Firstly, could you offer a synopsis of your career to date?

My background is in psychology, social psychology and public health. In the mid-1990s I worked in St Mary’s Hospital Medical School at Imperial College London, UK, within the area of HIV prevention among sex workers, and was UK Coordinator of the European Project for AIDS Prevention in Prostitution. Returning to Australia in 1996, I joined the Centre for Health Care Evaluation Research at Flinders University in Adelaide evaluating the coordinated care trial – a national project on organised healthcare. From there I began research in the broad area of the social determinants of health at the South Australian Community Health Research Unit (SACHRU) and the Department of Public Health at Flinders University. I continued this research focus as a Senior Research Fellow in Flinders’ Southgate Institute of Health, Society and Equity from 2006-12 when I commenced a six-year part-time Australian Research Council (ARC) Future Fellowship focusing on stigma, discrimination, social inclusion and health and wellbeing.

What inspired you to become involved in this field?

In my earlier research with a range of population groups, including sex workers and public housing tenants, it became clear that experiences of stigma and discrimination are important health issues. This was subsequently highlighted through my involvement in a study of Aboriginal people living in urban areas. The study found racism was experienced by over 90 per cent of participants and was a very regular and damaging feature in the lives of the majority of people we spoke to. I wanted to be a part of efforts to help reduce levels of discrimination and its detrimental impact on the health and wellbeing of Aboriginal people and other groups within Australia.

Can you discuss the specific aims of your research? Are stigma, discrimination and social exclusion areas of national priority?

Overall I aim to conduct applied multidisciplinary research into, and increase understanding of, the links between stigma and discrimination, social inclusion, and health and wellbeing. I also seek to inform policies and practices aimed at reducing these issues and am particularly interested in examining the experiences of people who encounter stigma and discrimination across different and multiple characteristics.

Promoting population health and wellbeing of communities is an Australian Government research priority and increased understandings of the links between stigma, discrimination and social inclusion and health and wellbeing is important in achieving this.

What challenges do asylum seekers and refugees face in Australia?

In addition to the challenges of fleeing from their country of origin and settling in a new country, the present political and policy climate in Australia poses further challenges with negative stereotypes and damaging rhetoric demonising people escaping persecution. This contributes to discriminatory attitudes to asylum seekers and refugees and impacts on social inclusion, successful settlement and wellbeing. Asylum seekers also face uncertainty as they wait for their claims to be processed and risk detention in offshore facilities that have been criticised for their conditions and systems for managing claims.

In what ways do experiences of racism lead to negative health consequences for Indigenous Australians?

We know from research in Australia and internationally that experiencing racism is bad for health. There is also evidence that the more frequently someone experiences discrimination the worse the health consequences can be, and discrimination throughout a person’s life can have lasting health effects.

Aboriginal people constitute 2.4 per cent of the Australian population and are living in the most disadvantaged circumstances with regards to many social determinants of health, including employment, education, housing and levels of incarceration, compared with non-Aboriginal Australians. The European colonisation of Australia has had a damaging impact on the lives of its Aboriginal people. White assimilation policies have resulted in displacement, removal of children, institutionalisation and discrimination, all of which have adversely affected life opportunities for Aboriginal Australians. It has also had severe health impacts, with Aboriginal Australians living on average 11 years less than non-Aboriginal Australians.

In your opinion, how might these effects be ameliorated?

Addressing racism requires more than just cultural awareness training and anti-discrimination legislation; it must address the ongoing effects of colonisation.
Researchers at Flinders University, Australia, are working to inform new, effective policies and practices to address and interrupt the negative health and social effects of stigma, discrimination and social exclusion.

STIGMA AND DISCRIMINATION have wide-ranging impacts both socially and on the health and wellbeing of communities and individuals. Stigma refers to the way that characteristics connect a person to an unfavourable stereotype; and discrimination focuses on an individual or individuals within a socially defined group and the process by which they are treated unjustly or in a prejudicial manner due to their association with that group. Both are affiliated with negative connotations and lead to detrimental effects such as social exclusion and poor health.

Until recently, the definition of social exclusion has focused on the term as a state whereby particular groups or individuals are defined as ‘excluded’. However, a more contemporary approach centres on social inclusion and/or exclusion as a process. This method is supported by the Social Exclusion Knowledge Network of the Commission on the Social Determinants of Health established by the World Health Organization (WHO) in 2005. The Commission recommended that inclusion and exclusion should be viewed as a continuum, where unequal power relationships act at a range of levels (eg. individual, group, country and globally), to provide differential access to economic, social, cultural and political resources, capabilities and rights. This approach leads to a focus on fixing systems to promote social inclusion, rather than ‘fixing’ people.

