

**EXPERIENCES OF RACISM AMONGST
EAST AND SOUTHEAST ASIAN
COMMUNITIES IN THE U.K. AND THE
IMPACTS ON HEALTH AND WELLBEING**



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**Abstract**

This paper represents the first in-depth study of the experiences of racism amongst East and Southeast Asian (ESEA) people in the U.K. and how racism impacts on health and wellbeing. It also measures the social costs associated with racism experienced by ESEA people. The data show that ESEA people experience high levels of racism in the U.K. both during the Coronavirus pandemic but also well before it. Racism experienced by ESEA people impacts negatively on a wide range of wellbeing and mental health outcomes and as a whole the impacts of racism are worse for ESEA people than for other ethnic minority groups in the U.K. Racism in the workplace, in particular, has a very large negative effect on wellbeing for ESEA people. These negative impacts of racism on the lives of ESEA people have large social costs amounting to £36.8 billion. Although racism against ESEA people in the U.K. has often been overlooked and ignored, this study has shown that racism experienced by ESEA people is widespread, comes in many different forms and settings and is a social problem with significant negative impacts and costs to victims and society.

1. INTRODUCTION

Racism and hate crimes against East and Southeast Asian (ESEA) people living in western countries like the U.K., U.S. and Australia have increased significantly in the past year. For example, according to U.K. police data there was a rise of 300% in hate crimes towards ESEA people in the first quarter of 2020 compared to the same period in 2018 and 2019¹, in New Zealand, research by the New Zealand Human Rights Commission found that 54% of Chinese respondents had experienced discrimination since the start of the COVID-19 pandemic², and Asian Americans reported over 3,800 hate crimes during the period March 2020 to February 2021³. On 16 March 2021 six women of East Asian heritage were murdered in a mass shooting in Atlanta, U.S.

Whilst many of these incidents have come as a result of ESEA people being blamed for the Coronavirus pandemic, racism against ESEA people in the U.K., the U.S. and other countries has always been prevalent⁴. The U.S. especially has a well-documented history of racism against ESEA people which reflects in many ways underlying sentiment towards people of ESEA heritage in Western countries and cultures. Since immigration from Asia to the U.S. began in the 1800s, there has been a long history of serious racist incidents and acts perpetrated against ESEA people and in particular against Chinese, Japanese, Vietnamese and Filipino communities. Chinese and then later Japanese immigrants were brought to America to fill low-paid menial jobs in mining, construction and agriculture. Over time a narrative that Asian people were coming to “steal White jobs” developed which led to numerous massacres and incidents such as 1885 Rocks Springs massacre in which 28 Chinese mineworkers were murdered and 79 homes of Chinese people were burnt down. In the 1920s Filipino communities were repeatedly attacked in Stockton (1926); Washington (1927 & 1928); California (1929 & 1930) and in the 1980s the Klu Klux Klan attacked Vietnamese agricultural workers in Texas. In the 1940s over 120,000 Japanese Americans were incarcerated in concentration camps along the western interior of the U.S. There have also been numerous individual incidents such as the murder in 1982 of Vincent Chin by two White men blaming him for the Japanese taking auto-industry jobs in the U.S. and the recent death of a Filipino man, Angelo Quinto, who was killed by police officers kneeling on his neck for a sustained period of time in circumstances very similar to George Floyd’s death. The massacre of six East Asian

women in Atlanta in March 2021 is therefore the latest in a long line of attacks on ESEA people in the U.S.

Despite this long history of racism, very little is known about the extent of racism suffered by East Asian (covering Chinese; Hong Kong; Japanese; North Korean; Mongolian; South Korean; and Taiwanese) and

Southeast Asian (covering Bruneian; Burmese; Cambodian; Filipino; Indonesian; Laotian; Malaysian; Singaporean; Thai; Timor-Leste; and Vietnamese) people living in the U.K. and how it impacts their lives. A potential reason for this is that in the U.K. it is often believed that racism does not really affect ESEA people and incidents of racism, when acknowledged, are not taken seriously (Cole et al., 2009; BBC, 2015).

