Racially minoritized people's experiences of racism during COVID-19 in Australia: A qualitative study

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Abstract

Objective: Drawing from a broader study exploring how New South Wales community members from racially minoritized backgrounds experienced living through a pandemic, this paper reports specifically on experiences of racism during the COVID-19 pandemic in 2020.

Methods: Using an in-depth, qualitative interpretive approach, 11 semi-structured interviews and one focus group hosting three participants (n=14) were held via an online videoconferencing platform from September to December 2020. Inductive thematic analysis was undertaken using QRS NVivo as a data management tool.

Results: Racism was heightened during the pandemic and experienced in various ways by racially minoritized peoples in New South Wales. All participants in this research cited experiences of racism that impacted their wellbeing during COVID-19. These experiences are represented by the following four themes: experiencing racism is common; how racisms are experienced; increased fear of racism during COVID-19; and ways of coping with racisms.

Conclusions: Racism was heightened during the pandemic and generated fear and anxiety that prevented racially minoritized peoples from participating in everyday life.

Implications for Public Health: Messaging from broader public platforms must be harnessed to stop the spread of moral panic so that during times of pandemic, public health strategies need only confirmation, not creation.

Keywords: Racism, Covid-19, Racially minoritized people, Qualitative research

Background

The spread of the novel severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), and the associated coronavirus disease (COVID-19), was labelled a global pandemic on 11 March 2020.[1] From a biological perspective, viruses know no borders and do not care about ethnicity or skin colour.[2] Yet from a social perspective, the arrival of COVID-19 in Australia saw increasing racist sentiment across the media. *The Herald Sun* cited a "*China virus pandamonium*" and the *Daily Telegraph* headlined "*China kids stay home*" (29 January 2020). This followed growing international media inciting racial vilification. French reports claimed, "*Yellow alert*"[3] and Chinese visitors in Japan were tagged "*dirty*" and "*bioterrorists*."[4] A study of the media in the United States reported a 50% rise in the number of news articles related to COVID-19 and anti-Asian discrimination between February and March 2020[5] legitimised by the Trump administration naming COVID-19 "*the Chinese virus*." Nationally, the impact of policy and media cited a rise in Asian Australian race-based discrimination by 66% during the pandemic[6] with some of the most restricted government sanctions targeted to areas within New South Wales (NSW) that cite high populations of people from racially minoritized backgrounds.[7]

Emerging evidence shows that people from racially minoritized backgrounds are facing a new wave of racism due to COVID-19[4,8,9,10,11] with the Australian Human Rights Commission citing the highest number of complaints ever for race-based discrimination during the COVID-19 pandemic.[12] Racism is a known social

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determinant of health impacting many aspects of an individual's life.[11] It impacts employment, physiological and psychological health, decreases participation in healthy behaviours and can result in physical injury.[10,11,12,13] Broadly, racism is defined as the "process by which systems and policies, actions and attitudes create inequitable opportunities and outcomes for people based on race."[13] Racism impacts individuals, communities and often systemic. It can manifest as casual, such as othering or microaggressions aimed at marginalising an individual/group or directly such as physical or verbal assault[14] in Australia, we know that racism exists[15,16,17] and that it negatively impacts people's health.[11] Racisms have a profound impact on mental health leading to anxiety, depression and post-traumatic stress.[18] Between 2001 and 2011 (non-pandemic time), the impact of racisms on health was a significant decrease to disability-adjusted life years with an estimated gross domestic cost of Australia $39.5 billion per annum.[6,11,14]

Despite an increase in racisms during the COVID-19 pandemic, little regard was made for anti-racist strategies with many agencies campaigning for the implementation of an anti-racist framework (13). These were not implemented until most government public health sanctions had been removed. Information pertaining to public health sanctions were initially limited to English with national media arguing that sanctions needed to be accessible to multiple dialects[19,20] raising awareness to the systemic impact on people from racially minoritized backgrounds.

