in isolation; and whole-of-organisation strategies focused on policy, leadership and organisational culture aimed at combating racism and promoting racial equity, including:

- a component raising wider organisational awareness of the existence and prevalence of the problems and the harms associated with it (and possibly the importance of speaking out)
- wider organisational policies relating to respectful behaviour and appropriate conduct

- policies and procedures to ensure welcoming, fair and safe environments for minority ethnic groups
- declarations, statements and accords demonstrating organisational commitment to preventing racism
- strategies to make visible an organisational commitment to anti-discrimination/pro-equity (e.g. policies and procedures to deal with racism or promote respect/equality) and, as indicated in Section 8.2.3, to support and encourage bystander action
- a principle of *shared responsibility for maintaining a respectful organisational culture*, incorporated into relevant policies, procedures and communications (e.g. staff induction manuals and processes, performance reviews), to normalise bystander action
- demonstration, by leaders, of bystander behaviour (intervention may involve specific training targeted to organisational leaders)
- systems to 'sign up' to a pledge to respond when racism occurs.

Findings from the qualitative components of this research suggest that what works in promoting bystander action is likely to be highly context-specific. In other words, each organisation is likely to be at a different stage of development, and/or potentially facing different issues that they would like to address through such a program.

While the survey suggests that racism is most likely to be witnessed in the social setting, this was also the setting in which respondents were least likely to say that they would intervene. This is likely to be due to the absence of the conditions facilitating bystander behaviour (described in Section 8.2) in informal contexts, compared with the formal organisational environment. It suggests that some caution needs to be exercised in designing and implementing bystander projects outside of an organisational context (e.g. generalised bystander social marketing). However, given the apparent extent of the problem in social settings, there would be clear value when designing sports club and workplace-based programs in imparting knowledge and skills that could be applied in social contexts. There may also be some potential to explore implementing bystander interventions in organisations established explicitly for social purposes (e.g. night clubs and pubs).

There were some indications from the survey of particular benefits in targeting interventions to settings involving children and young people. Survey respondents associated with junior clubs were more likely than those involved in adult clubs to identify some forms of racism and to say that they would take action in response to racism. Young people were also more likely to say that they had witnessed racism. It is unclear whether this is due to a heightened perception of racism or because racism is more common in places frequented by young people. Both of these scenarios suggest some benefit in targeting interventions to young people or to settings in which young people predominate. At the same time, the survey demonstrates that young people are less likely to say they had taken action in response to racism they had witnessed. The reasons for this need to be carefully explored and addressed.

The finding that women and university graduates were more likely to have a pro-social orientation suggests that interventions are likely to have a better prospect of success in environments in which there is both gender and socio-demographic diversity. Increasing pro-social behaviour overall will require targeting and tailoring efforts to men, young people and non-university graduates.

Findings from the survey suggest that bystander interventions are most likely to be effective in larger workplaces (200 or more employees), with respondents in these organisations being more

likely to report that racist behaviour would be unacceptable in their workplaces and that they would always take action in response to racism they had witnessed, This is likely to be due largely to the capacity of these organisations to have the organisational systems and cultures in place that are known to facilitate bystander responses.

9.3 Policy implications

Victoria has a sound legislative basis and relatively well-developed systems for responding to discrimination, strengthened most recently by legislation placing a 'positive duty' on organisations to ensure equality of opportunity. These systems depend by and large on people in official roles, such as club administrators, employers or human resources professionals, to notice breaches of requirements and to take action. However, there are obvious limits to their capacity to do so, especially given that much racism occurs as part of the 'fabric' of day-to-day working and social life. Moreover, there are other manifestations that, although potentially harmful, are not necessarily unlawful (e.g. racist joke-telling in a private social setting). This study suggests considerable potential in enlisting the efforts of ordinary citizens to assist in anti-racism efforts. This is more likely to be effective when activities are integrated into broader efforts to reduce discrimination in organisational settings, rather than as 'stand-alone' programs or generalised social marketing efforts.

As such, programs to support bystander anti-racism have a potentially important role in the implementation of existing policies and programs in the areas of equal opportunity, migrant and refugee settlement and addressing disadvantage affecting Aboriginal Victorians. They are clearly worthy of consideration in the national anti-racism strategy presently being implemented by the Australian Human Rights Commission.