There are many reasons for this. Firstly, East Asian people are often seen as the ‘model minority’ and assumed to be “doing just fine” because of their supposed high rates of academic and professional success. This idea of the model minority, however, has been heavily criticised and rejected by East Asian communities who face many struggles in the U.K. (Yeh, 2014). Secondly, there is a problem of data paucity on ESEA ethnicity in the U.K. Government and national surveys and census data do not properly record ESEA ethnicity - ESEA people either have to select as their ethnicity “Chinese” or “Other Asian” (the latter category mixes ESEA people with other Asian groups such as Sri Lankans) – leading to a very poor understanding of the issues confronting ESEA communities in the U.K. Little is known about the levels of racism experienced by ESEA people in the U.K. which in turn may lead to the assumption or belief that racism does not affect ESEA people or that it does not matter. Thirdly, due in part to cultural reasons, ESEA people are often not comfortable in speaking up about racism and when they do, they feel let down because of the lack of action taken (Cole et al., 2009; Chou and Feagin, 2014). Fourthly, there is often a complete exclusion of ESEA people and their views and interests in any debate or policy related to racism or ethnic disparities in the U.K. For example, the recently established Commission on Race and Ethnic Disparities does not include a single person of ESEA heritage and no ESEA people are part of the management for the Government Equalities Office and until November 2020 no ESEA people were present on the Government’s Equality and Human Rights Commission. These issues together culminate in a lack of data, interest and

¹ <https://www.bbc.co.uk/news/uk-wales-56323775>

² <https://time.com/5947862/anti-asian-attacks-rising-worldwide/>

³ <https://www.theguardian.com/us-news/2021/mar/16/asian-americans-hate-incidents-pandemic-study>

⁴ <https://www.theguardian.com/world/2021/mar/19/stark-reality-of-anti-asian-racism-in-the-uk>

understanding about racism faced by ESEA people in the U.K.

However, a growing number of books, articles, stories and data have highlighted many of the issues ESEA people face from abuse in school and discrimination in the workplace to targeting on social media and physical attacks (Cole et al., 2019; Yeh, 2014, BBC, 2015; Kurashige, 2016; Chou and Feagin, 2014; Guardian, 2017). With this in mind, this paper presents the largest ever study of the prevalence and impact of racism on ESEA people in the U.K. This paper adds to the literature by being the first to examine the impact of racism on health and wellbeing of ESEA people in the U.K. It is also the first paper to calculate the social costs associated with racism.

This paper uses a web-based survey delivered through an online panel of adult residents (16+) of the United Kingdom of Great Britain and Northern Ireland (U.K.). The survey asked ESEA people about their opinions and experiences of racism in the U.K. and collected data about their health and wellbeing which permits an assessment of the impacts of racism on people's lives.

The paper is set out as follows. Section 2 provides a short review of the previous literature. Section 3 sets out the data and methodology used in this study and Section 4 provides the results. Section 5 concludes with policy recommendations.

2. LITERATURE REVIEW

There is a long history of structural racism and discrimination against ESEA people in the U.K.. For decades in the U.K., ESEA people have experienced hate crimes; racial profiling; racial abuse; poorer health outcomes than White people; discrimination in schools and universities; fewer opportunities for career progression and discrimination in the workplace; differential and biased treatment by police; and severe under-representation in all walks of life in the U.K. including in media, arts and culture, education, business leadership, sport, Government and politics (Green Park, 2020; Masso, 2019; Cole et al 2009; Yeh 2014; BBC, 2015; McGregor-Smith, 2017). The Colour of Power report (Green Park, 2020), which looks at the representation of BAME people in the U.K.'s most powerful institutions (covering Government, the private sector, education, sport, and charities), finds that only 4.7% of the 1,099 most powerful positions in the U.K. are filled by non-white individuals. Of this group only three senior positions of power in the U.K. are held by ESEA people. Altogether although ESEA people make up around 1.7% of the population, they only fill 0.27% of the most powerful positions in the U.K. Racism towards ESEA people starts at a young age in the U.K., with severe levels of bullying and physical and verbal abuse of ESEA pupils in U.K. schools (Times, 2020).

One particular area where there has been increasing attention (especially in the U.S.) is racism experienced in the workplace by ESEA people. ESEA people are seen as 'meek', 'submissive' and 'quiet' employees who are not "leadership material" and are better suited to technical positions or menial jobs (Hyun, 2005). Behavioural studies have shown that when ESEA people attempt to progress or become a threat in the workplace, their White counterparts become aggressive and develop negative thoughts about ESEA people (Berdahl and Min, 2012). These behaviours are embodied in the concept of the Bamboo Ceiling, a term first coined in the U.S. to describe the processes and barriers that serve to exclude ESEA people from executive positions on the basis of subjective factors such as "lack of leadership potential" and "lack of communication skills" that cannot actually be explained by job performance or qualifications (Hyun, 2005). This issue is prevalent across all Western societies – for example, in the U.S. according to the United States Census Bureau, in 2010 the Asian American population accounted for about 5.6% of the

