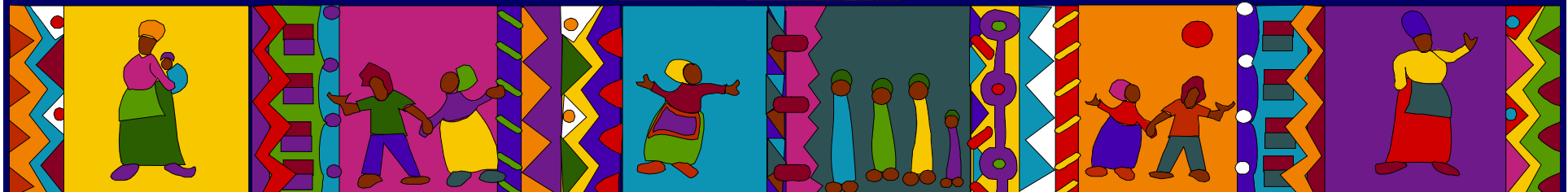
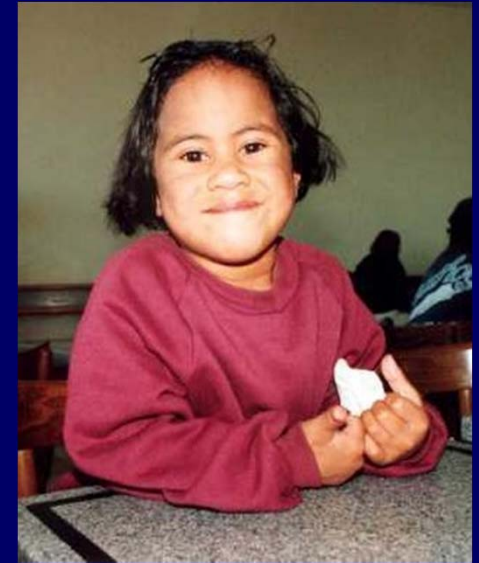


Role of Paediatricians in combating racism and xenophobia

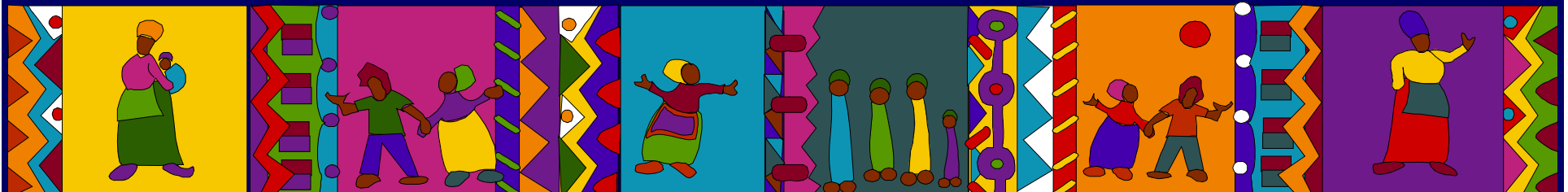


A/Prof Shanti Raman
University of New South Wales
South Western Sydney Local Health District



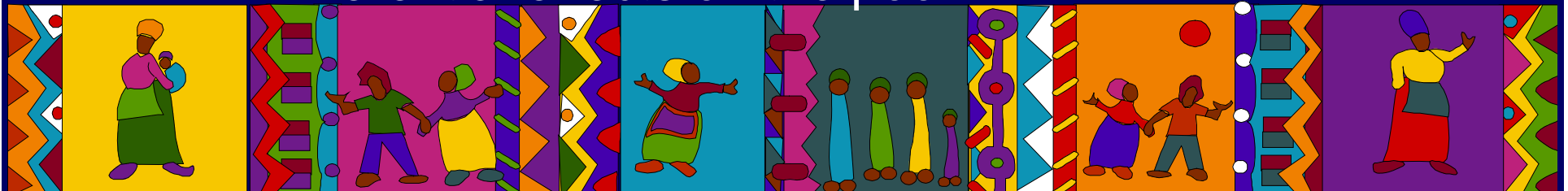
Outline

- 1) Migration, Culture and change
- 2) Refugees /asylum seekers part of this movement
- 3) Understanding the rise of racism/xenophobia
- 4) Threats to public health
- 5) What can we do?