Historically, we clearly understand that pandemics produce higher incidences of racism and lower levels of healthcare access for racially minoritized peoples.[21,22,23] This was the case during 2003 SARS outbreak in Canada and North America during implementation of public health quarantine and isolation, which resulted in increased marginalisation and negative health sequelae for migrants and refugees [32]. Immigrants were depicted as a health threat and economic burden to the host population [32,36] inciting fear and blame based on racial profiles. During the early stages of the COVID-19 pandemic, Australia introduced quarantine, isolation and health hygiene measures to reduce disease spread, including staying home (except for essential travel), and enforced social distancing restrictions when out.[24] Many Australian jurisdictions had legislated penalties for non-adherence to these regulations, heightening social vigilance. While such measures are essential at a population level, we do not know how these measures intersected with experiences of racism. People from racialized minority groups were more likely to experience COVID-19 as a consequence of racism and systemic discrimination. This is a result of the social construct and impacted communities at a rate of three times that of counterparts.[25]

This study aimed to explore how peoples from racially minoritized settler backgrounds, living in NSW experienced living through a pandemic, particularly their experiences of racism at a time of heightened social vigilance. People from settler communities were the primary focus of investigation, given the initial wave of increased racisms towards people from Asian backgrounds (8) and ongoing evidence from the Human Rights Commission reporting 2020/2021.[10] First Nations peoples were not included in this study as the ongoing manifestation and nature of racisms associated with colonialism requires focussed investigation. Indeed, the impact of race-based discrimination to First Nations people is identified by key leaders as a second pandemic during COVID-19.[26] The plural term "*racisms*" is used throughout to capture the multiplicity of presentations of racism across individual, structural and systemic domains and experiences tied to unequal power relations and ideology.[27]

Study design

Using a qualitative interpretive approach,[28] the study used purposive sampling[29] to invite participation in a semi-structured interview or focus group discussion (FGD). A link to a project website was distributed via professional networks and social media. This was supported by participating third-party agencies including but not limited to the Federation of Ethnic Communities' Councils of Australia and the Multicultural Council of Wagga Wagga. Participants identified as coming from a racially minoritized background, living in NSW and being over 18 years of age. All interviews and FGDs were conducted on the online videoconferencing platform ZOOM. Semi-structured interview questions guided the focus group and interviews alike (please refer to interview guides). Questions were focused on participants' experiences, and no interpreters were used for any interview. Interviews were recorded then transcribed via an external agency prior to analysis. Participants were offered the opportunity to review their transcript before analysis; however, all participants declined and no changes were made. Ethical approval was obtained from the Charles Sturt University Human Research Ethics Committee (H20198). Numerical identifiers were allocated to all participants to ensure the deidentification of data.

Data analysis

The transcripts were read and re-read by all authors. NVivo qualitative data analysis software (QSR International Pty Ltd. Version 12, 2018) was used for file storage and organisation. Data were analysed inductively and initially categorised into descriptive codes.[30] The descriptive codes used participants' own words and were used to gather the experiences of the participants.[22] Process coding was undertaken to extract participants' experiences, actions and impacts.[22] For example, My parents training me to be white (descriptive code) was then clustered to Taught to be white (process code) and then themed into Ways to Cope with Racism as listed in (Supplementary Material Table 1). Final themes are presented as summaries of what was experienced by participants, interweaving tensions, processes, explanations, causes and consequences.[21].

The authors maintained a reflexive approach throughout with interpretations of participant experiences being discussed in regular research team meetings. Coming from various socio-cultural backgrounds and in line with interpretive research the authors discussed and explored how the binaries, contradictions and paradoxes of our own lives shaped our perceptions and interpretations of the data.[31] Positionality in the world, reflections and the use of descriptive and process coding enabled themes to be finalised.

Findings

One FGD and 11 semi-structured interviews (n=14) were conducted with participants. Overall, 57% (8/14) of participants identified as female, 57% (8/14) were less than 30 years old and the participants cited a cultural background from 13 nations (Supplementary Material Table 2).

