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Prevalence and Context of Racism Experienced by Older Aboriginal and Torres Strait Islanders

Abstract

Objective: Examine the prevalence and context of racism self-reported by older Aboriginal and Torres Strait Islanders.

Methods: The 2015 National Aboriginal and Torres Strait Islander Survey was used to measure the prevalence, contexts and demographic differences in reports of racism. Multivariable logistic regression was used to examine the association of age with racism in later life.

Results: A sizeable minority of older Aboriginal people reported experiences of unfair treatment (31%) and avoidance (15%), oftentimes occurring in contexts critical to human capital investments. Specific demographic groups, including those with higher levels of education were more likely to report experiences of unfair treatment. The prevalence of unfair treatment and avoidance remains relatively high in later life course (albeit it lower than younger ages), with a significant reduction from age 65.

Conclusion: Addressing racism, particularly in contexts crucial to human capital is important for the health and wellbeing of older Aboriginal people.

Keywords: Ageing, Racism, Indigenous Population.

Impact Statement

The level of exposure to racism reported by older Aboriginal people represents a significant risk factor for poor mental and physical health outcomes. Addressing racism and improving access to services critical to human capital investments is one part of the solution to improving health and wellbeing in the later life course.

Prevalence and Contexts of Racism Experienced by Older Aboriginal and Torres Strait Islanders

Introduction

Racial discrimination, or racism, is the unfair and avoidable disparities in power, resources, capacities or opportunities centered on ethnic, racial, religious or cultural differences [1]. It can manifest through cognitive beliefs (e.g. stereotypes), feelings (e.g. prejudice) or practices and behaviors that are discriminatory. Although studies have examined the experiences and consequences of racism among the Aboriginal and Torres Strait Islander population (heretofore respectfully referred to as Aboriginal people), there remains a lack of knowledge about the intersection between racism and Indigenous ageing more generally [2,3]. Heretofore, we utilize the terminology Indigenous ageing to refer to the ageing experience of Indigenous peoples globally and not only among Australia's Aboriginal people.

Understanding exposure to racism in later life is important for several reasons. Firstly, the later life course is a period of increased likelihood of the onset of health conditions and both international and Australian studies show that exposure to racism is associated with deleterious health outcomes [2]. Secondly, later life is also a period of increased use of health and other social services. Here to, the evidence shows that racism is associated with negative patient experiences and avoidance of services, leading to poor health outcomes [4]. Finally, an understanding of racism, specifically among older Aboriginal people, improves our knowledge base of Indigenous ageing more generally. When combined with lifelong cumulation of disadvantage which many Aboriginal

people have experienced, this poses a number of questions about how policy can address both racism and disadvantage [1].

In this paper, we seek to answer three questions about older Aboriginal peoples reports of racism. First, how prevalent are experiences of racism? Second, in which contexts or situations does it occur? Finally, are specific demographic groups more likely to self-report experiences of racism? We conclude with a discussion of the relevance of our findings and highlight the implications for gerontologists.

Methods

Data for this study are from the National Aboriginal and Torres Strait Islander Social Survey (NATSISS). NATSISS data were collected by the ABS between September 2014 and June 2015 using a Computer-Assisted Interviewing questionnaire via personal interview. NATSISS is a multi-stage survey consisting of Aboriginal people living in private dwellings in remote and non-remote areas, including discrete communities, across all Australian States and Territories. The confidentialised data file contains records on 11,178 persons who self-identify as being an Aboriginal and/or Torres Strait Islander.

Data for the NATSISS were collected by the ABS under the provisions of the *Census and Statistics Act (CSA) 1905*. Prior to field operations, the survey was submitted to the Australian Privacy Commissioner and tabled in the Australian Parliament. Confidentiality of these data are guaranteed under the Act and information was provided freely from respondents. De-identified data were made available to the authors for this study through the ABS and Universities Australia agreement.

In the development phase of the survey, the ABS sought input from Aboriginal and Torres Strait Islander peak bodies, government departments with Aboriginal and Torres Strait Islander responsibilities and from the ABS Advisory group for Aboriginal and Torres Strait Islander Statistics. Prior to field deployment, ABS interviewers had received extensive training in cultural awareness and the collection methods used by interviewers varied across geographies. In community areas, Aboriginal and Torres Strait Islander facilitators accompanied ABS interviewers to assist with the data collection. In addition to Indigenous involvement in the data design and collection, our research team was led by both Aboriginal and non-Indigenous researchers.