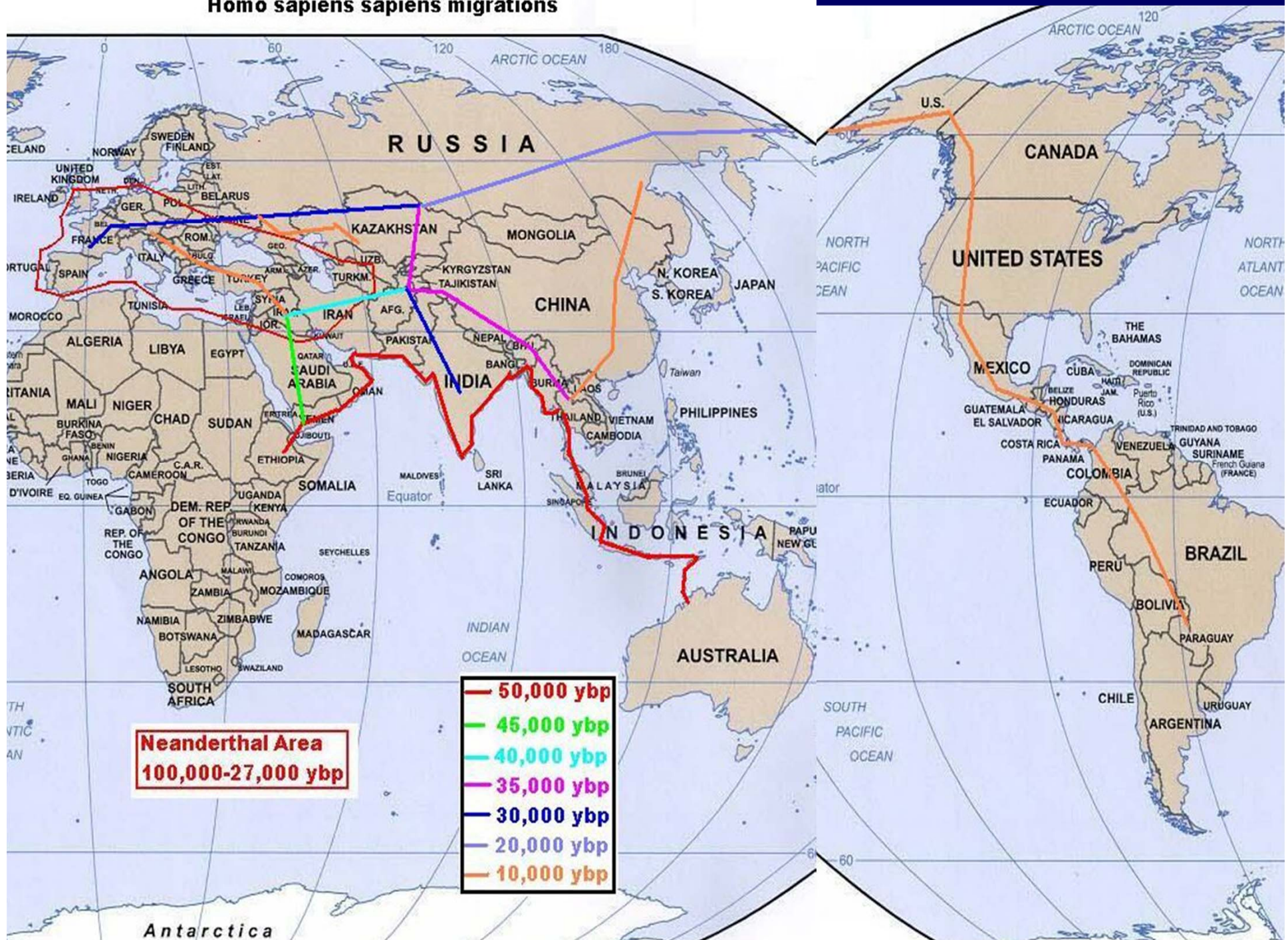


Migration

- Migration: universal phenomenon
- Dynamic multicultural societies urban West
- More recent rapid movement due to people fleeing persecution
- Globalisation: traditional boundaries between people and societies shrinking
 - Rapid social change
 - Positive and negative results
 - Differential effects on the poor