Exploring how NSW community members from racially minoritized settler backgrounds experienced living through a pandemic identified three major themes. These include the changing face of racism, difficulties maintaining health, and life is different during COVID. This paper reports specifically on the first theme of the changing face of racism during COVID. It has four sub-themes as follows: experiencing racism is common; how racisms are experienced; increased fear of racism during COVID-19; and ways of coping with racisms. Every participant cited experiences of racism, but it is beyond the scope of this paper to individually cite them all. The synthesis presented aims to represent the collective presence and changing face of racism experienced during COVID for all. A narrative format represents participants' voices as authentically as possible, using excerpts to support the findings.

Experiencing racism is common

Participants explained that experiencing racism is a common occurrence within Australia during non-pandemic times. Racism was described as "*a common thing in regional areas*" (P4) and incorporated regular and ongoing experiences of being judged. For example, P1 stated, "*People stare at me way longer than everybody else, I often feel like I have to prove myself, like 100% of the time*." In another example, P9 explained.

> *I often get a lot of assumptions made[about] where I'm from and therefore my characteristics of what I'm about. But they're all really wrong…I'd always be called a whole bunch of derogative terms growing up…that was pretty, not fun.*

Racisms were expressed as being a regular part of life, with participants voicing stigmatisation, stereotyping and othering in work and public spaces throughout their lives. P9, for example, shared his experiences of growing up explaining that "*kids [made] all these disgusting assumptions and stigmas*." In another example, P1 recalled doing an exam during Ramadan, the Islamic observed period of fasting, when a colleague commented that it was "*dumb*" to "*fast when you are doing exams*." P1 described her incredulity saying "*I can't believe someone would say that. I wouldn't say that about other religious practices*."

P3 explained how racism is with him in everyday activities such as visiting the supermarket. He described his blackness as a marker of racial visibility, saying that it leads to people to think.

> "*Oh, I'm not totally sure if he's a West African or something like that, but I do know that he's black." And, then they still end up hand spraying the aisle. (P3).*

Hand spraying in this context referred to people physically moving away from and avoiding P3 due to his skin colour. Confirming the commonality of this experience, P3 also cited experiencing people "completely just cross to the other side of the street" when he is out walking.

Due to the pervasive presence of racist experiences, participants also spoke of the need to prepare before attending to their everyday activities and expecting little from others, with P3 stating:

> *Whenever I go out and things now, it's like I just—It's not like prepare for the worst, but then it's like I really have set the bar low for so many people socially, whenever I go out now. I'm like no longer surprised by it.*

P1 shared her frustrations in resisting this urge by saying, "*Because I'm not white, it doesn't mean that I must always be grateful and just you know, I have exactly the same right as everybody else*." Here, societal discourses of whiteness were highlighted and challenged by P1, but the resultant effect of this racist experience is the frustration of being othered.

How racisms are experienced

While all participants spoke of racist experiences during the pandemic, racial acts differed. They elicited a range of negative emotions and brought back to life past experiences of racisms.

Racist acts during the pandemic were described by participants as being experienced online and in person. Many participants particularly noticed online racial comments via social media platforms because they "*spent so much time on the internet and saw it much worse on the internet than in real life*" (P2). The comments not only were directed at racial groups but also described physical attacks on racial groups during the pandemic. P2 described, "*a lot more keyboard warriors just harassing Asians*" with "*a lot more aggression in terms of the comments being made online*." He described this as giving him "*a bit of perspective and understanding into what was happening in real life*."

Reflecting on what she saw in the media, P6 explained why she was so afraid, saying, "*People aren't thinking. People aren't separating Chinese people from corona virus. They just see someone Chinese or someone Asian looking and they just think 'corona virus' now*."

