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The prevalence and persistence of ethnic and racial harassment and its impact on health: a longitudinal analysis

Team members: Dr. Alita Nandi, Dr. Renee Luthra, Professor Shamit Saggar and Professor Michaela Benzeval

SDAI
Secondary Data Analysis Initiative

University of Essex

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Where are we now? 50 years after the first anti-discrimination legislation in the 1960s

Government has made significant efforts to ascertain the degree of racial discrimination and harassment over two generations. In the late 1960s this was considered new and daunting, and the first anti-discrimination laws were drawn up based on the PEP survey of racial discrimination. The approach and methods were rudimentary by modern standards, and the focus was squarely on jobs and housing.

This study builds on a long tradition of empirical observation and analysis of discrimination and harassment. But it extends our understanding in three key ways.

- The use of a very large and sophisticated longitudinal sampling frame provides substantial authority to what is known about such behaviour and its effects. The data has been analysed to shed fresh light on patterns that were previously hazy, and this also points to new and recurring patterns that improves our understanding significantly.

- The analysis probes the health impacts that arise when people experience harassment, adding fresh insights for such research. The mental health aspects of this are especially important to understand, pointing to a variety of further impacts that matter for individuals and for social cohesion.

- The research points the light on a phenomenon that is necessarily very difficult to study. Important gaps in knowledge are filled by this study but equally important questions and challenges arise about better evidence to inform public policy.

The key messages of the study are fivefold:

- Place is significant. Ethnic minorities who are located significantly beyond areas in which minorities cluster are more likely to experience harassment.

- It is more common among some minorities than others. Overall, one in ten ethnic minorities experience harassment but this average disguises the spikes experienced by some minority groups.

- Harassment affects health and mental health in particular. The direct impacts for health can be seen but there are likely to be further indirect impacts over time.

- Support networks make a difference. The impacts for those who experience harassment are cushioned by family and community networks.

- Expectations matter. It is debatable whether, or how far, minorities anticipate such behaviour either based on the circumstances of where they are (e.g. when using late night transport) or more generally (the narrative of mostly low level harassment is a depressing 'given' in their lives).

The reality of racial harassment is better understood through this study. Moreover, the reality for those who experience harassment is one of the most serious issues facing British society – not least because the absence of discrimination and harassment is a central marker of a civilized society. The analysis provided here is (intended to be) an important upward shift in what is known and what should be done in response.

What did we do?

In this project we used information collected in a large survey of UK residents which started in 2009, Understanding Society, to find out answers to these questions among UK's ethnic minorities:

- How frequent is ethnic and racial harassment?

- Who is more likely to experience ethnic and racial harassment? And where?

- Are these experiences a one-off or are they more persistent? That is, are those who experience it once more likely to experience it again?

- How do such experiences affect a person's mental health? Is there anything that can reduce this impact?

- What is the wider cost of ethnic and racial harassment? Does it affect family members? Does it affect community (ethnic group) members?

- We also ask if UK-born ethnic minorities have different experiences and reactions to that of their parents and grandparents who came to this country.

How do we measure ethnic and racial harassment?

If any person says that in the last one year, they were physically attacked or verbally attacked (insulted, called names) in a public place and the reason was their ethnicity, religion and nationality, we say, that person experienced **ethnic and racial harassment (ERH)**.

Not everyone who experiences ERH is able to identify it as such as they may normalise such acts and accept it as part of everyday life. So, our estimates are likely to be an underestimate. Also note that ERH will be lower for those who are less likely to be out and about – whether this is for fear of harassment or other reasons.

Among those who do identify such incidents as ERH, only some report to the police, assuming they know where to report it. After these incidents are reported to the police, these are classified as hate incidents or as hate crimes (if the act qualifies as one). In other words, our definition of ERH is not the same as incidents recorded as racially motivated hate crime by the police.

How often does this happen?

Around one in ten ethnic minorities living in England report experiencing ethnic and racial harassment in the last one year. But there is variation across ethnic groups. Women are less likely to report ERH.

Who are more likely to experience ethnic and racial harassment?