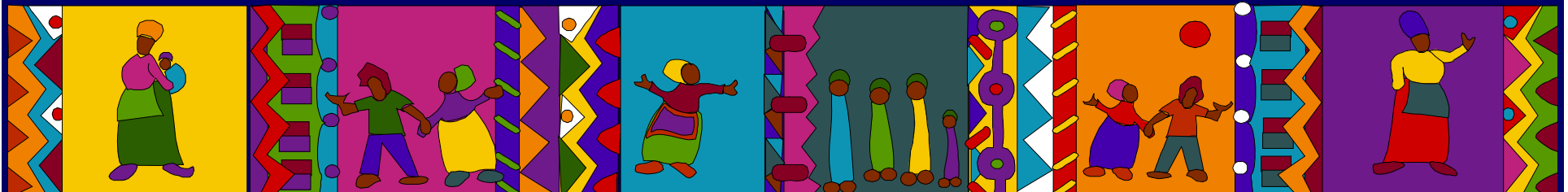
Homo sapiens sapiens migrations



Defining Culture

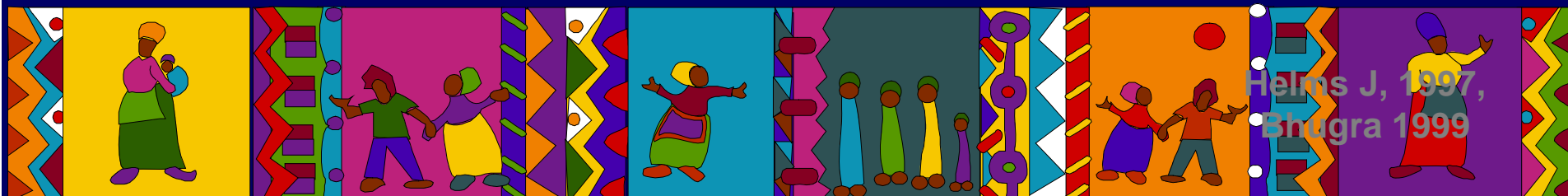
Frisby, 1992

- Customs, traditions, values, attitudes
- Significant artistic/scientific achievement
- As values, norms of the immediate context
- Refers to superficial differences between macro and micro groups (ie clothing, music, speech)
- Refers to outer appearance (“culturally different”)
- “Race consciousness”



Definitions

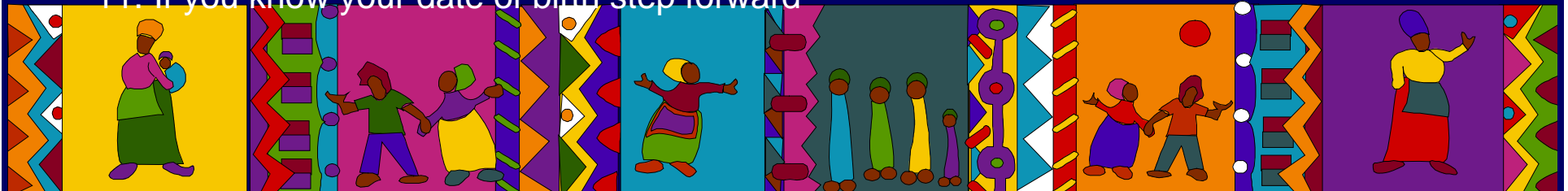
- Ethnicity: ethnic self-identity
ascribed ethnic identity
cultural identity
racial identity
nationality
descent
- Race: classified on basis of geography and physical characteristics
- Cultural identity: diversity and pluralism



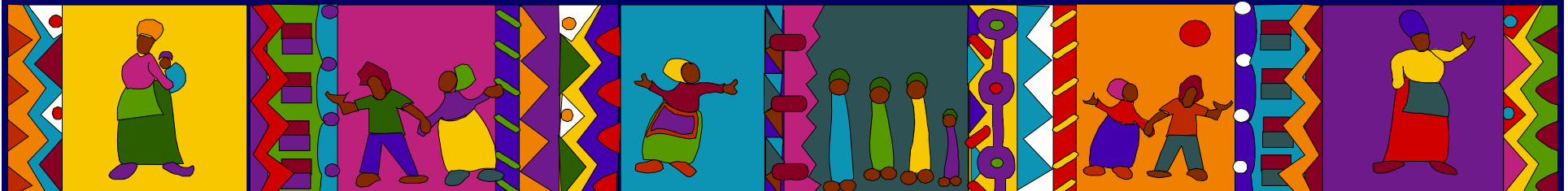
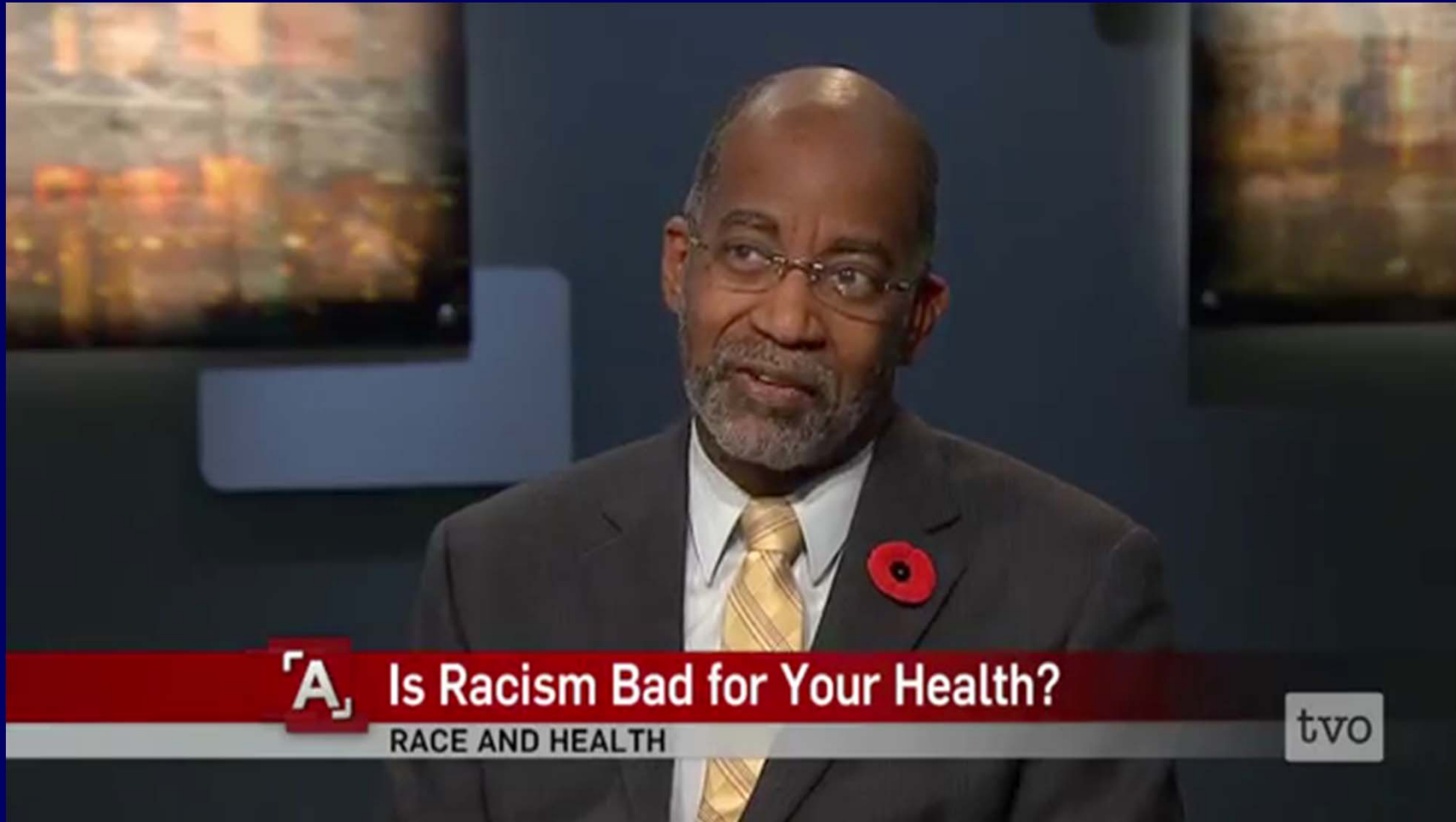
Helms J, 1997,
Bhugra 1999