Measures

In the first section of this paper, we outline experiences of racism in three age groups: 15-29, 30-44 and 45 and over. Questions on racism were not collected from those under 15. From the full sample of 7,022 persons aged 15 and over, n=372 were omitted from analysis as they could not adequately respond to questions on unfair treatment. This left a final sample of n=6,650 of which n=2606 were aged 45 and over. Following other examples in the literature, we define the sample as 'older' from age 45 due to differences between the Aboriginal and non-Indigenous populations with respect to reduced life expectancy, increased likelihood of early onset frailties and comorbidities and earlier availability of aged and other care services [5-9].

The racism module in NATSISS consists of 6 questions gauging experiences of racism (operationalized as unfair treatment) and avoidance. Respondents were asked "In the last 12 months, have you had any of the following experiences because you are

Aboriginal.?" A prompt card was displayed with the following selections (multiple selections were possible):

- Called names, teased or sworn at
- Heard racial comments or jokes
- Ignored or served last while accessing services or buying something
- Not trusted
- Told you are less intelligent
- Left out, refused entry or told you don't belong
- Spat at or had something thrown at you
- Any other experience that was unfair

Respondents further answered questions related to the frequency (over the previous 12 months) and the type of experience (from the list above) in the most recent incident. Next, respondents were asked "In which situation were you treated unfairly (because you are an Aboriginal), the most recent time". A prompt card was displayed with the following options:

- Applying for work, or at work
- At home, by neighbors or at somebody else's house
- At school, university, training course or other educational setting
- While doing any sporting, recreational or leisure activities
- By the police, security people, lawyers or in a court of law
- By doctors, nurses or other staff at hospitals or doctor's surgeries
- When accessing government services
- When seeking any other services
- On the internet or telephone

- By members of the public
- Any other situation

Finally, respondents were asked whether they avoided "situations because you feel you have been treated unfairly in the past because you are Aboriginal and/or Torres Strait Islander?" A prompt card was shown similar to that outlined above. Whereas avoidance contexts were collected based on all instances in the previous 12 months, unfair treatment contexts were collected based on the most recent event.

We examine experiences of exclusion (discrimination and avoidance) across each of these contexts. We also use these measures to generate an indicator of "human capital exclusion". Human capital is a theoretical concept widely used in economics and demography which embodies the types of investments in education and health that produce economic benefits for the individual at the micro-economic level and for the population at the macro-economic level, through for example higher levels of labour force participation and productivity [10-11]. Using the NATSISS data we can focus upon exclusion in these contexts, as they pertain specifically to unfair treatment or avoidance in healthcare, work or education.

Statistical Tests

To examine differences in the prevalence of unfair treatment and exclusion, we present descriptive statistics along with tests of proportions. To examine whether age differences in experiences of discrimination persist into later life once controls for other demographic factors are included, we fitted multivariable logistic regression models

with replicate jackknife standard errors. The NATSISS data file includes 250 replicate weights in addition to a person weight to adjust for sample design and non-response.

Results

Over one in three Aboriginal people reported an experience of unfair treatment in the 12 months prior to the survey (Table 1). Compared to those aged 15-29 (35%), the prevalence of self-reported racism is higher in mid age (40% for those 30-44) and slightly lower for those 45 and over (31%). Although the prevalence is lower for the older age group, those who do experience unfair treatment are more likely to cite it occurring 'Always' or 'Often' (21.4%) compared to the younger age groups (approx. 15.5% for both age groups).

There are slight variations by age in the types of unfair treatment experienced. Older persons (those 45 and over) are more likely to report being ignored or served last (17.9% compared to 8.3% of those 15-29) and slightly less likely to report being called names, teased or sworn at (17.8% relative to 25% of those 15-29). The most common type of unfair treatment reported by respondents of any age was hearing racial comments or jokes (46%). There is little variation in age for other types of unfair treatment such as not being trusted (8.8%), being unfairly arrested (3.1%) or being told that they are less intelligent (3.7%).