All participants talked of experiencing racist microaggressions. These experiences were deeply personal and were identified by participants as having lasting effects on their day-to-day lives during the pandemic. P3 shared how he made sense of the microaggressions he experienced during COVID times:

> *I started kind of piecing it together and being like this is like a more casual form of racism. Like, you're not going to get vilified in the street like you were in the early 2000s or the 1990s or something like that, nobody's going to come out and just straight up call you names. But the thing that you should worry about more is those passing glances from people, and then like the doubling back and all that sort of stuff. It's like someone having like an unspoken bias against you if that makes sense.*

In this example, P3 articulated the subtle unconscious or conscious insults directed at peoples of colour or minority groups that define microaggressions.[32] The subtlety of microaggressions was further explained by P6 when she said:

> *I don't think anyone on the street in Waverton would yell at someone Chinese, "Go back to where you came from" or "Go back to—you've got COVID" or something. I think it's more like, sly double takes of someone who is Chinese or moving away to the other side of the road, if you see someone Asian, like that sort of thing. It's less likely to yell at them or something. You're more likely to do subtle.*

Racist acts were also overt and targeted, extending to healthcare access, especially during COVID-19. During the early stages of COVID-19, P8, for example, attempted to access healthcare and was told "*We can't help you*." P8 realised that the healthcare system was "*probably going to be really overwhelmed*" but then explained,

> *I get that you sometimes don't have the capacity to help somebody but it was the way that—I did feel like it was—I don't know. I don't want to make assumptions but I did feel it was partly racialized how they were responding.*

P8's racialized experience could well be dismissed by an citing an "*overwhelmed*" health system; however, she explained her position saying she had been "*turned away from doctors before and there's many ways that they do it. And I felt very much put out on the street, almost. I was in tears*." P8 visited four different medical clinics trying to get a COVID test and like her previous racist experiences cited, "*the tone*" as a defining attribute that was "*so uncaring*," summarising that it's "*those experiences that add up to that mistrust*." She described her observance of friends and colleagues having similar experiences saying,

> *I personally, definitely noticed that more culturally and linguistically diverse communities, non-white communities, especially more who occupy a lower socio-economic class, were also hesitant to get—possibly access healthcare.*

When P8 became unwell at a later time she reflected, "*I remember just in my own head, that conversation was very much back and forth thing, like, is it worth it? And I didn't end up going.*" P4 had also heard about healthcare access concerns in his area. He described an incident that occurred in a regional area that resulted in a person being denied healthcare due to their ethnicity:

> *One of the doctors was refusing to enter Asian man for just a check-up so the doctor or the clinic staff advised that ring COVID hotline and get the clearance. So he ring and get clearance that he is fine, no issues but still they left him standing outside for at least three hours because he was from China. Even though he was living in Australia for the last five years, he never travel but because of his appearance the doctor or the clinic was not happy for him to come to the clinic.*

Racist acts generated a range of emotions, such as discomfort (P1, P4), distrust (P1, P8), fear (P2, P4, P5, P8, P11), intimidation (P8), feeling othered (P1, P2, P3, P6, P8), worthlessness (P4), anxiety (P8) and deep concern (P5, P7). P2 described how online comments during the pandemic led to agitation and disbelief about peoples' actions. He spoke of seeing Chinese "old ladies" living New York,

> *… getting harassed and abused. And reading that stuff kind of made me agitated in a lot of ways. Why would you target an old woman halfway around the country from where this virus originated?*

P1 spoke of a sense of distrust that was heightened due to being othered during the pandemic, saying she felt "*singled out. I felt like my background and just because we're from a specific region of the world, all of a sudden we're a threat*."

Several participants (P3, P4, P8) spoke of how living and working during COVID times had triggered memories of racisms reigniting race-based anxieties. P8 reflected on how COVID brought back memories for his mother, "*bringing up stuff that she thought that she moved on from and that maybe as a society we moved on from*." She identified that wearing face masks had "*triggered*" some of those race-based anxieties.

The implementation of curfews evoked a strong sense of fear for P3, who likened them to a "*storm cloud*." He had previously experienced.

> *…times when it was like the police would pull in front of you, they'd want to pat you down, or if they just weren't satisfied, they would just take you…to the cop shop, just to figure you out there.*

This resulted in "*a deep, deep concern*" for P3 that during the COVID curfews, police would operate with similar racialized motivation.

Racisms increased fear during COVID-19.