Step forward, Step Backward

1. If you are a white male take one step forward
2. If there have been times when you skipped a meal because there was no food in the house take one step backward.
3. If you have visible or invisible disabilities take one step backward.
4. If you have an internationally recognized documentation of citizenship step forward
5. If you grew up with both parents take a step forward
6. If there are 4 recognizably famous people of your ethnic background in your country of residence step forward
7. If your work holidays coincide with religious holidays that you celebrate take one step forward.
8. If you have been the victim of physical violence based on your gender, ethnicity, age or sexual orientation take one step backward.
9. If you feel good about how your identified culture is portrayed by the media take one step forward.
10. If you have ever felt passed over for an employment position based on your gender, ethnicity, age or sexual orientation take one step backward
11. If you know your date of birth step forward

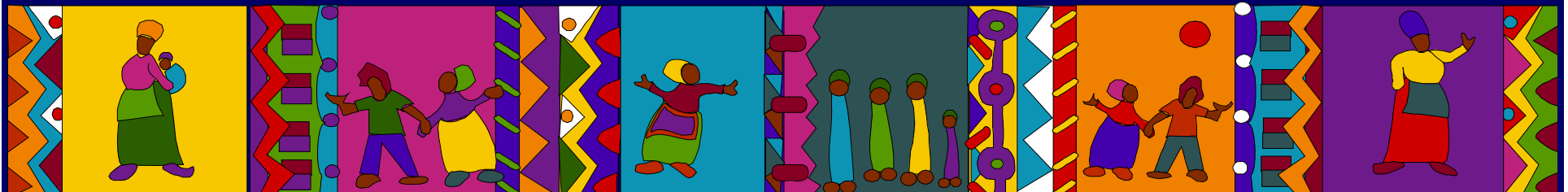


Racism and health

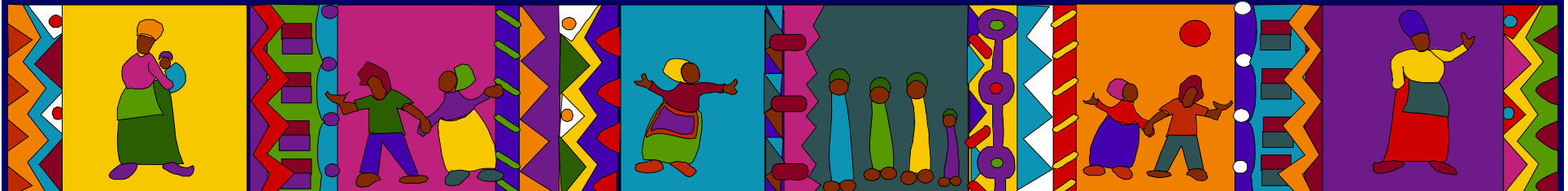


Racism—the pathology we choose to ignore (Richard Horton)