[TABLE 1]

Stronger variations by age, however, are observed when examining the contexts or situations of unfair treatment (Table 2). Younger persons were more likely to cite unfair

treatment in educational settings (23.6% versus 2.1% for 45+) and the middle age group was most likely to cite the workplace as a setting of discrimination (22%) when compared to younger persons (13.4%). Nonetheless, almost 20% of older persons cite the work context as a source of discrimination. Relative to younger groups, older persons are also more likely to cite other situations (11.6%), seeking other services (7%) and health care settings (4%) as sources of discrimination.

[TABLE 2]

At first glance, the relatively low prevalence of discrimination in health care settings seems surprising, however, a different conclusion is drawn when contexts or situations of discrimination as interpreted through the lens of avoidance behaviours (Table 3). Across all age groups and for older persons, about 14% or respondents reported an instance of avoidance, with the level of avoidance a little lower in the younger age group (13%) and slightly higher in the 30-44 year-old group (16.6%).

[TABLE 3]

Not surprisingly, settings of work (26.6%), policing and law (24.6%), members of the public (24%), when accessing government services (22.1%) and healthcare (20.8%) are cited by more than 1 in 5 persons aged 45 and over who engaged in avoidance specifically because of previous experiences of unfair treatment. The avoidance patterns by age tended to follow expected lifecycle trajectories with younger people more likely to avoid work (41%) and education settings (24.4%) and older Australians more likely to avoid health care and accessing government (22.1%) or other (10%)

services. Almost 1 in 5 respondents aged over 45 cited ‘any other situation’ (17.3%) as a point of avoidance, significantly higher than each younger age group.

Given the strength of age in explaining differences in the contexts of avoidance and unfair treatment, are there demographic groups who are more likely to report racism in the later life? Table 4 presents differences in measures of exclusion, tabulated by demographic measures in the population aged 45 and over. Measures of unfair treatment and avoidance follow those presented earlier. Human capital exclusion captures individuals who report instances of unfair treatment or avoidance in healthcare, work or education.

[TABLE 4]

Across measures of unfair treatment, avoidance and human capital exclusion, prevalence rates remain similar from ages 45 to 54, before declining in the 65 and over age group. For example, between 31% and 38% of those aged 45-54 and 55-64 respectively report unfair treatment, compared with 14% of those over 65. Similarly, about 15% of the 45-54 year-old group report human capital exclusion, as do 13% of those aged 55-64 years. The prevalence falls considerably to under 4% for those 65 and over.

Interestingly, those with post school education are also more likely to cite instances of unfair treatment (39% v 24%), avoidance (18% v 11%) and human capital exclusion (19% v 7%) when compared to their less educated peers. Given the correlation between education levels and income, it is not surprising that those in the top 40% of the income

distribution are more likely to report unfair treatment of human capital exclusion, when compared to lower income earners. For example, over 40% of those in the top 20% of income earners report an instance of unfair treatment, compared with around 27% of those in the bottom 20% of income earners. Levels of discrimination do not differ by gender and differ only marginally by remoteness or marital status.

Furthermore, we show levels of unfair treatment, avoidance and human capital exclusion remain relatively high up to age 64 and decline considerably thereafter. An important question therefore, is does this relationship between age and reports of discrimination and exclusion persist once controls for all other socio-demographic factors are included? To answer this question, we estimated logistic regression models including age along with controls for all variables highlighted in Table 3. Results presented in Figure 1 show that even with controls included, those aged 65 and over were between 60-70% less likely to report unfair treatment, avoidance or human capital exclusion when compared to those aged 45-54. There was no significant difference in coefficients among those aged 45-54 and 55-64 ($p<0.1$), indicating that reporting of discrimination remains relatively stable until aged 65 at which point it decreases significantly.

[FIGURE 1]

Discussion

Given the paucity of empirical studies on racial discrimination in later life, we have sought to (1) measure experiences of unfair treatment and avoidance reported by older Aboriginal people, (2) the contexts or situations in which they occur, and (3) demographic differences in experiences of racism, particularly as they pertain to age.

