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Development of the Reflexive Antiracism Scale – Indigenous

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Abstract:

Purpose
– Reflexive Antiracism is an approach to antiracism that seeks to avoid the limitations of essentialism and negative emotional reactions through a focus on racialisation (a concept that encompasses both racism and antiracism) as well as the formation and maintenance of racialised identities. This paper aims to outline the construction and validation of a scale to measure this novel theoretical construct: the Reflexive Antiracism Scale-Indigenous (RAS-I).

Design/methodology/approach
– In the context of a cultural training course focused on Indigenous peoples in Australia, 20 items to assess attitudes were developed along with four hypothetical scenarios designed to assess behavioural intentions in specific situations. The survey formed by these items and scenarios was piloted to assess test-retest, concurrent and construct validity as well as item endorsement and internal reliability.

Findings
– Findings suggest that an 11-item scale based on this survey forms a valid and reliable measure of Reflexive Antiracism. Further research and applications are discussed.

Originality/value
– This paper will prompt further exploration of Reflexive Antiracism as a concept that can be applied in a range of settings where a more nuanced understanding and approach to antiracism may be of benefit. Being aware of their position within a society that is racialised will allow antiracists to
be reflexive (and realistic) about their ability as individuals to achieve antiracist ideals while continuing to strive towards them.

1. Introduction

Reflexive Antiracism (RA) is an approach that aims to address two related problems associated with antiracist programmes – essentialism and negative emotional reactions. In social psychological terms, it addresses issues relating to “motivated antiracists”, who have an internal motivation to respond without prejudice mediated by strong egalitarian values (Plant and Devine, 1998). RA encompasses the inevitability of “racialised” thinking and the paradoxes of “racialisation”. It encourages antiracist individuals to accept the imperfections of racialised thinking while simultaneously working to address them. Through this understanding of racialisation, motivated antiracists can better navigate the repercussions of antiracist ideals that are not always realised in practice. Being aware of their position within a racialised society allows antiracists to be reflexive (and realistic) about their ability as individuals to achieve antiracist ideals while still striving to achieve them.

Negative emotional reactions and essentialism are two concerns that have been discussed in the antiracism literature. Scholars have noted that motivated antiracists are prone to negative emotions such as discomfort, distress, guilt, fear, anxiety, anger, inaction and withdrawal (O’Brien, 2009; Tatum, 1992; Spanierman and Heppner, 2004). One important source of these emotions is the disjunction that may arise between strong internalised antiracist ideals and unwanted “racist” feelings, thoughts and behaviours (Sommers and Norton, 2006). In psychological terms, this relates to an interplay between egalitarian values and implicit/spontaneous affective associations or responses (Sritharan and Gawronski, 2010). King (1991) also highlights the contradiction between antiracist ideals and a consciousness that “tacitly accepts dominant white norms and privileges”, referred to as “dysconscious” racism.

Negative emotions caused by this disjunction can result in greater effort and success in achieving antiracist (or non-prejudiced) behaviour in the short-term (Monteith et al., 2010; Fehr and Sassenberg, 2010). However, in the long-term such emotion can lead to “backlash” and “burnout” effects (Smith and Redington, 2010; Siocum, 2009) such as defensiveness or resistance (Kernahan and Davis, 2007; Ancis and Szymanski, 2001) as well as higher levels of racial prejudice (Case, 2007). Cognitive dissonance created by such a disjunction can also reduce prejudice (Heitland and Bohner, 2010) but has been shown to be less effective among anti-racists. For example, Son Hing et al. (2002) found that pointing out hypocritical views had positive emotional and behavioural effects on high but not low-prejudiced Canadian university students. In addition, negative emotions can lead to dysfunctional “rescuing”, paternalism and a reluctance to employ appropriate confrontational skills when needed (Ridley, 1995). Related critiques of diversity training highlight a tendency to essentialise white identities as inherently racist and oppressive (Miller and Harris, 2005; Kowal, 2011) while non-white identities are portrayed as morally pure with an automatic understanding of racism (Warren and Sue, 2011). As we discuss below, RA is an approach that aims to address these
concerns and their effects on antiracist practice. The concept of racialisation is an important part of the RA framework as it promotes reflexivity in appraising racism and antiracism.

1.1 Racialisation, racism and antiracism

A central component of RA is the concept of “racialisation”. As authors such as Giroux (2006) and Murji and Solomos (2005) note, this concept is used variously and sometimes ambiguously. In particular, Goldberg cited in Giroux (2006) notes that the concept is often erroneously equated with “racism” itself. Delgado and Stefancic (2001, p. 154) refer to racialisation as “injecting racial elements into a situation or the process of creating a race” while Goldberg (1993) defines it as “racialized discourse […] [with] racism as (one of) its expressive objects” (p. 41). Through their related concept of racial formation, Omi and Winant (1986) demonstrate that racialisation is socially and historically contingent; constantly being reshaped within specific national contexts. In a similar vein, we consider racism and antiracism as context-bound elements of the broader concept of racialisation embedded within asymmetrical power relation (Goldberg, 1993; Delgado and Stefancic, 2001; Giroux, 2006; Murji and Solomos, 2005). Rather than being mutually exclusive, racism and antiracism are considered as subsets of the broader concept of racialisation. Drawing from Paradies (2005), racialisation is defined as:

Societal systems through which people are divided into races, with power unevenly distributed (or produced) based on these racial classifications. Racialisation is embodied through attitudes, beliefs, behaviours, laws, norms, and practices that either reinforce or counteract power asymmetries.

Within a racialised societal system, actions can either enhance or reduce power asymmetries between the two (or more) racial/ethnic groups. Racism and antiracism can be defined on this basis. For instance, antiracism can be defined as:

Action that reduces power differentials through advantaging subordinate racial groups and/or disadvantaging dominant racial groups (Paradies, 2005).