- Interconnected tragedies of: Westminster (March 22, 2017; **5** dead); Manchester (May 22, 2017; **23** dead); London Bridge (June 3, 2017; **8** dead); Finsbury Park (June 19, 2017; **1** dead). Grenfell Tower (June 14, 2017; **79+** dead).
- Hate is a health issue.
- Racism is a health issue.
- Xenophobia is a health issue.
- And terror is a health issue too.

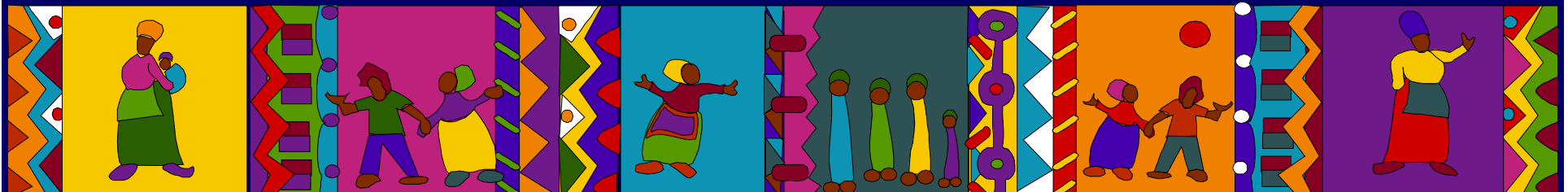


Where do you Really come from?



Perceived discrimination and children

- Perceived discrimination: critical in adolescence during identity formation
- Developmentally:
 - Children label their own and others' gender correctly by age 4.
 - Children have knowledge of basic, concrete racial stereotypes by age 5.
 - Children acquire multiple and hierarchical classification skills, with the onset of concrete operations, around age 7
 - Once children understand that individuals who belong to social groups are associated with the same stereotypes as the group, their likelihood of perceiving discrimination across situations is increased.



Neuroscience of in-group bias



Group membership modulates neural responses.

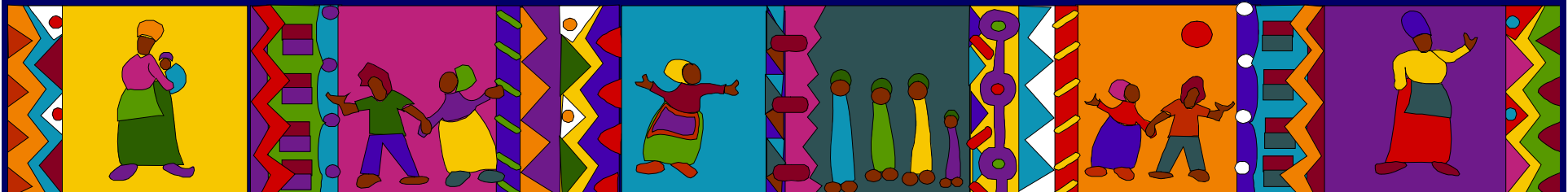
Different neural responses underlie in- and out-group categorization.
We perceive the actions and faces of in- and out-group members differently.

We empathise more with in-group members.

Understanding the neural basis of in-group bias will lead to less bias.

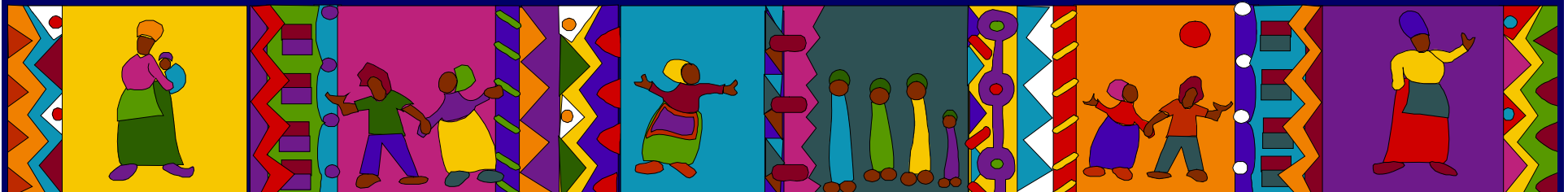
Possible to overcome racial biases if we just regroup the groups
in a way that they become more mixed