While COVID-19 created a sense of fear for both the participants and their families, this fear was exacerbated due to racist experiences. P3 described a moment where he had developed cold-like symptoms, "I was like oh my god, I have COVID, I have COVID, I have COVID." The fear was perpetuated through the lived experienced of what was reported by family in North America where,

> *A lot of black folks had similar issue like that back in North America, where it's like, "Hey, I work at a restaurant, and now I've come down with something stronger than a pneumonia or a flu." And then, them being like, "No man, just go take some Benadryl or some over the counter medicine." And, then next thing you know that person has COVID and it has spread to their entire small household.*

In this scenario, "*them*" is interpreted as the white employers or pharmacists who did not take participant family members' concerns seriously. P3 identified that he felt the fear was stemming from "*a combination of people having that implicit bias towards black folks, where it's about our health*." This meant their concerns were not validated and the disease was enabled to spread among the community.

P6 spoke of being "*so afraid*" because people were not "*separating Chinese people from Corona virus*." P6's fear extended to the fear of physical violence, identifying the pandemic as the first time she felt that she may be at risk. "*I've never been concerned that people would have a full-on racist attack on me, like I sort of did in the pandemic*."

In these examples, P6 articulated fears of abuse based on racial categorisation, and of sinophobia resulting in being falsely accused of having COVID. P6 stated, "*I look Chinese so are they going to think I have COVID?*" She explained that she "*tried harder to let everyone around me know like I'm not—I do not have COVID sort of thing*." The other way P6 managed this fear was by trying "*hard to just make sure people know that I'm literally one of them, which sounds bad. It sounds really bad when I say it*."

This fear resonated with P8, who spoke of the need to prepare for racial violence when going out, particularly with older family members, "*If I was going somewhere with mum or other non-white people, especially if they were older than me*." She explained, "*that protective mode comes in*." Part of that protection was the ability to speak "*the language that the system recognises*." P8 clarified that "*I grew up here... I've had certain privileges, so I've got to use them. Yes. It's quote, unquote, 'privileges'. It's the speaking of languages of colonial institution*."

Ways of coping with racism

Participants identified several existing coping strategies that supported the heightened racisms experienced during the pandemic. These strategies were varied, with some participants finding that they needed to explore and understand the perpetrators' behaviours, which in turn, eased their burden (P2, P4, P6). While other participants used humour, self-discounting or relied on connections to cope with the impact of racism (P2, P4, P6, P11). All participants shared strategies that they regularly used to cope with racism both during non-pandemic and pandemic times.

Ignoring racisms was a common strategy. P4 identified that racism was common in his workplace. "*In my line of field people discriminate for other skin colour people, that's a common thing, if it's COVID or no COVID times*." He now believes that it is best to ignore such acts. He shared,

If someone is making fun of my name and sometimes they can't pronounce my name, they make different names which is fine, I never correct, I never say that oh—but they tried and sometimes they try, sometimes people do purposefully to just make fun. As I said I have no issues anymore, I think I just don't pay attention. Like not everyone is same so if we receive 100 calls in a day and if two or three people abused us, we just ignore.

This resonated with P1, who identified that in her work she has "*learned to be thick skinned, and just get on with it*."

Humour and self-deprecation were also a strategy used to cope with racism. P6 indicated that humour "*neutralises*" particularly when the racism is directed at his accent. "*At work I'm just bit of a joker because I make fun of myself and the reason I do it at work also because I don't want other person to say something to me so I just start saying something about myself, 'that's oh my accent'*." P2 also used laughter when he was out socially with friends and in a public space. "*We just had to laugh it off. It's like, what else do you do, right? There's no point in getting aggressive back or fighting back or whatever.*"

Reflecting on racist acts during the pandemic P6 said, "*I'm against people who are racist but when you strip it back, they're just scared. They don't know what's going on*." She believes that "*fear cannot be really changed*" and uses this rationale to cope with racist acts. P11 shared a belief that "*people are just like taught how to hate automatically in a way*" and this is perpetuated through "*stereotypes*." P6 believed that when she "*hung out*" with her "*Anglo*" friends, she became less "*concerned about*" racisms. She also felt that "*people's worry will go down*" with more interracial mixing. For P6 and P11, trying to understand the rationale behind racist acts and working towards acceptance were strategies to cope with racisms.