Racism can be defined as the opposite to this, that is, action leading to an increase in power differentials between two racialised groups. Note that our definition does not dictate who can act in racist or antiracist ways. While members of dominant groups (e.g. whites) are much more likely than members of non-dominant groups (e.g. Indigenous people) to have social power, it is nonetheless the case that power differentials can occur in complex cross-cutting patterns. As such, members of both dominant groups and non-dominant groups are capable of perpetrating racism and/or pursuing antiracism (Sawrikar and Katz, 2010).

While the extremes of racism and antiracism are clear-cut, the line that divides them can be difficult to define and there are examples where it is unclear whether an act is racist or antiracist[1]. For
instance, efforts by an antiracist from a dominant group to assist a member of a minority group can be perceived as paternalistic, and a means to enhance the privilege of the antiracist rather than reduce power differentials between the two groups (Jensen, 2006). It is notable there “there [still] does not exist a well-developed typology of antiracist theory and practice anywhere in the academic world” (O’Brien, 2007, p. 427) adding to the complexity of identifying antiracism in practice. A RA approach recognises that in an instance such as this, valid arguments can be made either way and a definitive judgement as to whether power differentials are reducing or increasing may not be possible. The concept of racialisation promotes the view that racism and antiracism are contextual and interrelated. This view supports reflexivity and counters negative emotions (through acceptance that antiracism and racism are related) and essentialism (because what is judged to be racism and antiracism may overlap in some cases).

1.2 Whiteness

An important aspect of racialisation is the manner in which both minority and dominant identities are racialised. A useful tool in understanding racialisation is the concept of “whiteness”. Scholarship exploring this concept seeks to understand how “white” people gain unearned privileges in western societies, and thus how whiteness is a central element in the oppression of minority groups. Whiteness exists in many societies around the world as “neutral”, taken-for-granted and invisible (McIntosh, 1990; Kivel, 2002; Tatum, 1997; Ancis and Szymanski, 2001; Frankenberg, 1993). It is the unmarked nature of whiteness that operates as an effective structure of racial oppression against which the “other” is implicitly compared and found wanting (Owen, 2009) at the same time as allowing white people to label their identities as “dull, empty, lacking, and incomplete” (Hughey, 2012). Whiteness is often also associated with claiming not to notice racial differences (i.e. a form of colour-blindness) that serves to maintain the status quo of racial inequality in society (Todd and Abrams, 2011; O’Brien and Korgen, 2007). As the structure through which white cultural dominance is naturalised and, thus, reproduced and maintained (Frankenberg, 1993; O’Brien and Korgen, 2007; Dyer, 1997; Aveling, 2006), “white” is not considered a “natural” category based on skin colour[2]. As such, the category of “white antiracists” is not limited to those who have white skin, but includes the broader group of antiracists who identify with and benefit from the racialised societal structures that privilege those with white skin and/or other axes of advantage such as wealth and education[3].

Whiteness is considered oppressive to minorities within progressive discourses (Miller and Harris, 2005; Hughey, 2012; Downing and Kowal, 2011). An antiracist identity is, therefore, often in conflict with a white identity. Negative emotions, particularly guilt and anxiety, are produced by the dissonance between antiracist ambitions and the “oppressive” label applied to white identities which appear to make these ambitions unachievable (Swim and Miller, 1999; Tatum, 1992; Matthews, 2012).
A RA approach encourages reflection on and ultimately acceptance of these tensions between racism, antiracism and whiteness (Helms, 1994). This is similar to what O’Brien (2001) has termed “reflexive race cognizance” and to the inherent ambiguity and tensions between white privilege and antiracism recognised within “white dialectics” (Todd and Abrams, 2011). Beyond reflection and acceptance of the paradoxes inherent to whiteness and racialisation, RA seeks to facilitate insights into how these tensions impact upon antiracist practice. Kowal and Paradies (2005) explore one example of these effects in the context of racialised discourses of Indigenous disadvantage in Australia.

In an attempt to avoid racism and “victim-blaming”, motivated antiracists are inclined to attribute Indigenous disadvantage to structural factors that are seen to constrain and limit choices, rather than to the actions of Indigenous people themselves. Since a complex interplay between both structural and agential factors explain disadvantage, the exclusion of Indigenous agency in explaining Indigenous disadvantage influences how social problems are viewed and how solutions are formulated (Kowal and Paradies, 2005). RA encourages consideration of how identities and racialised discourses such as “overstructuration” influence antiracist thinking about Indigenous disadvantage and its solutions.

Elsewhere we explore the conceptual framework and antiracist practice associated with RA in more detail (see Kowal et al., 2013). In this paper, we outline the development of a scale to measure RA for whites as broadly defined above. We do this from the perspective of an Indigenous Australian social researcher whose work has focused on anti-racism interventions (first author); a non-Indigenous student researcher (second author); and a non-Indigenous cultural anthropologist of race, anti-racism and whiteness (third author). Because of a focus on this concept in the context of Indigenous affairs in Australia, this scale is entitled the Reflexive Antiracism – Indigenous (RAS-I). We present the findings of the initial RAS-I survey as administered in the evaluation of a short course designed for non-Indigenous people in Australia who work in Indigenous health. A refined scale, and its associated properties, is also outlined.

Creating a quantitative scale to measure a complex construct is a major challenge. Attempting to do this within the contested field of antiracism only adds to the challenge. However, we contend that the potential benefits of a scale (e.g. the ability to easily assess change in RA) justify the preliminary efforts outlined in this paper. As we discuss, the potential utility of the scale is illustrated through the evaluation of a short course aimed at promoting RA.

2. Teaching RA

“Race, culture, indigeneity and the politics of disadvantage” (RCIPD) is a short course devised and presented by the first and third authors that aims to assist professionals and practitioners to develop RA in relation to the political context of Indigenous disadvantage. The course covers theories of knowledge production, identity formation and cultural recognition by drawing on theorists such as
Michel Foucault, Bruno Latour, Homi Bhabha and Charles Taylor as well as whiteness studies and the social psychology of race and racism. Practical exercises illustrate various discourses of Indigenous disadvantage and their implications.