Molenberghs, 2013



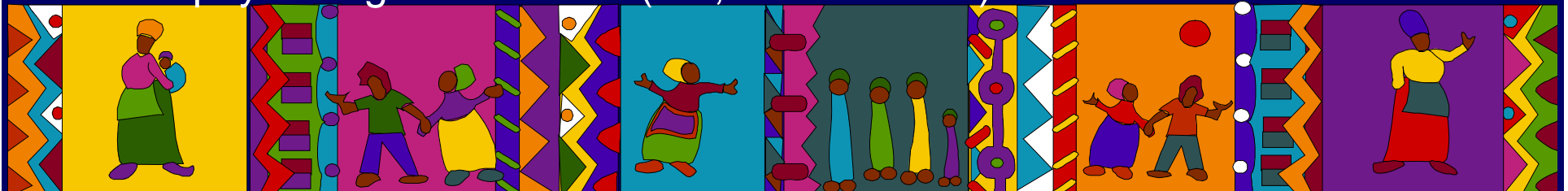
Racial Discrimination and Mental Health-Theories

- **Attribution model:** reflects systematic *exclusion and rejection* on part of dominant group and *increased identification* with in-group among minority groups—also acts as buffer against discrimination
- **Stress model:** experience of discrimination can act as signif stressor for individual targeted—thus psychological distress
- **Transactional model:** perceived discrimination is minimised or enhanced based on its transaction with moderating factors



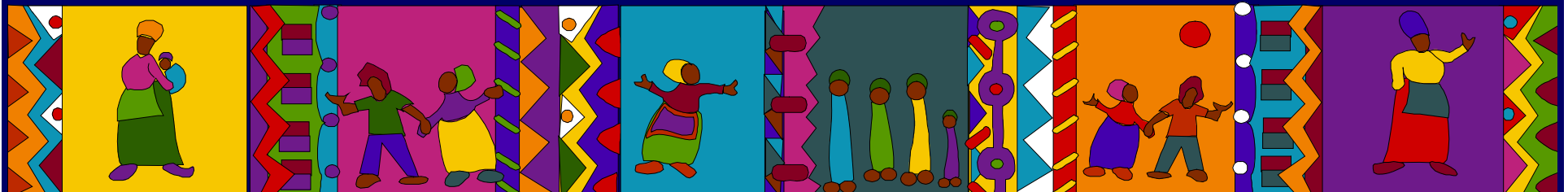
Racial Discrimination and Mental Health- Research

- Overall significant +ve correlation between experiences of discrimination and adverse mental health
- Discrimination associated with lower sense of subjective wellbeing— refugees worse off than migrants (Netherlands, Verkuyten 1998)
- Refugees who experienced discrimination had more depression than their counterparts- forbearance diminished strength of link between discrimination and depression (Canada, Noh 1999)
- Immigrants with separation attitudes perceived more discrimination than immigrants who preferred integration or assimilation (Israel, Germany, Finland, Jasinskaja-Lahti 2003)
- Perceived discrimination related to lower levels of perceived control over one's life—lower self esteem and greater psychological distress (US, Moradi 2004)



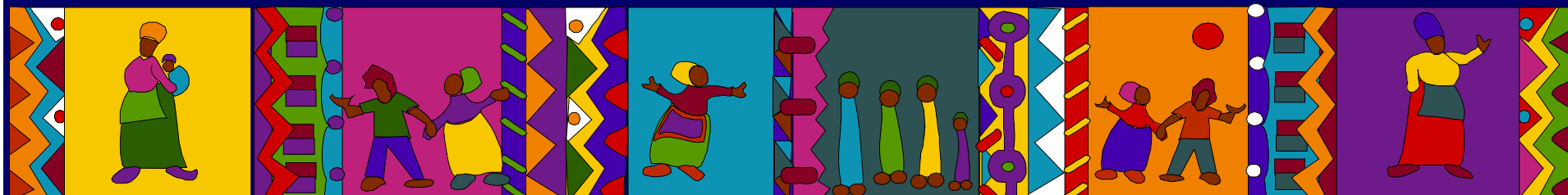
Perceived discrimination and mental health

- Discrimination experiences are highly predictive of the psychological well-being
- While perceived discrimination has a detrimental effect, it can be countered by perceived parental support--which has a positive impact on migrant children's school adjustments (Liebkind, 2004)
- Latino youth with high ethnic affirmation who experienced high discrimination still reported high self-esteem (Romero, 2003)
- A strong, positive connection to one's ethnic group reduces the magnitude of the association of racial discrimination experiences (Wong, 2003)



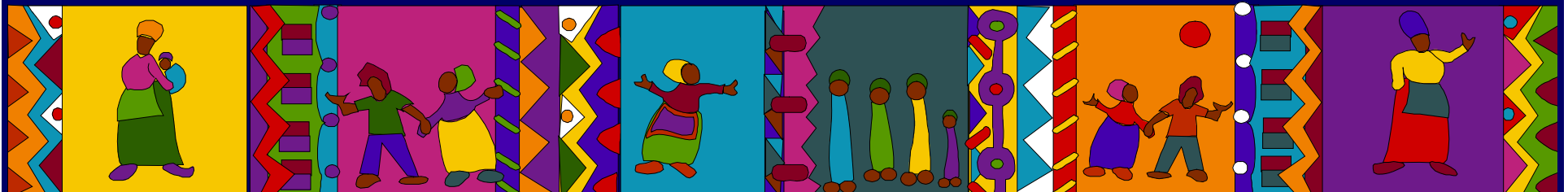
What can paediatricians do?