P4 believed that giving back to community and connecting with newcomers were important strategies, he tries to "*help newcomers, helping as a mentor for refugees so help them how to communicate with the locals and plus if they need to go any government department*." Through this, he works to prepare and protect others from the violence that he has experienced. Connection with family is an important coping strategy for P5 along with learning how to be "*white*" within the safe confines of family. He said that, "*my life was pretty good in terms of racial experience' as his 'parents spent a lot of time training me to be a white person, basically, and getting me to look and act and talk a certain way*." Identifying and mirroring whiteness was a coping mechanism growing up for P5 but also ignited feelings of "*self-hatred*." Time with his family was a protected and safe place that enabled cultural identity. The pandemic isolated him from his regular visits home and he hoped to soon be able to visit again where he could "*fully take off the suit of armour and unwind and re-attach myself*."

For P2 and P5, managing their mental health was important. P2 shared that "being able to deal with those emotions from the content I saw online at home just made it easier when I was out in the street." For P2 practising emotional regulation in a safe place was a way of coping with racism. P5 worked on developing and maintaining healthy habits, saying:

Mental health that is a tricky one. I've always been a little bit sensitive or fragile. In these sorts of situations, basically managing the mental health was making sure that I wouldn't spiral because of everything that was going on, especially with—it's easy to fall into a negative place, especially given COVID, stuff that's happening in Palestine, not being able to see my family, Trump, global warming. Just a matter of developing really healthy habits.

Participants identified existing strategies that enabled them to manage racisms during the COVID-19 pandemic. These included making sense of the rationales for racism, self-deprecating humour, being thick skinned, supporting integration into the community, including learning how to be white, and actively managing mental health.

Discussion

This paper presents depictions of race-based discrimination experienced by community members from racially minoritized backgrounds living in NSW during the COVID-19 pandemic in 2020. Participants identified that experiencing racism was common before and during the pandemic. They detailed how such racisms were experienced, described their increased fears during the COVID-19 pandemic and explained ways that they managed racisms during their everyday lives. The pandemic created a new wave of heightened racial fear for participants, often recalling past experiences of racialized events.

Racism exists and is underreported in Australian society.[33] It prevents people from accessing health care[25] and can result in long-term negative health impacts.[34] Participants in this study clearly voiced the persistent existence of racisms and identified how everyday microaggressions grew and changed during the COVID-19 pandemic in 2020. Reported racisms represent activity at both structural and individual levels that restricted healthcare access and equity at a time of critical healthcare importance. Social inequities were described by P4 and P8 in their racialized experiences of trying to access publicly available healthcare services. As a determinant of health,[11] experiences of racial discrimination at individual levels are highlighted throughout as not being addressed, other than through family support or internalising processes.

Racial, discrimination, stigmatising and fear lead to a further reduction in accessing timely medical care.[35] Despite the passing of 18 years since these findings, participants in the current study still spoke of racist acts and fear affecting their decisions to visit their doctors during periods of ill health. P8 identified that health care is not a space that is widely accessible in non-pandemic times and this was heightened during the pandemic. Public health professionals did not, as advised in 2004 (36), prepare for "*the fear epidemic*" that was predicted to accompany the next outbreak. We know that tailored approaches to culturally specific health care lead to higher healthcare access[36] yet these are not being consistently applied. Participant experiences highlight the need for broader public health measures to address the pandemic of fear and for culturally responsive health care at service and individual levels.

Fear was a pervasive finding throughout this study; fear of being racially abused and fear of being falsely accused of having COVID-19 due to racialized identity. Chronic activation of cortisol can result in a range of long-term mental health sequalae, such as anxiety, depression and psychosis.[37] Anxiety is already reported to have increased for people from Asian backgrounds during the pandemic.[38] If we add to this increased fear of stigmatisation and distrust of health systems and governments[39] for racially minoritized peoples, existing health inequities continue to be exacerbated during pandemic periods.