We found that men, younger people, those who participate in more leisure activities (such as cinema, theatre, museum, cycling, golf, walking, etc) are more

likely to report experiencing ERH. Note these groups of people are more likely to be out and about in public places.
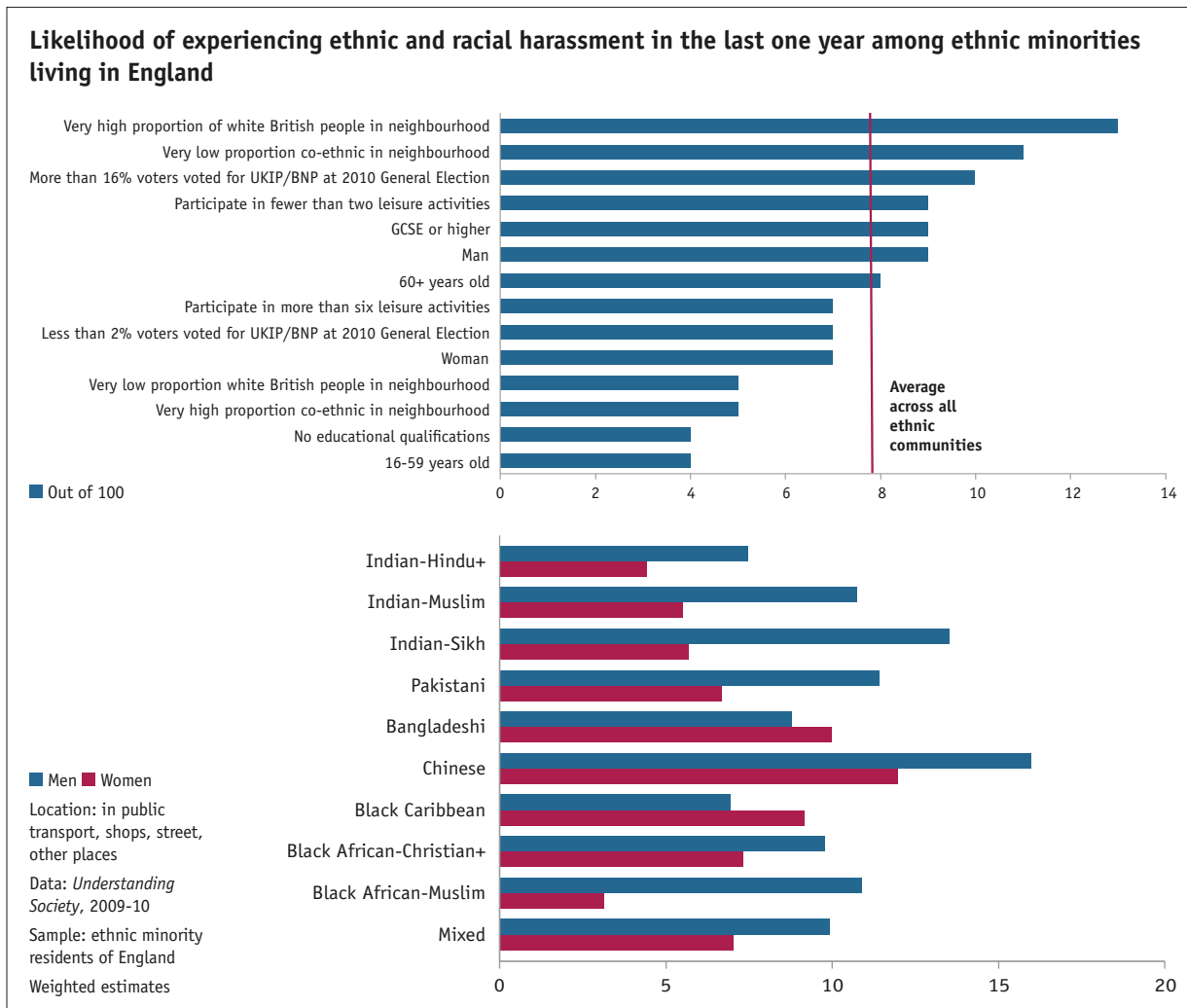
We also found that higher educated people are more likely to report experiencing ERH. It is possible that higher educated people are less likely to normalise such behaviour and feel confident to report it.

And where?

We found that ethnic minorities living in areas where there were more people of their own ethnic group were less likely to experience ERH. Ethnic minorities living in areas with lower proportion of UKIP or BNP voters (2010 General Elections) and lower proportion of white British people were less likely to experience ERH. Local crime rates, whether violent, property or other types of crimes, did not matter.

Is there persistent ethnic and racial harassment?