The combined study findings demonstrate the importance of leadership and organisational climate in determining whether or not people take action in response to witnessing racism that has concerned them. This suggests that government and organisational leadership on the treatment of people from a diversity of backgrounds will be critical to eliminating racism and discrimination in general, and to strengthening bystander responses in particular. Government departments have the potential to lead the way in this regard.

Of concern is the large proportion of people reporting that policies and procedures to respond to racism were not in place at their workplace or sports club, or that they were not aware of them. Given that many organisations are legislatively required to have such policies, this is likely to be due to the fact that respondents were not aware of them. This points to the need for greater efforts in both workplaces and sports clubs to inform and regularly remind people of these policies and procedures.

The findings that people were less likely to recognise, be concerned about and to respond to more subtle forms of racism is also a concern, particularly given the evidence that these forms of racism are potentially harmful to individuals and contribute to a wider climate of tolerance of racism. Similarly, there was some evidence in the survey that respondents had a higher level of confidence in the fairness and inclusiveness of their clubs and workplaces than appears warranted by the data on reported experiences of discrimination or in community attitudes surveys on race and diversity. These findings suggest the importance of building into the national anti-racism strategy, and other initiatives to reduce racism, community education about the nature, consequences and prevalence of racism, including its more subtle manifestations.

10. Further research

While limited research in Australia has explored everyday anti-racism in interpersonal contexts (see Mitchell, Every & Ranzijn, 2011), this project represents the first research conducted in Australia exploring bystander approaches for the primary prevention of race-based discrimination. Furthermore, this is the first study to look outside of an interpersonal or social setting to bystander anti-racism in workplace and sports settings.

A number of questions arise from the research requiring further exploration. For example, there is little empirical data internationally, or within Australia, that attempts to measure the impact of bystander actions, or that seeks to establish which kinds of action are most likely to be effective (e.g. directly confronting someone, using humour or diplomacy to diffuse a situation, offering support to a victim after the event or reporting the incident to an authority). In particular, there is a need for research from the perspective of both the targets of racism and potential and active bystanders.

It is unclear whether providing education and skills training to promote bystander action in one setting (e.g. sports clubs or workplaces) will translate into application of these skills in other settings, such as general social situations. On a more basic level, there is still the challenge of addressing the lack of clarity and consensus about what constitutes racist behaviour. This is particularly challenging for more subtle forms of racism (e.g. racist jokes), where recognition of these behaviours as inappropriate and problematic is something of a grey area (Walton, Priest & Paradies, under review).

It was not possible within the scope of the survey to explore the different dimensions of the 'general social setting'. Future research should address this setting in more detail, especially given its high rate of reported racism. There is also the need for future research to explore additional settings: for example, educational settings and public transport, as well as how and why bystander action varies between settings. This could include an analysis of setting-based differences in terms of what factors facilitate or obstruct bystander action and the relative effectiveness of bystander anti-racism in particular settings.

The survey findings suggest that respondents may underestimate the prevalence of racism in the organisational contexts with which they are associated (Section 8.2.3) and are less likely to recognise less serious and blatant forms (Section 8.1.2). Owing to small sample size, it was not possible to conduct sub-group analysis beyond the characteristics of age and gender, to assess whether this was a shared perception of both English-speaking and non-English speaking, Indigenous and non-Indigenous respondents. However, some differences between English-speaking and non-English speaking background respondents suggested that non-English-speaking background respondents were more likely to perceive racism as a problem. This would be an important future line of research, helping to determine the extent to which greater emphasis needs to be placed on raising awareness among people from English-speaking backgrounds of the nature and consequences of contemporary racism, in particular its subtle forms.

If I heard two guys talking outside a nightclub and there were groups of people around, and he started to being racist I'd just shut up, whereas at the cricket I'll say something.

(Research participant)

I work for a large corporation so we have like a values and behaviours, a policy where it's actually in our performance where we've got techniques to overcome, if anything does come up in regards to discrimination and harassment and things like that, so the company actually fosters a positive environment.