Indigenous peoples in Australia experience considerable disparities in health and social outcomes (Australian Institute Health Welfare, 2011), which are widely attributed to poor social determinants of health that result predominantly from the impact of colonisation and its ongoing manifestations (Anderson et al., 2008; Carson et al., 2007). For example, many Indigenous peoples encounter difficulties and barriers in their attempts to access health care with serious and long-term health consequences (National Aboriginal Health Organisation, 2006). Some Indigenous people are critical of the health system for not doing enough (Australian Medical Association, 2002; Ring and Brown, 2002). Conversely, others see governmental and non-governmental intervention as neo-colonialism (Pearson, 2000). Thus, those working in Indigenous health in Australia must cope with a highly complex and contested political landscape (Kowal and Paradies, 2005).

In 2010, the RCIPD course consisted of ten sessions over a three-day period. Each session was lead by the first or third author, and most involved small group activities and discussion. The first session was designed to introduce participants to the concepts of discourse, construction and critique. Subsequent sessions drew on these concepts to interrogate key themes of racism and whiteness, antiracism and white racial identity (WRI). The course also addressed various paradigms associated with Indigenous health and social policy in Australia.

The learning objectives of the “race, culture, indigeneity and the politics of public health” short course. At the completion of each session students should gain the following skills:

Day 1

(1) Session 1: introduction to key terms and concepts;
- understand the concepts of construction, discourse and critique; and
- appreciate the various approaches to defining “race”.

(2) Session 2: whiteness and racialisation;
- acquire an understanding of the concepts of whiteness and racialisation; and
- critically analyse instances of racialisation.
(3) Session 3: explaining health inequalities;

- appreciate the different reasons commonly given for poor Indigenous health and understand the categories into which these reasons fall after completing this session; and
- analyse the nature of health inequalities and appreciate the theoretical issues involved in discourses of inequality.

Day 2

(1) Session 4: critiquing the burden of history;

- understand the major elements in the history of Indigenous health research after completing this session;
- appreciate the similarities and differences between past and present practices of Indigenous health research; and
- acknowledge that views of history are shaped by, and shape the attitudes of, those working in contemporary Indigenous public health.

(2) Session 5: indigenous health and the paradigm shift;

- understand the major arguments for and against the current Emergency Intervention in the Northern Territory; and
- analyse the different arguments using theoretical terms and concepts.

(2) Lunchtime: computer exercise; participants can chose to complete the Implicit Associations Test (IAT) relating to race. It is a 10-15 minute test that measures the relative ease with which people are able to make associations between certain groups of people and the concepts of “good” and “bad”.

(3) Session 6: white racial identity theory;

- appreciate the variety of responses to perceived racial and cultural difference; and
- understand white racial identity theory and be able to analyse its impact on Indigenous public health practice.

Day 3

(1) Session 7: “culture” in Indigenous public health;
• appreciate the different ways that “culture” is used in Indigenous public health; and
• understand the main cultural discourses utilised in public health texts and their impact on public health practice.

(2) Session 8: the culture of Indigenous public health;
• develop an appreciation of the key themes and tensions that are inherent to the practice of Indigenous public health after completing this session.

(3) Session 9: approaches to Indigenous public health;
• formulate and present an argument for one of the major perspectives on the causes of, and solutions to, Indigenous ill-health; and
• articulate the similarities and differences between the major perspectives on Indigenous ill-health.

(4) Session 10: reflecting on Indigenous public health;
• reflect on the practice of Indigenous public health from a personal and professional perspective at the completion of this session.

In addition, the course examined notions of structure and agency. In “common sense” terms, structure can be understood as that which constrains and determines choices and agency as the ability to freely determine one's actions (Kowal and Paradies, 2005). The course discussed the interplay between these concepts and the difficulty in differentiating between when explaining Indigenous ill-health.

RCIPD has been offered at least annually since 2003 to professionals in research, policy or service delivery roles within Indigenous affairs. It is a voluntary, fee-paying course and participants generally self-select to attend. As a group, most are “antiracist” in the sense that they support Indigenous rights, believe Indigenous people have suffered through colonisation and are pursuing careers aimed at addressing Indigenous disadvantage.

3. Development of the RAS-I scale

Drawing on the antiracism and diversity training literature and several years of qualitative informal feedback from RCIPD participants, we identified five key factors as constituting RA: racism and whiteness; culture, structure and agency; WRI; antiracism; and emotional responses. The purpose of the study was to develop a scale that assessed these key factors. Conceptual and empirical literature was drawn upon to generate 20 statements with Likert response formats (see Appendix).
It should be noted that a number of the items in the scale generate a strong response from some participants as they involve sensitive topics which are central to white and antiracist identities. The construct of RA itself may be offensive to some antiracists who do not welcome the implication that they are “unreflexive”. However, sustained critiques of antiracism (Kowal et al., 2013; O’Brien, 2009; Slocum, 2009; Smith and Redington, 2010) suggest that a novel approach to antiracism is required.

3.1 Statement items

3.1.1 Racism and whiteness

The first factor focused on participants’ thoughts, attitudes and intended behaviours relating to racism and whiteness. Individuals high in RA are thought to have a more complex and nuanced understanding of racism than individuals who are low in RA. Antiracists understand that people in society are divided into racial/ethnic categories and that power, opportunity, benefit or resources are unequally distributed or produced through the process of racism (Paradies et al., 2009). A deeper understanding of racism held by those high in RA includes an awareness that racism occurs in ways that are not always conscious or overt, and that experiencing occasional racist thoughts may be inevitable given the extent of racialised and racist discourses in society. Such an understanding allows individuals to accept and constructively manage their own racialised thoughts, feelings and behaviours (Kowal et al., 2013).