Moral panic fuels racisms during global pandemics.[15,16,17] The result is increased marginalisation and negative health sequelae for people from minoritized backgrounds.[7] P6 reported how being Chinese made her fearful not only of increased Sinophobia but of being falsely accused of having COVID-19, and P4 recalled the inability of a community member to access healthcare due to his Asian appearance. During a pandemic, immigrants are depicted as a health threat[16] and economic burden to the host population, inciting fear and blame.[17,40] P8 and P3 explained how public health strategies of mask wearing and curfews exacerbated their fears and experiences of racisms. Mask wearing by racially minoritized peoples has led to them being avoided, attacked and perceiving discrimination[41,42] and has elicited fear in members of the dominant culture.[31,43] An analysis of the 2003 SARS outbreak in Canada and North America found that public health strategies exacerbated fear and blame for racially minoritized peoples.[27,44] However, population-based public health strategies are required during a global pandemic. It is of major concern that considerations related to the impact of public health measures on racisms have not been addressed.

The media often constructs realities and provides a moral evaluation in times of crisis without relying on scientific facts.[16,45] In Australia in early 2020, headlines such as "China virus pandamonium" (*The Herald Sun*, 29 January) and "China kids stay home" (*Daily Telegraph*, 29 January) fuelled such misinformation. This followed international media inciting sinophobia with the President of the USA claiming that the "China Virus" entered the USA by "stealth."[2] Participants in this study identified the media, including social media, as being both damaging and a form of preparation for shifting unknown threats into known threats that could be prepared for and managed. Despite such preparation, fear and anxieties remained.

Strategies for coping with fears and anxieties were predominantly internalising behaviours, seeking support from family and community and supporting integration for newly arrived refugees and migrants. All participants had a range of existing coping strategies that supported their experiences of fear and anxiety triggered by racisms. Avoidance and ignoring racism were largely well-developed behaviours by participants, coupled with the support of loved ones in spaces that were culturally safe. Such strategies during the pandemic have highlighted the ongoing lack of attention to everyday racism. The ubiquitous influence of racisms indicates that it should always be a public health priority so that during times of pandemic anti-racist strategies need only confirmation not creation.

Broader public antiracist strategies are required to enable action on targeted public health measures. For example, a recent study identified the need for sustained partnerships and collaboration with CALD communities, designing tailored solutions and centralising diversity in health care to enable effective communication[46] for future pandemic crises. While these measures are important, they risk constraining the problem and solution for racisms to the recipients of racist acts. A broader focus on antiracist strategies in public health is required. These have been shown to create awareness of racisms, identify the support required and facilitate positive cultural change over time.[47]

Cultural changes must be supported by a long-term bipartisan national anti-racist strategy to facilitate a national approach to race-based discrimination.[48] Integral to this will be the long-term organisational investment and financial support to ensure that dedicated anti-racist resourcing is both accessible and sustainable.

Proven organisational approaches to anti-racism education should be employed with meaningful consultation and collaboration with racialized peoples at the forefront. With meaningful and authentic collaboration, the development of organisational policy and interventions with racialized groups will complement individual approaches.[38] Individual approaches such as education that support the development of critical self-reflection, understanding privilege, cultural awareness, unconscious bias training and the development of interpersonal skills should be at the forefront of all health professionals.[49,38]

Limitations

A number of factors limited potential engagement in this study. First, the study was conducted during the COVID-19 pandemic with all data collected in an online environment. This may have limited engagement of people less comfortable communicating in such an environment. It was also conducted in English, limiting participation of people who communicate in alternate languages. The authors recognise that being asked to openly speak about racism with unknown researchers may have limited the field of participants to those comfortable and confident to do so, limiting the voice of many who were not. The data are local and specific as is the case in qualitative research. It is not intended for generalisation.

Conclusion

This study has identified key mechanisms of action related to the ongoing reproduction of racialized ill health and the social marginalisation of racially minoritized groups. Participants were exposed to racisms that increased fears and anxieties and decreased access to healthcare services. While anti-racist strategies are a priority for public health, anti-racism must first be enshrined in public policy and practice to enable implementation.

Conflicts of interest

The authors of this paper do not have competing priorities or interests. This is an original manuscript.

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Appendix A Supplementary data

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