total population, but only 0.3% of corporate office populations⁵ and even in fields where East Asians are highly represented, such as in the Silicon Valley software industry, they comprise a disproportionately small percentage of upper management and board positions⁶. In the U.K. Filipino healthcare workers are the third largest ethnic group in the National Health Service (NHS) (after British and Indian staff) but there are only 17 Filipino employees in senior positions in the NHS (17 out of a total 22,043 Filipino NHS staff in total)⁷. Furthermore, discrimination of ESEA people also occurs at the job application stage. Studies show that having an ESEA surname halves one's chances of being invited to a job interview, leading to the recent phenomenon of 'name whitening' amongst ESEA university graduates (Guardian, 2017). Booth et al. (2012) found that in Australia, Chinese-named applicants would need to submit 68% more applications than a Western-named applicant to get the same number of calls back from prospective employers.

Racial abuse has dramatically increased during Covid-19, as people in the U.K. and other countries like the U.S. have apportioned blame for the disease on China and anyone who is racialised as Chinese (Suyeon and Waters, 2020). Fernand de Varennes, the UN Special Rapporteur on minority issues, reported that politicians and groups were exploiting fears surrounding the disease to scapegoat communities, particularly Chinese and other ESEA groups, leading to a rise in violence against them⁸. There is evidence that people of Chinese heritage in the U.K. reported the highest levels of racism in 2020 (YouGov, 2020), but high levels of racism were present for ESEA people before 2020 as well; the Guardian (2017) and Nandi and Luthra (2016) report that Chinese people in the U.K. reported the highest levels of racial harassment of all ethnic minority groups. Furthermore, Filipino healthcare workers have been disproportionately affected by Covid-19; Filipino staff make up 1.7% of all NHS employees in the U.K., but account for 20% of Covid deaths among NHS workers.

A number of studies have assessed the impact of experiencing racism on health and wellbeing in the U.K. In these studies, racism was found to be associated with higher levels of stress (Heim et al., 2010; Nandi et al., 2016) and worse physical health (Heim et al., 2010) and mental health (Wallace et al. 2016; Nandi et al., 2016). However, none of these studies focussed on ESEA

⁵ <https://www.census.gov/newsroom/facts-for-features/2016/cb16-ff07.html>

⁶ https://en.wikipedia.org/wiki/Bamboo_ceiling#cite_note-26

⁷ Data from Workforce Race Equality Standard meeting on 8 March 2021.

⁸ <https://news.un.org/en/story/2020/03/1060602>

people in the U.K.⁹ For example, Heim et al. (2010) only included Pakistani, Indian and Black people in their study. Wallace et al. (2016) and Nandi et al. (2016) use the Understanding Society data set which suffers from the data issues described above (ESEA people can only choose 'Chinese' or 'Any other Asian background') and therefore they were not able to assess the experiences of ESEA people specifically. We are not aware of any previous studies on the impacts of racism for ESEA people in the U.K.

⁹ Suyeon and Waters (2020) looked at the impact of Covid-19-related racism on health of ESEA people in the USA, but I am not aware of any studies in the UK for ESEA people.

3. DATA & METHODOLOGY

Data comes from a web-based survey that was delivered through an online panel of adult residents (16+) of the United Kingdom of Great Britain and Northern Ireland (U.K.). The survey was delivered by the online panel company Watermelon in October 2020. The sample included 375 people of ESEA heritage comprised of 211 East Asian people, 89 Southeast Asian people, 39 mixed White and East Asian people and 36 mixed White and Southeast Asian people. We also collected data from the following other ethnic groups in the U.K. to compare the experiences of ESEA people: White (n = 499); Black/African/Caribbean (n = 437); Arab (n = 45); South Asian (e.g. Indian, Bangladeshi, Pakistani, Sri Lankan) (n = 768); Other mixed ethnicity (n = 364). The total sample size is therefore 2,488.

The survey included: questions on subjective wellbeing (SWB) as defined by the U.K. Office for National Statistics (ONS)¹⁰ covering life satisfaction, happiness, anxiety and job satisfaction (we did not include the ONS sense of purpose (worthwhile) question); self-reported physical health and mental health; a large set of questions about the respondent's experiences of racism¹¹ in the U.K.; questions about their opinions on racism; and a set of standardised socio-demographic questions from the ONS, including education level, marital status, employment status, annual income, region, age, gender, and number of dependent children.