We included several statements to assess an understanding of racism consistent with RA. Agreement with the statement: “Everyone has been racist at some point in their lives” (item 5) was intended to indicate higher levels of RA. Similarly, drawn from Helms (1990), the item “A person’s race has nothing to do with how I relate to them” (item 12) when reverse-coded assessed recognition that racial categories inevitably influence interactions with, and attitudes towards, other people (Plaut, 2010). Thus, disagreement with this item indicates higher RA. We also included the statement: “White people get unearned privileges in Australian society” (item 3) to assess awareness of white privilege (McIntosh, 1990); with agreement indicating higher RA.

One statement to assess views on whiteness was adapted from Yamato (1990): “White people should address racism for their own sake rather than just to help Indigenous people” (item 9). Yamato (1990) asserts that white people who want to be allies to people of colour should do so without the expectation of gratitude. A characteristic of RA is the recognition of their own racism and the need to address it for their own sake. An unreflexive desire to help Indigenous people may not necessarily equate to “antiracist” outcomes. For instance, returning to the example discussed above, the agency of Indigenous people may be ignored or downplayed as a result, thus limiting our understanding of social problems and their potential solutions (Kowal and Paradies, 2005).

One item was included to assess recognition that views on what is racist and antiracist vary considerably over time: “Some policies in Indigenous affairs that are now thought to be fair and just
will be considered racist by future generations” (item 11). Agreement that dominant, moral positions are subject to change over time and that current antiracist thinking is not exempt from future criticism is indicative of higher RA.

3.1.2 Culture, structure and agency

A number of items assessed the ways in which the concepts of structure, agency and culture were used by participants to account for Indigenous ill-health and social problems. Understanding that cultures are fluid and continuously changing is indicative of higher RA (Kowal et al., 2013). We, therefore, anticipated that participants lower in RA would agree with the following statement: “To improve Indigenous health, we must encourage the restoration of Indigenous cultures” (item 2).

A second item tapping into the same construct asked participants if they agreed that: “Indigenous health and social outcomes can be improved without Indigenous people changing their culture” (item 13). Attempting to quarantine Indigenous cultures and traditions from change, or from the perception of change, is a characteristic of white antiracists who wish to distinguish themselves from assimilationists (Kowal, 2006). Participants lower in RA are reluctant to agree that cultural changes within Indigenous communities may be necessary for, or inevitable consequences of, improvements in health and social outcomes. On the other hand, higher RA is associated with an understanding that desire to shelter Indigenous culture derives in part from a fear of appearing assimilationist, and that cultural change is a constant feature of every society and not inherently negative. Thus, we expected that those higher in RA would have an ambivalent or negative response to item 13.

Antiracists who have lower reflexivity characteristically show an eagerness to preserve not only Indigenous cultures in their “traditional” form but also the “moral integrity” of Indigenous people (Kowal et al., 2006). This manifests in a reluctance to attribute any aspect of Indigenous disadvantage to the actions and choices of Indigenous people themselves. This avoids the well-recognised problem of “victim-blaming” (Cowlishaw, 2004). On the other hand, as discussed above, a more reflexive understanding of antiracism recognises that placing greater emphasis on the structural rather than agential forces can ignore or minimise the agency of Indigenous people in either improving or compromising their own ill-health (Kowal and Paradies, 2005). One item focused on whether Indigenous people may or may not care less about their health than non-Indigenous people due to cultural difference and/or agency: “It is racist to suggest that Indigenous people don’t care about their health” (item 18), with ambivalence or disagreement indicative of RA.

A second item expressed this idea in another way, also assessing endorsement of agential explanations as a cause of Indigenous ill-health: “An important contributing factor to the poor health of Indigenous people is that they have different priorities to non-Indigenous people, such as family obligations or strong ties to their ancestral land” (item 10). Unreflexive antiracists would disagree with this statement, attributing Indigenous ill-health to external factors alone rather than acknowledging Indigenous agency while more RA should more readily agree with this statement.
A related item was: “Indigenous people want the same as other Australians – a nice house and car, healthy kids, regular income and leisure time” (item 16). Unreflexive antiracists would reject the idea that Indigenous peoples want the “same” as other Australians as this could be perceived as endorsing the assimilation of Indigenous peoples into “Australian” culture. Those high in RA, however, may acknowledge the possibility that at least some Indigenous people have similar desires to most non-Indigenous Australians and thus may have a higher level of agreement with this item.

An item that we adapted from the Attitudes Towards Indigenous Australians (ATIA) scale was included to assess the interplay between agency and structure: “The ‘bad’ Indigenous people in our society are a product of discrimination and marginalisation” (item 4). Unreflexive antiracists should agree with this statement, attributing deviance within a disadvantaged group to structural factors in order to uphold the “moral integrity” of Indigenous people as a racialised group. In contrast, RA may recognise that “bad” people can be found in any societal group as a result of both agential and structural influences and would exhibit relatively less agreement with this item.

3.1.3 WRI

The White Racial Identity Attitude Scale (WRIAS), developed by Helms and Carter (1990) and Pedersen et al. (2004), was designed to measure six “ego statuses” posited by Helms (1990) as a complex expression of WRI. Each status reflects certain attitudes, feelings and behaviours utilised to process race-related information and incidents (Daniels, 2001). As white people move through the stages of the model they have an increasingly complex understanding of race and racism. As self-selected antiracists, participants of the course would be situated in the last three ego statuses which constitute the second stage of the model (i.e. “Defining a nonracist white identity”) (Helms, 1994).

We included three items from the WRIAS. “Being part of a multicultural community is a must for me” (Helms, 1990) (item 1) was included to assess the importance that individuals place on multiculturalism and diversity. We predicted that unreflexive antiracists would agree with this statement, which is also associated with a higher ego status of WRI. However, for RA, the inclusion of the word “must” may create considerable ambivalence as they struggle to reconcile their desire to be part of a multicultural community with the reality that, due to socio-economic disparities, many live in communities that are relatively homogenous in terms of race/ethnicity. Moreover, seeking active engagement with individuals from different races through a multicultural community (especially when expressed as a “must”) may be perceived by RA as a tokenistic gesture oriented towards maintaining white antiracist identities, further reducing agreement with this statement.