(Research participant)

11. References

- Ashburn-Nardo, L, Morris, K & Goodwin, S, 2008, 'The Confronting Prejudiced Responses (CPR) Model: Applying CPR in Organizations', *Academy of Management Learning and Education* 7(3), pp. 332–342.
- Attorney-General's Department, Human Rights Branch, 2004, *Australia's National Framework for Human Rights, National Action Plan*, Canberra: Commonwealth of Australia.
- Australian Bureau of Statistics, 2001, *Small Business in Australia, 2001*, Australian Bureau of Statistics, www.abs.gov.au/AUSSTATS/abs@.nsf/mf/1321.0, viewed April 2012.
- Australian Human Rights Commission, 2012, *National anti-racism strategy*, Australian Human Rights Commission, www.humanrights.gov.au/news/stories/national-anti-racism-strategy-launched, viewed April 2012.
- Blank, R, Dabady, M & Citro, C, 2004, *Measuring racial discrimination*, Washington DC: National Academies Press.
- Dovidio, JF, Brigham, JC, Johnson, BT & Gaertner, SL, 1996, 'Stereotyping, prejudice, and discrimination: Another look', in CN Macrae, C Stangor & M Hewson (eds), *Stereotypes and stereotyping*, New York: Guilford Press.
- Dunn, K, Pelleri, D & Maeder-Han, K, 2011, 'Attacks on Indian students: The commerce of denial in Australia', *Race and Class* 52(4), pp. 71–88.
- Dusseldorf Skills Forum & Business Council of Australia, 2005, *Increasing participation in education and training key policy steps*, Melbourne: Business Council of Australia.
- Equal Opportunity Commission, NSW, 1999, *Managing for diversity*, Sydney: Equal Opportunity Commission of New South Wales.
- Essed, P, 1991, *Understanding everyday racism: An interdisciplinary theory*, Newbury Park, CA: Sage Publications.
- European Commission, 2008, *Discrimination in the European union: Perceptions, experiences and attitudes* (Special Eurobarometer 296), http://ec.europa.eu/public_opinion/archives/ebs/ebs_296_en.pdf, accessed August 2012.
- Forrest, J & Dunn, K, 2007, 'Constructing racism in Sydney, Australia's largest ethnicity', *Urban Studies* 44(4), pp. 699–721.
- Guyll, M, Mathews, K & Bromberger, JT, 2001, 'Discrimination and unfair treatment: Relationship to cardio-vascular reactivity among African American and European American Women', *Health Psychology* 20(5), pp. 315–325.
- Harrell, SP, 2000, 'A multidimensional conceptualization of racism-related stress: Implications for the well-being of people of color', *American Journal of Orthopsychiatry* 70(1), pp. 42–57.
- Human Rights and Equal Opportunity Commission, 2004, *Ismae – listen: National consultations on eliminating prejudice against Arab and Muslim Australians*, Sydney: Human Rights and Equal Opportunity Commission.

- Hyers, L, 2007, 'Resisting prejudice every day: Exploring women's assertive responses to anti-Black racism, anti-Semitism, heterosexism, and sexism', *Sex Roles* 56(1), pp. 1–12.
- Karlsen, S, 2007, *Ethnic inequalities in health: The impact of racism* (Better Health Briefing, paper 3), A Race Equality Foundation Paper, London: Race Equality Foundation.
- Kowalski, R, 1996, 'Complaints and complaining: Functions, antecedents, and consequences', *Psychological Bulletin* 119(2), pp. 179–196.
- Laplagne, P, Glover, M & Shomos, A, 2007, *Effects of health and education on labour force participation*, staff working paper prepared for the Australian Government Productivity Commission, Melbourne.
- Latane, B & Darley, J, 1970, *The unresponsive bystander. Why doesn't he help?* New York: Appleton-Century-Crofts.
- Markus, A, 2009, *Mapping social cohesion 2009: The Scanlon Foundation surveys summary report*, Melbourne: Scanlon Foundation Social Cohesion Research Program, Monash University.
- Markus, A, 2010, *Mapping social cohesion 2010: The Scanlon Foundation surveys summary report*, Melbourne: Scanlon Foundation Social Cohesion Research Program, Monash University.
- Markus, A, 2011, *Intolerance* (fact sheet 4), September 2011, Melbourne: Scanlon Foundation Social Cohesion Research Program, Monash University.
- Markus A & Dharmalingham A, 2008, *Mapping Social Cohesion: The Scanlon Foundation Surveys*, Monash Institute for the Study of Global Movements, Monash University Victoria.
- Mays, VM, Cochran, SD & Barnes, NW, 2007, 'Race, race-based discrimination, and health outcomes among African Americans', *Annual Review of Psychology* 58(1), pp. 201–225.
- McKown, C, 2005, 'Applying ecological theory to advance the science and practice of school-based prejudice reduction interventions', *Educational Psychologist* 40(3), pp. 177–189.
- Ministry of Economic Development, 2003, *Population and Sustainable Development 2003*, Ministry of Economic Development, Ministry of Social Development and the Department of Labour, New Zealand, www.msdc.govt.nz/documents/about-msdc-and-our-work/publications-resources/planning-strategy/population-sustainable/population-sustainable-development.pdf, viewed July 2007.
- Mitchell, M, Every, M & Ranzijn, R, 2011, 'Everyday antiracism in interpersonal contexts: constraining and facilitating factors for "speaking up" against racism', *Journal of Community Applied Social Psychology* 21, pp. 329–341.
- Moroney, C, 2009, *African Australians: A report on human rights and social inclusion issues* (discussion paper), Sydney: Australian Human Rights Commission.
- 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*, Melbourne: Victorian Health Promotion Foundation.
- Nelson, J, Dunn, K & Paradies, Y, 2011, 'Bystander anti-racism: A review of the literature', *Analyses of Social Issues and Public Policy* 11(1), pp. 263–284.
- Nicholas, S, Sammartino, A, O'Flynn, J, Ricciotti, A, Lau, K & Fisher, N, 2001, *The business case for diversity management*, Programme for the Practice of Diversity Management, Department of