We find that almost one-third of older persons reported unfair treatment (31%) and avoidance (14%), and for many it occurred regularly. This finding is important as at a population health level, this level of exposure to racial discrimination represents a significant risk factor, impacting on a range of mental and physical health outcomes, which themselves incur a range of economic costs [2,12]. Racial discrimination at these levels has also been associated with poorer cognitive function at older ages and been shown to reduce relationship quality throughout the life course [13,14].

To date, Australian research has focussed on the implications of racism for both working-age adults and young Aboriginal people. Among adults
racism has been associated with poor self-assessed health status [15], mental ill-health [16], psychological distress [17], depression [18], reduced general physical and mental health [19], and poor oral health outcomes [20,21]. Among Aboriginal youth, racism has been found to be associated with emotional / behavioral difficulties and suicidal thoughts [22], anxiety, depression, suicide risk, mental ill-health, physical illness [23-25], poor oral health [24,25], as well as increased alcohol, tobacco and marijuana use [22]. Notwithstanding these important findings, more evidence is required specifically on the outcomes of racism for older Aboriginal people. This is an important gap in the

extant literature which requires attention. As shown in this paper, variations in exposure to racism by context and situation persists by age and this may interact or be acerbated by specific mental or physical health outcomes.

We further demonstrate that older persons reported experiences of unfair treatment in contexts crucial to their human capital, such as health care and the workplace. In particular, workplace exposure to discrimination and avoidance remains relatively high among older Aboriginal Australians. Racism in the workplace can have direct effects on physical and mental health via increased stress [2]. Racism in the workplace can also have indirect effects on health by limiting economic opportunity and labour force participation which in turn leads to reduced economic resources to direct towards promoting and protecting health [2].

Similarly, exposure to racism in access to services can have direct deleterious effects on physical and mental health [16]. It can also result in reduced help seeking or avoidance of services as we observe here. For example, exposure to racism in health services has a greater impact on health than exposures in other settings [15]. The study highlights the potential of racism to exacerbate the challenges of ageing and the importance of better understanding racism in the older population. It also shows that key impacts of racism vary throughout the life cycle and that older people maybe bearing the costs of potential cumulative impacts of discrimination over the lifespan [28].

Apart from differing with age, reports of unfair treatment and avoidance were found to be higher for demographic groups such as those with higher education, in paid employment and living in an English speaking household. Cunningham and Paradies

(2013) provide several reasons, specifically for education: “more educated Indigenous people (1) may have higher expectations about how others should treat them, a difference in interpretation rather than exposure; (2) are more likely to work and socialise with non-Indigenous people and hence be exposed to inter-racial discrimination … and (3) are more likely to be the targets of discrimination because they defy stereotypes” [3; p.12]. These explanations are likely to be relevant to the other measures of SES we observe here. More broadly, however, there tends to be mixed findings in the literature in relation to reporting of racism as it intersects with socio-economic status, with the effects of SES often varying by population sub groups [27-29].

We further find that the prevalence of avoidance and unfair treatment remains high in later life (albeit lower than earlier in the lifecourse), but falls significantly after age 65. There are both substantive and methodological explanations for this finding. Firstly, as evident by the analysis of the sources of unfair treatment and avoidance, it is the exposure to different settings across the life course that is a driver of discrimination. The very high rates of discrimination in educational settings faced by younger Aboriginals (15-29) is a large component of their exposure. Mid-life people have a high level of exposure across a range of settings (with the exception of education) and this reflects their very high reports of unfair treatment (40%) and avoidance (17%). With decreasing education and labour force participation in later life, overall exposure to discrimination is reduced as a consequence of not being exposed to these environments. However, as shown here older persons are more likely to report exposure to discrimination and avoidance in health care, government services and other settings. From a methodological perspective, NATSISS data is cross-sectional and we measure

differences in exposure to discrimination between age groups rather than exposure as people age. Moreover, there is the role of selectivity in these cross-sectional data as with increasing age, migration out of the sample population is more likely through mortality or entry to aged care. This is particularly pertinent as NATSISS does not include older persons in non-private dwellings. Longitudinal data which unfortunately does not exist for this population, would be required to closely track trajectories of ageing and discrimination.