The statement: “White people need to embrace ‘whiteness’ as an important part of who they are” (Helms, 1990) (item 17) assessed whether whiteness was considered an identity that can be accepted rather one to be denied or ashamed of, with agreement indicative of higher RA as well as a more advanced WRI. The item: “In most situations, I express my honest opinion when an Indigenous person is present without worrying if I will appear racist” (item 6) was also adapted from the WRIAS (Helms, 1990). Individuals higher in WRI should be more likely to agree with this item. We
anticipated that RA may also be more likely to agree with this statement because they are more aware of, and comfortable with, their antiracist identities. In contrast, unreflexive antiracists may be uncomfortable expressing their honest opinion if such an expression could threaten their antiracist identity. On the other hand, it is possible that RA may instead be more aware of their tendency to self-censor in the presence of an Indigenous person than unreflexive antiracists. In other words, it is not clear whether RA differ from unreflexive antiracist in just their awareness or also in their behaviour, or how the interplay of awareness and behaviour would affect responses to this item.

### 3.1.4 Antiracism

We anticipated that a change in levels of RA could result in two possible effects on responses to survey items. First, as antiracists become more reflexive they may become ambivalent about issues they previously felt strongly about. Second, increased reflexivity can bring greater awareness of thoughts, feelings and behaviours that are in conflict with their antiracist aspirations. Both of these effects can produce changes in responses that may mimic a shift towards more racist attitudes.

To distinguish between increased RA and racism, we included three “antiracism” items in the RAS-I with which antiracists would disagree. These were: “there is no racism against Indigenous people in Australia today” (item 7); “the government should not provide special programs for Indigenous people” (item 14); and “I would be concerned if a close friend or relative married an Indigenous person” (item 19). The first item assessed awareness of racism, the second measures opposition to affirmative action and the last item is a measure of social distance adapted from the Challenging Racism survey (Forrest and Dunn, 2007). Following an intervention, if respondents maintained their strong disagreement with these three items while responses to other items changed, this would support the argument that these observed changes were not due to increased racism.

### 3.1.5 Emotional responses

An additional three statements relating to emotional reactions were included. The three items were adapted from the ATIA scale (Pedersen et al., 2004). The first was: “I feel angry about Indigenous disadvantage” (item 8). This item aimed to assess anger resulting from moral outrage at a lack of government action to address Indigenous disadvantage. The second statement to assess emotions was: “I feel anxious about interacting with Indigenous people” (item 15). It was anticipated that social desirability bias would lead unreflexive antiracists to disagree with this statement to a greater extent than RA. The item: “I feel guilty about Indigenous disadvantage” (item 20) was also included. A more nuanced understanding of the disjuncture between antiracist intention and outcomes as well as an awareness of the interplay between structural forces and Indigenous agency may lead RA to disagree with this statement to a greater extent than unreflexive antiracists. Alternatively, those high in RA may be more aware of guilty feelings they may harbor.
3.2 Hypothetical scenarios

Following Kulik and Roberson (2008) and Pedersen et al. (2004), items aimed at assessing skill-based learning were posed in the form of hypothetical scenario-based questions. We developed these questions from the results of four semi-structured phone interviews conducted with past participants of the RCIPD short course[4]. The interviews explored situations in which participants used the knowledge and skills that they gained from the RCIPD short course. These interviews also ascertained details of situations prior to the course in which the participants believed the knowledge and skills they learnt would have been useful. Eight hypothetical scenario-based questions were developed from the interview findings. Through a process of refinement and discussion among the authors, four of these scenario-based questions were included in the survey.

Scenario one was intended to assess the degree to which antiracist participants would be comfortable disagreeing with an Indigenous person. This relates to item 6 detailed above which asks about comfort in expressing an honest opinion in front of an Indigenous person without concern about appearing racist. Scenario two was designed to assess the level of discomfort participants would expect to experience when made aware that they had been influenced by common stereotypical misconceptions of Indigenous people. Scenario three gauged how participants would respond to a situation where the efficacy of an antiracist strategy (in this case, employing an Indigenous person on an Indigenous project) was in question. Scenario four sought to explore participant attitudes towards culture, structure and agency in relation to explanations of Indigenous ill-health. Three of the four questions were designed with six possible answers (one of which was an open-ended “other” option). The fourth question required participants to rank the order of six responses (see Appendix for details).

4. Validation of the RAS-I scale

4.1 Participants

A pre/post-test with control (i.e. quasi-experimental) design was employed to validate the RAS-I. Participants were employed in Indigenous affairs in various capacities ranging from public policy to nursing. There were eight pilot study participants, 24 control group participants and 22 participants in the intervention group who completed the RCIPD course in February 2010. The control group included those who had expressed interest but for various reasons did not participate in the course (n=10) and those nominated as “matched” individuals (i.e. similar in socio-demographics and attitudes) by those participating in the course (n=14). RAS-I was administered twice to the pilot group (two weeks apart), and twice to course participants and a control group (a few days prior to the course and again a month after the course)[5].

Of 54 total participants, 69 per cent were female, 11 per cent identified as Aboriginal or Torres Strait Islander and 80 per cent identified as white. Participants ranged in age from under 30 to more than 60 years, with 89 per cent having a university degree. There were no statistically significant differences in characteristics between the intervention and control groups.
4.2 Coding

Each of the 20 statement items had the same response scale coded as: 1=strongly agree, 2=agree, 3=neither agree nor disagree, 4=disagree and 5=strongly disagree. Hypothetical scenario items 1-3 were analysed in an identical manner to the statement items. The response options of each item were given a ranking from 1 to 5, where 1 was the response option that was considered to reflect high levels of RA and 5 the option that corresponded to the lowest levels of RA[6]. To include open ended “other” responses to the hypothetical scenarios in the statistical analysis, each was analysed and recategorised as a ranked option where possible[7]. The assignment of a ranked number to the remaining “other” responses was arrived at through consensual agreement among the authors.