Immigration and Multicultural Affairs in cooperation with the Australian Centre for International Business, www.diversityaustralia.gov.au, viewed March 2006.

Ombudsman Against Ethnic Discrimination, 2007, *Discrimination – A threat to public health: Final report – Health and discrimination project*, Stockholm: National Institute of Health.

Pachter, L & Garcia Coll, C, 2009, 'Racism and child health: A review of the literature and future directions', *Journal of Developmental & Behavioral Paediatrics* 30, pp. 255–263.

Paradies, Y, 2006, 'A systematic review of empirical research on self-reported racism and health', *International Journal of Epidemiology* 35(4), pp. 888–901.

Paradies, Y, Harris, R & Anderson, I, 2008, *The impact of racism on Indigenous health in Australia and Aotearoa: Towards a research agenda*, Discussion Paper Series no. 4, Darwin: Cooperative Research Centre for Aboriginal Health.

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

Paradies, Y, Kelaher, M, Shiell, A, Vos, E & LaMontagne, T, 2009b, *Addressing race-based discrimination in Australia: A cost–benefit analysis (2011–2013)*, Melbourne: Australian Research Council (LP100200057), VicHealth, Australian Human Rights Commission, University of Melbourne.

Pedersen, A & Griffiths, B, 2012, 'Prejudice and its relationship to socio-demographic variables over time', unpublished document, Perth: Murdoch University.

Pennay, D & Paradies, Y, 2011, *The role of bystander knowledge, attitudes and behaviours in preventing race-based discrimination. A technical report on the conduct and findings of VicHealth's survey of bystander knowledge, attitudes and behaviors in preventing race-based discrimination*, Melbourne: Victorian Health Promotion Foundation.

Pérotin, V, Robinson, A & Loundes, J, 2003, *Working paper: Equal opportunities practices and enterprises performance: An investigation on Australian and British data*, London: International Labour Office.

Priest, N, Paradies, Y, Trenerry, B, Truong, M, Karlsen, S & Kelly, Y, 2012, 'A systematic review of studies examining the relationship between reported racism and health and wellbeing for children and young people', *Social Science and Medicine*, under review.

Putnam, RD, 2007, 'E pluribus unum: Diversity and community in the twenty-first century. The 2006 Johan Skytte Prize Lecture', *Scandinavian Political Studies* 30(2), pp. 137–174.

Rollock, D & Gordon, EW, 2000, 'Racism and mental health into the 21st century: Perspectives and parameters', *American Journal of Orthopsychiatry* 70(1), pp. 5–13.

Rosenthal, A, 1964, *Thirty-eight witnesses*, New York: McGraw-Hill.

Sanders-Phillips, K, 2009, 'Racial discrimination: A continuum of violence exposure for children of color', *Clinical Child and Family Psychology Review* 12, pp. 174–195.