- Paediatricians have been at forefront of advocacy-
CONTINUE!
- Understand and acknowledge culture in context
- Need to acknowledge own cultural position and bias
- Address barriers (cultural, linguistic, structural) to access
- Incorporate culture/ethnicity in research and audit
- Create clinical and academic spaces that are welcoming for culturally diverse families
- Develop culturally competent services



UNCRC

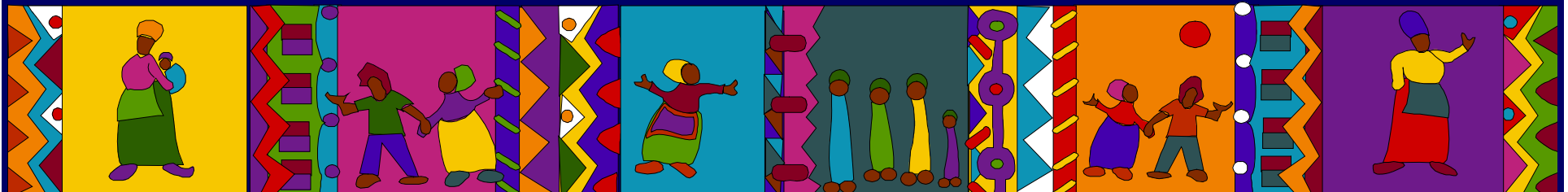
- **Article 2:** Protection from discrimination
- **Article 3:** Best interests of the child
- **Article 22:** Protection of child seeking refugee status
- **Article 24:** abolish traditional practices prejudicial to the health of children
- **Article 30:** right to own culture and religion



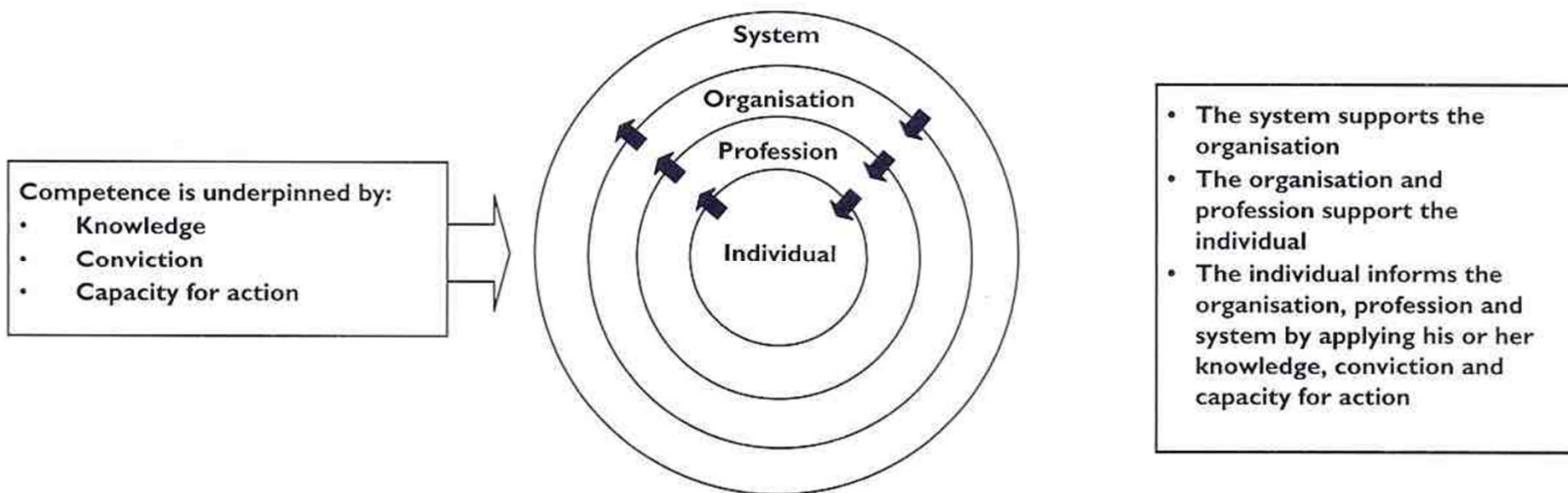
Is Cultural Competency Necessary

Cultural competence requires individuals to:

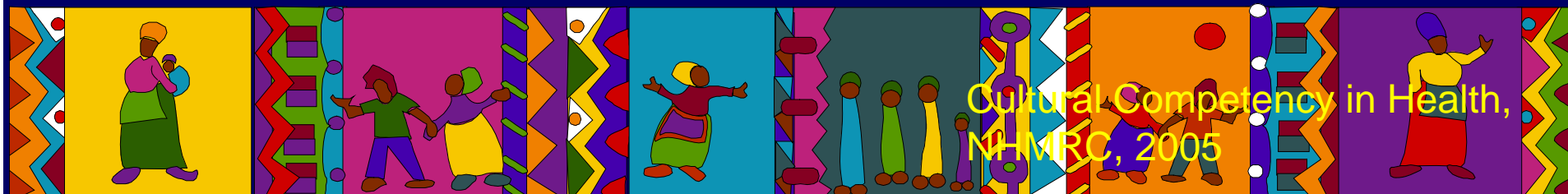
- Understand concept of culture and its influence
- Be open and willing to explore own cultural bias
- Be open and willing to explore from another's perspective
- Identify useful and culturally appropriate strategies for working with diverse cultural backgrounds



Cultural Competency Model

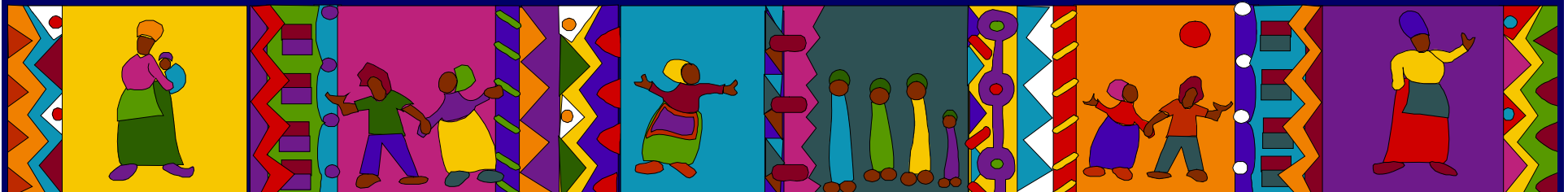


Source: Research and consultation report commissioned for this project (see Appendix B)



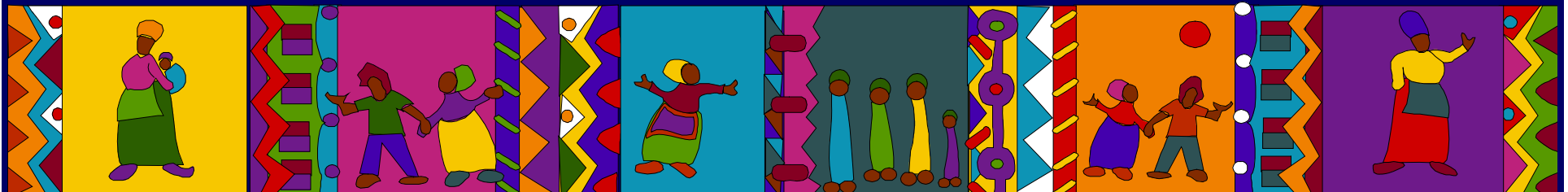
Action at Individual Level

- Develop optimum knowledge, attitudes, behaviours regarding cultural competency
- Understand your own minority/ 'other' populations
- Be supported to work with diverse communities
- Develop relevant, appropriate, sustainable interventions



Action at Professional Level

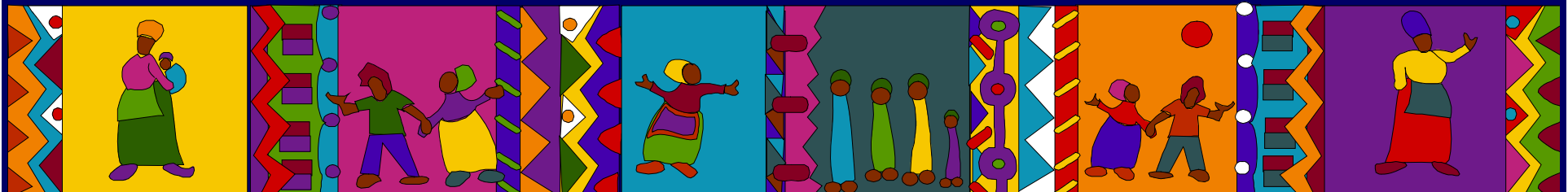
- Cultural competency part of education & professional development
- Professions develop cultural competence standards
- Guidance provided for working lives of individuals



Organisational level



- Cultural competency valued, integral to core business, supported and evaluated
- Skills and resources to support diverse clients are in place—eg interpreter services
- Management committed to diversity management & training



So what can we do to counter racism and xenophobia?

Suggestions from the floor