For scenario 4, the response options provided were assigned a ranking in a similar manner to scenario 1-3. However, respondents were able to select more than one option, and were asked to rank each response that they selected in order of importance (from 1 “most important” to 6 “least important”). Furthermore, the option of “other” was given, and participants were able to include this in the ranking of the chosen response options. Thus, item 4 allowed for numerous response combinations. Changes in response to each ranking within this item were tested using Wilcoxon signed-rank tests (Chou, 1960).

4.3 Test-retest validity

Pilot study participants (who were all past participants of the RCIPD course) assessed test-retest validity. The survey was administered twice with an interval of approximately two weeks given existing literature indicating that a two-week gap between the first and second surveys is appropriate (Zou et al., 2005; Hendrie et al., 2008). The Wilcoxon signed-rank test (Chou, 1960), a non-parametric test for assessing differences between repeated measurements on a single sample, was utilised. A significant difference indicates instability in an item in that responses were inconsistent over a two-week period. Potential participants were contacted via e-mail by the second author. A total of 13 participants consented to the research and completed the first survey with eight of these participants also completing the second survey.

4.4 Endorsement

The level of endorsement for each statement item was assessed. Endorsement refers to the usefulness of the scale in providing meaningful information about the target population and brings attention to missing data and potential problems (Kowal et al., 2007). If the proportion of respondents who answer in the same way to a particular question is too high or too low then the question has limited utility as the answer can be predicted without the need to ask the question at all. In some circumstances, however, low variability in responses to a particular item was expected. This was the case with the antiracism items (7, 14 and 19) that were included to ensure findings could be attributed to higher RA rather than increased racism. Items (other than the three
antiracism items) with <80 per cent selection of a single response option were considered acceptable (Streiner and Norman, 2003).

4.5 Concurrent validity

Two items were also used to assess concurrent validity of the scale. We predicted that (at both times one and two) Indigenous respondents were likely to feel comfortable around other Indigenous people, and therefore agree to item 6 (In most situations, I express my honest opinion when an Indigenous person is present without worrying if I will appear racist). They would also disagree with item 15 (I feel anxious about interacting with Indigenous people).

4.6 Construct validity

Feedback from previous course participants over several years in the form of written evaluation forms as well as conversations with, and personal e-mails to, the course facilitators suggested that the short course was effective in promoting RA. As such, change over time in the predicted direction among the intervention group was used to determine how well the instrument tapped into the underlying theoretical construct of RA.

4.7 Internal reliability

The internal reliability of the final scale developed from the initial RAS-I survey was assessed via Cronbach’s α, including 95 per cent confidence intervals. Item-total correlations (i.e. Cronbach’s α if item deleted) were also examined.

5. Results (Tables I and II)

5.1 Test-retest validity

With the exception of items 12 and 20, there were no significant differences in the mean scores of statement items during a two-week period. This indicates good test-retest validity and stability for all other items. Items 12 and 20 were excluded from subsequent analyses.
5.2 Endorsement

As expected, there was little variability in responses to the three antiracism items (7, 14, 19). Responses to all other statement items fell between the accepted range, with mean item responses neither below 1 nor above 4.

5.3 Concurrent validity

As anticipated, Indigenous respondents disagreed or strongly disagreed with item 15 at both times one and two. While we predicted that Indigenous respondents would agree with item 6, the response to this item was ambivalent. However, Indigenous participants agreed with this item to a greater extent than non-Indigenous participants (marginally significant, data available on request), providing support for the validity of this item.

5.4 Construct validity

As predicted, the responses of both course participants and control group participants to the antiracism items were stable (7, 14 and 19), with no change from time one to time two. Although unexpected, this was also the outcome of items assessing emotions (8 and 15). The responses of course participants to WRI items (1, 6 and 17) changed significantly from time one to time two. In contrast, control group responses did not change significantly over time. Item 17 changed in ways indicating that course participants developed their WRI as a result of the course. Conversely, items 1 and 6 produced results that were the counter intuitive. As suggested in Discussion, it is possible, however, that these changes were due to an increase in RA.

Two racism and whiteness items (3, 9) and two culture, structure and agency items (2, 13) showed significant change among the intervention group whilst the control group responses to each of these items did not change significantly over time. Items 2, 3, 9 and 13 changed in the predicted direction, indicating increased RA. At time two, course participants disagreed more strongly with items 2 and 13, and agreed more strongly with items 3 and 9, than at time one.

Responses among the intervention group to item 11 changed significantly from slightly agree at time one to a more ambivalent response at time two. This change was opposite to the anticipated direction. Only responses to item 11 demonstrated a statistically significant change over time in the control group, with more agreement at time two than at time one (e.g. in the opposite direction to changes in the intervention group).

The remaining four items (4, 5, 10 and 18) did not show statistically significant change over time in either the intervention or control group. No significant changes were found between time one and time two for any of the scenarios. This result may indicate that participants did not change their
beliefs in relation to the scenarios despite the aims of the course. Alternatively, it may be that response options provided were unable to capture the complexity of changed views in relation to the scenarios.

5.5 Internal reliability

A refined version of the RAS-I scale consisting of the eight statement items that changed significantly from time one to time three along with the three antiracism items that remained stable across time for both the control and intervention groups was constructed. This includes three WRI items (1, 6, and 17), two whiteness and racism items (3, 9 and 11) and two culture, structure and agency items (2, 13). At 0.51 (95 per cent CI: 0.34-0.68), the internal reliability of this 11-item scale is low to moderate. Examination of item-total correlations indicated that removal of any one item did not change scale reliability.