The considerable level of racial discrimination encountered by older Aboriginal people also has implications for gerontologists regarding the application and testing of theories related to ageing and for the design of empirical studies. Specifically, it is important that conceptual frameworks commonly used to examine ageing among non-Indigenous people do not produce an inaccurate picture of, or unfairly stereotype the ageing experience of Indigenous peoples. Indeed, the importance of developing culturally relevant theories on ageing have been noted in numerous studies [32-34].

For example, concepts such as 'successful' and 'active' ageing are oftentimes used by gerontologists to describe, explain and test the interaction between physical and mental health, 'productive' engagement and ageing. However, when interpreted through a Eurocentric lens, these concepts can unfairly stereotype Indigenous peoples as "failing at ageing" [33-34]. As argued by Braun et al (2014) "..notions of successful ageing may actually cause harm to older people who have experienced a lifetime of disadvantage and therefore would not be deemed to have aged successfully" [34; p.123]. Due to cumulative disadvantage across the life course, many older Indigenous persons do not have the requisite resources (eg. financial, health) to age successfully – within the

confines of the extant theoretical constructs [33]. In our analyses, we show this issue is exacerbated given that when a sizeable minority of older Aboriginal people seek to be engaged in contexts critical to their human capital, they face discrimination and, in some instances, engage in avoidance behaviours as a result. This undoubtedly affects the likelihood of meeting the criterion of ageing successfully.

It would be unfortunate if prevailing gerontological theories or concepts contributed to the discrimination already faced by older people, by stereotyping or incorrectly measuring their ageing experience – thereby "unintentionally allienat(ing) large groups of marganalized older people and reinforc(ing) social exclusion" [33; p.722]. This is not to argue that extant gerontological theory is not useful in explaining ageing in Indigenous populations. Edwards (2010) successfully integrates lifecourse theory with Maori concepts and methodology to explain positive ageing in New Zealand [35]. In the Australian case, Carr et al. (2015) also make the case for gerontological theorising utilising tenants from lifecourse theory, rather than examining discrete life stages in the older Aboriginal population [36]. There is a considerable need for new empirical analyses to inform theoretical development on ageing among Aboriginal people. This is notwithstanding important recent research on the contributions, health, wellbeing and care needs of older Aboriginal people [6-8, 37-43].

Limitations

In interpreting our findings, it is important to note the limitations. The measures of racism may not capture the full range of ways in which it may manifest (e.g. treated with suspicion) or the full range of settings in which it may occur (e.g. on public transport). The focus of this study is on interpersonal racism, but structural racism is

also important. For example, structural discrimination can lead to minority populations to have jobs that have worse psychosocial work environments and this can also have deleterious effects on health. This type of discrimination will not be captured by this study. Moreover, these measures of racism are self-reported and some respondents may be uncomfortable disclosing these experiences.

Furthermore, as noted in the data section n=372 cases (n=124 aged 45 and over) were omitted from the analysis because they were unable to adequately respond to questions on unfair treatment. If these cases were included in the prevalence calculations (via the population denominator), the prevalence of unfair treatment would be slightly lower than presented here.

Conclusion

Ageing among Aboriginal people deviates considerably from their non-Indigenous peers, in part, due to "multiple interconnected historical, social, economic and political factors" influencing health and wellbeing in the later life course [45; p. 14]. An important factor omnipresent to the ageing experience of older Aboriginal people are experiences of social and economic exclusion: whether that be through racial discrimination (unfair treatment) or the avoidance of social and economic activities because of past experiences of racism. Intersectionality between the effects of ageing and racism has rarely been explored, largely because, as this study also shows, exposure to racism is more common among younger people.

However, this fails to consider the economic, social and physical changes that take place with age and therefore, changes in the situations or contexts in which they may be exposed to racism. Specifically, as the contexts of racism vary across the life course, older Aboriginal people may bear the costs of these cumulative experiences of racism across their lives. Of note, results from this study show older Aboriginal people were found to be more likely to avoid settings including health care and when accessing government and other services. Addressing racism and consequently improving access to services, in part by assuring they are culturally appropriate, is one part of the solution to improving the health and wellbeing of older Aboriginal people.

The levels of racism reported by older Aboriginal people are considerable and represent a significant risk factor for poor mental and physical health outcomes. Further research is needed on the implications and policy solutions to racism, specifically as they relate to older Aboriginal people.

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