Is it the case that those who experience Ethnic and Racial harassment are more likely to report this again two years later? Is there 'persistence of harassment'? **Yes**. If someone experiences ERH in one year then the chances that they will experience it again two years later is 28% (nearly one in three). Those who experience ERH are also more likely to report fearing or avoiding places due to their ethnicity, religion or

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Likelihood of experiencing ethnic and racial harassment in the last one year among ethnic minorities living in England

Category	Value (Out of 100)
Very high proportion of white British people in neighbourhood	~13
Very low proportion co-ethnic in neighbourhood	~11
More than 16% voters voted for UKIP/BNP at 2010 General Election	~10
Participate in fewer than two leisure activities	~9
GCSE or higher	~9
Man	~9
60+ years old	~8
Participate in more than six leisure activities	~7
Less than 2% voters voted for UKIP/BNP at 2010 General Election	~7
Woman	~7
Very low proportion white British people in neighbourhood	~5
Very high proportion co-ethnic in neighbourhood	~5
No educational qualifications	~4
16-59 years old	~4

Average across all ethnic communities

■ Out of 100

Ethnic group	Men	Women
Indian-Hindu+	~5.5	~3.5
Indian-Muslim	~10.5	~5
Indian-Sikh	~13.5	~5
Pakistani	~11	~6.5
Bangladeshi	~9	~10
Chinese	~16.5	~12
Black Caribbean	~7	~9
Black African-Christian+	~10	~7.5
Black African-Muslim	~11	~3
Mixed	~10	~7

■ Men ■ Women

Location: in public transport, shops, street, other places

Data: *Understanding Society*, 2009-10

Sample: ethnic minority residents of England

Weighted estimates

nationality. However, avoiding places does not reduce the chances that it will occur again.

Who are most at risk of persistent harassment? Indian Sikhs as compared to other groups, those who are working or looking for work and those with higher incomes. There is no difference in persistence rates by gender, health, access to cars, or age group. Ethnic minorities living in London, in neighbourhoods with higher proportion of their own ethnic group or in less deprived areas are less likely to be persistently harassed.

How does ethnic and racial harassment affect mental health of ethnic minorities? What hurts, what helps?

Mental health affects one in four people in the UK every year and this is higher for ethnic minorities. UK-born ethnic minorities are also likely to have worse mental health than ethnic minority migrants. We also know that women, individuals with lower income, those who are unemployed and those who are separated or divorced are more likely to have worse mental health. Ethnic and racial harassment also worsens mental health: the difference in mental health between those experiencing ethnic and racial harassment and those who do not is *larger* than the difference between those who are employed and unemployed.

Individuals have different resources that they can call upon in times of such difficulty. We found that some of those factors helped reduce the negative impact of ethnic and racial harassment. For example, ethnic minority migrants who had more close friends or lived in areas with a higher number of people of their own ethnic group suffered less when they experienced ethnic and racial harassment. We also found that UK-born ethnic minorities who had a stronger ethnic identity or had a larger proportion of friends of the same ethnic group were similarly protected.

Are there people who experience ethnic and racial harassment indirectly and do they also suffer? Does harassment have a ripple effect?

Is it only those who experience ethnic and racial harassment directly who suffer from poorer mental health? Some people said that they felt unsafe in or avoided public places because of their ethnicity, religion and nationality but did not experience ERH themselves. These people possibly feel this way and behave this way because they have learnt of ERH experienced by other members of their ethnic group or because of their own past experience. Do these people also report worse mental health? In other words, is there a ripple effect across time and people?

If we consider this wider definition of ethnic and racial harassment we find that the proportion of ethnic

minorities who have experienced ethnic and racial harassment directly or indirectly is higher than 8% – it is 12%.

While experiencing ethnic and racial and harassment is around one and half times worse than unemployment, ethnic minorities who felt unsafe but did not themselves experience ERH themselves also reported poorer mental health. But this indirect mental health cost of ethnic and racial harassment was worse for UK-born ethnic minorities. UK-born ethnic minorities were also worse affected by their family members' experiences of ERH than non-UK-born ethnic minorities.

Key messages

- **Individuals reporting ethnic and racial harassment are not necessarily the most disadvantaged. This risk is higher for ethnic minorities who are younger, more highly educated and male. The reported harassment is predicated on being in public places and possibly having the confidence to identify and report it.**

- **Risk of harassment is positively associated with certain types of places: areas of high white concentration, areas with higher proportion of UKIP or BNP voters, more deprived areas (net of ethnic composition). But surprisingly, this risk is not related to other crime.**

- **There is a substantial association of ethnic and racial harassment with worse mental health. Those experiencing ERH more stressed and anxious. There is some evidence that ethnic ties are a resilience factor. Some factors are more effective for UK-born ethnic minorities while others more for the foreign-born.**

- **There is a widespread ripple effect of ethnic and racial harassment as reflected through its persistence over time and spillover effects, especially for UK-born ethnic minorities.**

Ethnic and racial harassment is experienced by a broad population of ethnic minorities, with damage to mental health, even among those who do not directly experience it.