6. Discussion

Most statement items that changed significantly from time one to time two can be attributed to a heightened RA. Statement item 17 changed in ways that were consistent with WRI theory, suggesting that course participants developed their WRI as a result of the course. Actively seeking to live in a multicultural community (especially as a “must”) may be perceived as tokenistic by those high in RA. Thus, course participants may have gained an enhanced reflexivity about their lived experiences and how these contrast with their antiracist aspirations. Conversely, items 1 and 6 changed in a direction that was counter intuitive in relation to WRI. However, it is possible to attribute these outcomes to an enhanced RA.

Item 6 (In most situations, I express my honest opinion when an Indigenous person is present without worrying if I will appear racist) assessed behaviour in relation to WRI (Helms, 1990). Originally, we anticipated that RA would agree with this statement but unreflexive antiracists would be uncomfortable expressing their honest opinion. We also suggested, however, that RA may be more aware of their tendency to self-censor particularly in front of an Indigenous person. The results indicate that this second possibility is more likely but further research is required to clarify this finding.

The fact that course participants’ disagreed more strongly at time two with item 11 (Some policies in Indigenous affairs that are now thought to be fair and just will be considered racist by future generations) was not anticipated and cannot be easily explained. Even more unexpected was that control group participants agreed significantly more strongly with this item at time two than at time one. Further research is required to determine the reason for this unexpected finding.
Our prediction that Indigenous respondents would agree with item 6 indicates that we did not anticipate some Indigenous people also experiencing fear of appearing racist. However, as Indigenous respondents agreed with this statement more than non-Indigenous respondents, we argue that this result still supports concurrent validity.

The low internal consistency of the scale may, in part, be due to relatively few items in the scale, with the large confidence intervals driven by the small sample size. It may also be due to the fact that a range of related but distance constructs were assessed. Further investigation of scale reliability is required.

Validation of the RAS-I was limited in several ways. First, we acknowledge that RA is a complex concept that this study only begins to explore. The multivalent (and in some cases double-barrelled) survey items utilised to assess this construct may have been more ambiguous than necessary and revisions to clarify their meaning should be considered in future work. Furthermore, the attributions of survey responses to enhanced RA as detailed above are exploratory and contingent on further supporting quantitative and qualitative research.

Second, the study sample size was small. Although best practice in adult education requires a relatively small group of course participants, pooling evaluation of future RCIPD courses to allow more robust analysis using larger samples as well as enabling more sophisticated validation of the RAS-I instrument should be explored as a possibility. A larger sample size would provide increased statistical power to detect differences between groups and over time. However, despite our small sample size, a number of statistically significant results emerged that were largely consistent with our predictions. The fact that these statistically significant results were found despite the small sample supports the hypothesis that RA is a useful construct that reflects the attitudinal changes engendered by the course.

Another avenue for further research would be to explore the generalisability of this scale beyond an Indigenous focus and among non-whites. Although somewhat limited by the predominately white antiracists who attend the RCIPD course, pooling of results over several courses, or evaluations of similar courses in other national contexts could allow examination of racial/ethnic differences in responses to the scale.

Second, it is not clear which particular elements of the course resulted in change and further research is needed to establish the effectiveness of individual course sessions in varying combinations. Third, it is not known whether respondents experienced a change in behaviours or skills following the completion of the course, or whether they retained the demonstrated level of attitudinal change over longer time periods. This could be assessed by administering additional surveys over the medium and long term and by using other research methods such as interviews or participant observation. Current literature suggests it would be ideal to administer a survey up to a year after intervention (see e.g. Kernahan and Davis, 2010). Fourth, RA and the RAS-I scale should be
studied via qualitative methods such as semi-structured interviews and focus groups in order to further elucidate the meaning of constructs as well as how items are interpreted by respondents.

RA is an approach that accepts the inevitability of racialised thinking along with the paradoxes of racialisation. It encourages antiracist individuals to accept the imperfections of racialised thinking while simultaneously working to address them. RA recognise and attempt to avoid the pitfalls of essentialism and negative emotional reactions. Through this understanding of racialisation, motivated antiracists can potentially navigate the repercussions of antiracist ideals that are not always realised in practice. Being aware of their position within a racialised society allows antiracists to reflect upon (and be realistic about) their ability as individuals to achieve antiracist ideals while still striving towards them. RA has implications in relation to practice and teaching of diversity training across a range of settings as well as public policy focused on addressing racism and intercultural understanding. RA promotes a societal understanding of antiracism as a process to strive for while recognising that non-racism is virtually unattainable for individuals in contemporary societies.

While the RAS-I has been developed for white antiracists working in the context of Australian Indigenous affairs, it has the potential to be adapted to other contexts as a measure of assessing a more reflexive approach to antiracist thought and practice. It is hoped that this paper will prompt further exploration of RA as a concept that can be applied in a range of settings and contexts where a more nuanced understanding and approach to antiracism may be beneficial.
Figure 1

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<tr>
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<th>1 Most important</th>
<th>2</th>
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<th>4</th>
<th>5</th>
<th>6 Least important</th>
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<td>Indigenous culture is such that parents can't refuse their children's demands for take-away food</td>
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<td></td>
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<td>and Torres Strait blander</td>
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<td>8 (100)</td>
<td>20 (69)</td>
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<td>Self identifies as white</td>
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<td>10 (33)</td>
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</table>

Notes: a may not add to the expected total due to missing values percentages may not add to 100 due to rounding
Notes

O’Brien (2009) makes a related argument that antiracism cannot be considered the direct opposite of racism, as one entity may practice antiracism in a manner that may perpetuate racism by another definition.

The question of whether the privileges of “whiteness” map neatly onto those with white skin is a point of debate within whiteness studies. It is worth noting that from an Australian perspective, the view that white skin is equivalent to privilege is problematic as many Indigenous people have phenotypically white skin but do not identify as white.

While our discussion of “whiteness” and “white identities” includes non-white people who in some ways benefit from aspects of white privilege (e.g. via their educational or economic advantage, see e.g. Zhou, 2004), RA for those from non-white backgrounds will have specific features that are beyond the scope of this paper.
Interviewees had completed the RCIPD course in 2006, 2007 or 2008.