The conclusive report issued by the Commission identified social exclusion and discrimination as important determinants of health. However, despite a significant body of literature linking stigma and discrimination to poor health and social outcomes, the pathways via which these result and the factors that could potentially disrupt these processes are still not fully understood. Likewise, there is little research that directly compares the effects that different forms of stigma and discrimination may have on health and wellbeing.

Associate Professor Anna Ziersch and colleagues at the Southgate Institute of Health Society and Equity at Flinders University, Australia, are hoping to turn this around and advance understanding as well as policy and practice in this area. Initially inspired by her earlier work with a range of population groups, Ziersch is conducting a broad programme of research as part of an Australian Research Council (ARC) Future Fellowship focusing on stigma, discrimination, social inclusion and health and wellbeing.

Ziersch has also been developing the Stigma and Discrimination and Health Research Network (SDHRN). This Network aims to connect people working in the areas of stigma, discrimination and health research within Flinders University and across other universities, as well as policy makers and practitioners.

IMPACTFUL INSIGHTS

Ziersch’s research has provided important insights into a range of forms of stigma and discrimination. Working alongside colleagues, she has examined the influence of social infrastructures on neighbourhood disparities in health, including the social capital of an area, the extent to which residents feel safe and neighbourhoods are free from disorder, and the reputation of an area. Crucially, Ziersch’s research has revealed that, taken together with environmental factors, these issues have damaging effects, directly impacting upon employment and social opportunities and also health and wellbeing.

She has also collaborated on a high-impact study on the issues experienced by Aboriginal people living in urbanised environments. Aboriginal Australians are the most socioeconomically disadvantaged group in Australia, suffer higher levels of ill health and mortality, as
well as higher rates of smoking and substance abuse in comparison to the wider population. Ziersch has provided important insights into urban indigenous perspectives on health, and in particular the complexities of racism and its health impacts: "The pathways between racism and health are likely to be multiple and complex and include stress and negative emotional reactions; negative evaluations and stereotypes being internalised; physical assault; health damaging coping behaviours such as drug and alcohol abuse; and unequal access to resources required for health," she explains.

Substantial analysis of qualitative and quantitative data on the ways in which racism influences social inclusion and wellbeing for Aboriginal Australians is still necessary alongside further policy work: “Broader measures are required such as constitutional recognition of Aboriginal people and land rights, alongside system-wide efforts to address racism more generally,” Ziersch adds. These and other issues were discussed at a recent Symposium and Roundtable Ziersch helped to organise on Health Services, Racism and Indigenous Health – a collaboration between the Network of Poche Centres for Indigenous Health, the Wardliparingga Aboriginal Research Unit of the South Australian Medical Health Research Institute and the Southgate Institute.

Ziersch will also shortly commence a project with Dr Lillian Mwanri from Flinders University’s Department of Public Health. Little work has been undertaken regarding the targeted stigmatisation of people with HIV from culturally and linguistically diverse (CALD) backgrounds – by both their own communities and wider society. The stigma of HIV can have serious health implications, such as discouraging people from safe sex practices and seeking diagnosis. This project will specifically examine key questions regarding HIV, stigma and discrimination within CALD populations: “We will explore how the stigma and discrimination associated with HIV may be experienced alongside that relating to other characteristics such as ethnicity, race, religion and refugee status,” Ziersch explains.

TAKING ACTION

Ziersch’s studies on the experience of racism within the Aboriginal population and discrimination in the workplace have also directly fed into her latest research project examining the health effects of taking action against discrimination. In addition to the detrimental health impacts experienced by participants as a consequence of discrimination, in the process of attempting to address this issue through complaining to direct supervisors, making formal complaints within their organisations and in some cases lodging formal complaints with external bodies, some participants suffered increased levels of stress and further damage to wellbeing. The new project, in partnership with the Equal Opportunity Commission of South Australia and the office of the Health and Community Services Complaints Commissioner, hopes to address these issues, exploring some of the barriers to making complaints and how to best deliver grievance processes in ways that are protective of health and wellbeing.

PRIORITISING POLICY AND PRACTICE

Currently, Ziersch is working in collaboration with Anglicare SA, Baptist Care (SA), the Australian Refugee Association and Shelter SA to investigate the housing, social inclusion and wellbeing experiences of refugees and asylum seekers in Australia. These key policy partners will be intricately involved in the project, helping to gather data, recruit participants, discuss findings and develop policy recommendations by ensuring that results are policy and practice ready. “Involving policy makers and practitioners as integral parts of research projects as Advisory Board members and research partners,” elaborates Ziersch.

Improvements to anti-discrimination policy are also needed to ensure effective policies and practices are implemented: “Unfortunately, Australian federal policy in this area is not heading in the right direction with a recent proposal to water down the Racial Discrimination Act by the Federal Government,” Ziersch explains. Through the Fellowship, Ziersch hopes to make significant contributions to key areas of national priority, disseminating the principal policy and practice implications garnered from her extensive research findings and developing recommendations for action in stigma and discrimination.