Schutz, H, & Six, B, 1996, 'How strong is the relationship between prejudice and discrimination – A meta-analytic answer', *International Journal of Intercultural Relations* 20, pp. 441–462.

- Simon, P, 2004, *Comparative study on the collection of data to measure the extent and impact of discrimination within the United States, Canada, Australia, Great-Britain and the Netherlands: European Commission*, Luxembourg: Office for Official Publications of the European Communities.
- Smith, B & Reside, S, 2009, 'Boys, you wanna give me some action?' *Interventions into policing of racialised communities in Melbourne, A report of the 2009/10 Racism Project*, Melbourne: Fitzroy Legal Service Inc., Western Suburbs Legal Service Inc., Springvale Monash Legal Service Inc.
- Sniehotta, F, Scholz, U & Schwarzer, R, 2005, 'Bridging the intention–behaviour gap: Planning, self-efficacy, and action control in the adoption and maintenance of physical exercise', *Psychology and Health* 20(2), pp. 143–160.
- Statistics Canada, 2003, *Ethnic diversity survey: Portrait of a multicultural society*, cat. no. 89-593-XIE, Ottawa: Minister of Industry.
- Stetler, C, Chen, E & Miller, GE, 2006, 'Written disclosure of experiences with racial discrimination and antibody response to an influenza vaccine', *International Journal of Behavioural Medicine* 13(1), pp. 60–68.
- Stocks, E, Lishner, D & Decker, S, 2009, 'Altruism or psychological escape: Why does empathy promote prosocial behavior?' *European Journal of Social Psychology* 39(5), pp. 649–665.
- Stokols, D, 1992, 'Establishing and maintaining healthy environments: Toward a social ecology of health promotion', *American Psychologist* 47, pp. 6–22.
- Szalacha, L, Erkut, S, García Coll, C, Alarcón, O, Fields, JP & Ceder, I, 2003, 'Discrimination and Puerto Rican children's and adolescents' mental health', *Cultural Diversity and Ethnic Minority Psychology* 9(2), pp. 141–155.
- Trenerry, B, Franklin, H & Paradies, Y, 2011, *Preventing race-based discrimination: An evidence review. Full report*, Creating Healthy Workplaces evidence review series, Melbourne: Victorian Health Promotion Foundation.
- United Nations, 2009, *World conference against racism, racial discrimination, xenophobia and related intolerance: Declaration and programme of action*, www.un.org/durbanreview2009/pdf/DDPA_full_text.pdf, accessed 21 March 2011.
- United Nations High Commission for Refugees, 2002, *Refugee resettlement: An international handbook to guide reception and integration*, Geneva: United Nations High Commission for Refugees.
- University of South Australia, 2004, *Policies and procedures*, University of South Australia, www.unisa.edu.au/policies/policies/corporate/C21.asp#Definitions, viewed October 2012.
- VicHealth, 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*, Melbourne: Victorian Health Promotion Foundation.
- VicHealth, 2009a, *Building on our strengths: A framework to reduce race-based discrimination and support diversity in Victoria*, Melbourne: Victorian Health Promotion Foundation.
- VicHealth, 2009b, *VicHealth strategy and business plan 2009–2013*, Melbourne: Victorian Health Promotion Foundation.

VicHealth, 2012a, *More than ready: Bystander action to prevent violence against women in the Victorian community*, Melbourne: Victorian Health Promotion Foundation.

VicHealth, 2012b, *Preventing race-based discrimination and supporting cultural diversity in the workplace. An evidence review: full report*, Melbourne: Victorian Health Promotion Foundation.

Wagner, U, Christ, O & Pettigrew, TF, 2008, 'Prejudice and group-related behavior in Germany', *Journal of Social Issues* 64, pp. 403–416.

Walton, J, Priest, N & Paradies, Y, "It depends how you're saying it": The contextual complexities of everyday racism', *International Journal of Conflict and Violence*, accepted for publication.

Williams, DR & Williams-Morris, R, 2000, 'Racism and mental health: The African American Experience', *Ethnicity & Health* 5(3/4), pp. 243–268.

World Health Organization, 2001, *Health and freedom from discrimination. World Health Organization's contribution to the World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance*, Health & Human Rights publication series, issue no. 2, Geneva: World Health Organization.



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