This project had ethics approval from the Human Research Ethics Committee of the University of Melbourne (No. 0932659).

To reduce order effect bias, the response options were not presented in the RAS-I scale in this sequential order.

Each of the hypothetical questions received “other” responses at both times: for question 1, there were two at time one and three at time two, question 2 received two at both times and question 3 received three “other” responses at time one and five at time two. The fourth hypothetical question received a large number of “other” responses compared to the first three questions because it required multiple responses. Participants provided 15 “other” responses at time one and 18 at time two.

The response options for statement items were as follows: strongly agree, agree, neither agree nor disagree, disagree and strongly disagree. These were listed in sequential order.
References


Further reading

Appendix. Reflexive Antiracism Scale – Indigenous

Multiple choice questions

Tick the box that best reflects your response to the following statements. There are no right or wrong answers[8].

(1) Being part of a multicultural community is a must for me
(2) To improve Indigenous health we must encourage the restoration of Indigenous cultures
(3) White people get unearned privileges in Australian society
(4) The “bad” Indigenous people in our society are a product of discrimination and marginalisation
(5) Everyone has been racist at some point in their lives
(6) In most situations, I express my honest opinion when an Indigenous person is present without worrying if I will appear racist
(7) There is no racism against Indigenous people in Australia today
(8) I feel angry about Indigenous disadvantage
(9) White people should address racism for their own sake rather than just to help Indigenous people
(10) An important contributing factor to the poor health of Indigenous people is that they have different priorities to non-Indigenous people, such as family obligations or strong ties to their ancestral land
(11) Some policies in Indigenous affairs that are now thought to be fair and just will be considered racist by future generations
(12) A person’s race has nothing to do with how I relate to them
(13) Indigenous health and social outcomes can be improved without Indigenous people changing their culture
(14) The government should not provide special programs for Indigenous people
(15) I feel anxious about interacting with Indigenous people
(16) Indigenous people want the same as other Australians—a nice house and car, healthy kids, regular income and leisure time
(17) White people need to embrace “whiteness” as an important part of who they are
(18) It is racist to suggest that Indigenous people don’t care about their health
(19) I would be concerned if a close friend or relative married an Indigenous person

(20) I feel guilty about Indigenous disadvantage

Hypothetical scenarios

There are four hypothetical scenarios. For scenarios 1-3, please select one answer that most closely describes what you would do. If what you would do is very different from all the options, choose “Other” and specify what you would do in the space provided. For scenario 4, please choose as many options as you want to and rank them in order of importance.

(1) You are part of a small group at a social gathering when an Indigenous acquaintance starts explaining that before colonisation there was no violence in Indigenous communities and that Indigenous people regularly lived to 80 years of age. You believe this is incorrect. What do you do?

- You do nothing and wait for the conversation to turn to a different topic
- You politely interrupt your acquaintance to correct them
- You say nothing and hope you can talk to the group after your acquaintance has left
- You wait for an opportunity to discuss the matter with your acquaintance in private
- You wait till your acquaintance is finished and express your view as another opinion
- Other (please specify)

(2) As part of your job, you regularly consult over the phone with a colleague in another state who has identified herself as Indigenous. The first time she travels to your workplace to attend a meeting, you realise that she has much lighter skin than you had expected. Although you don’t say anything, you are surprised. How do you react to your own surprise?

- You feel sad as your reaction illustrates the strength of popular stereotypes of Indigenous people as having dark skin
- You feel angry with yourself and/or guilty for reproducing popular stereotypes by assuming she would have dark skin
- You don’t have any reaction to your surprise because you don’t expect Indigenous people to have light skin
- You feel annoyed with yourself as you rarely make assumptions about what Indigenous people will look like
- You aren’t surprised that the person has light skin
(3) You are leading a project aimed at increasing cultural competency at a primary school. It is proposed that an Indigenous person from the local area be hired to deliver the program. A position is advertised but there are no Indigenous applicants. An Indigenous elder suggests that her grandson should be hired although he does not have the necessary experience or qualifications. Do you decide to hire him?

- No, because it would be tokenism to hire someone because they are Aboriginal when they don’t have the necessary experience or qualifications
- Only if the position is split between her grandson and an experienced non-Indigenous colleague who will act as a mentor
- Yes, because it is important to have a local Indigenous viewpoint and to build relationships with local elders
- No, because it would be nepotism to employ the individual simply because they are related to the local elder
- Yes, because it is important to provide employment and build capacity in the Indigenous community
- Other (please specify)

(4) It is well-established that, in remote Indigenous communities, consumption of fruit and vegetables is low while consumption of junk foods is high. However, there is no consensus on why this occurs. You are preparing a confidential report for government on nutrition in remote Indigenous communities. Which of the following explanations will you highlight in your report and in what order of importance? (Select and rank as many as you wish)

Survey
<table>
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<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
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<th>5</th>
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<td>Indigenous people have limited knowledge of nutrition and/or poor cooking skills as a result of marginalisation and institutionalisation</td>
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<td>Indigenous people prefer take-away food as it is more convenient and they are not as concerned about the health consequences</td>
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<td>There is a low availability of fresh fruit and vegetables in remote communities and those that are available are of poor quality and expensive</td>
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<tr>
<td>Indigenous culture is such that parents can't refuse their children's demands for take-away food</td>
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<tr>
<td>Indigenous people do not have the facilities to cook or store food due to the poor state of housing in many Indigenous communities</td>
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<td>Other (please specify)</td>
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</tbody>
</table>

Thank you for taking the time to complete the survey

About the authors

Associate Professor Yin Paradies is a Principal Research Fellow and Deputy Direct at the Centre for Citizenship And Globalisation, Faculty of Arts and Education, Deakin University. His research focuses on the health, social and economic effects of racism as well as anti-racism theory, policy and practice. Yin Paradies is the corresponding author and can be contacted at: yin.paradies@deakin.edu.au

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