For the racism experience questions we ask respondents if they have experienced racism in the past and if so in what forms (e.g. physical abuse, verbal abuse, racial profiling etc), in what places and settings (e.g. at school, at work, at university, in their personal life etc), and how frequently. For the opinions questions I ask a range of questions about perceptions of racism in the U.K. and I ask whether people feel that people of their ethnic background are well-represented in the U.K. in areas such as politics, business, media and sport.

The final part of the survey included a series of novel situational questions motivated by the types of experiments conducted in the behavioural sciences. First, respondents are asked to judge how likely a public disorder incident is of being "racially motivated". This is asked of the non-white sample only and tests whether there are differences in likelihood of judging and reporting incidents as racist across different ethnic groups. Second, a description of a hypothetical racist

crime is set out whereby a man is racially abused and assaulted and respondents are asked to state what the prison sentence should be for this crime. In the survey I randomly assign a different ethnicity for the victim as follows: Filipino, Black, Pakistani, Chinese and Japanese. This question is administered to the whole sample and tests whether the U.K. public would impose different sentences on a racially-motivated hate crime depending on the ethnicity of the victim. Third the full sample is asked to estimate the percentage of the population they think experiences racism.

Using this data, I first produce a comprehensive range of descriptive and summary statistics and then conduct a series of statistical analyses using multivariate regression analysis to look at the associated impact of racism (and its different forms) on the wellbeing of ESEA people. The focus of this study is on wellbeing, but I also assess the impact on health, which is one of the key drivers of wellbeing. When assessing wellbeing the focus is on life satisfaction which is a key wellbeing metric in U.K. policy analysis (Fujiwara and Campbell, 2011). Life satisfaction is an evaluative measure of wellbeing which captures how an individual feels about their life as a whole, as well as their current mood and it is the most commonly included wellbeing measure in national data sets and is extensively used in the wellbeing literature. Life satisfaction encapsulates moods like happiness and is impacted on by health and thus provides an overall measure of wellbeing for the analysis.

Life satisfaction is an important and robust measure of wellbeing. Life satisfaction is correlated with activity in the left pre-frontal cortex of the brain, which is the area associated with sensations of positive emotions and pleasure (Urry et al. 2004). Many studies have found that life satisfaction is a good predictor of future behaviour (Frijters, 2000; Clark et al., 2008; Scollon et al., 2003; Haybron, 2010) and health (Kimball and Willis, 2006; Huppert, 2006). Cohen et al. (2003) find that people who report higher life satisfaction were less likely to catch a cold and would recover quicker if they did. Kiecolt-Glaser et al. (2002) find that people with higher life satisfaction heal more quickly from wounds. Furthermore, life satisfaction is highly sensitive to nearly everything that we would expect and in the right direction – it varies with short, medium and long term factors and life events (Pavot and Diener, 1993) – including anything from marriage to playing football or

¹⁰ These are the same questions asked in the UK Annual Population Survey (APS), an annual cross-sectional survey of approximately 155,000 households and 360,000 individuals in Great Britain.

¹¹ Note that the White sample was not asked any of the racism experience questions.

from employment to going to a library (Fujiwara and Campbell, 2011). Life satisfaction data can also be used to measure the social costs of racism experienced by ESEA people.

I also assess impacts on happiness and anxiety (known as affective wellbeing) and self-reported mental and physical health. The differences in the wellbeing metrics used in this paper are discussed in more detail in Section 4.

A control group (those not experiencing any racism in the U.K.) are made up of ethnic minority respondents who do not report any experience of racism and White respondents. Following U.K. Government guidance (Fujiwara and Campbell, 2011), we control for a range of other key determinants of health and wellbeing in the analyses.

Controlling for the key determinants of health and wellbeing in order to better understand the impacts of racism on people in the U.K. allows us to extract (control for) some of the other key factors that drive health and wellbeing, such as marital status, income, employment and educational qualifications. In wellbeing analysis there are also problems if too many factors are controlled for as we may weaken the impact of an event on wellbeing. This is because some factors are mediators. Therefore, in our wellbeing analysis we do not control for health status as we hypothesise that health is affected by racism and controlling for health status would therefore artificially reduce the negative impact of racism on wellbeing.

In the models I control for age, gender, urban versus rural place of residence, employment status, marital status, (log) personal income, educational attainment, parental status, region in England, ethnicity. Whilst this does not ensure that our estimates have a causal interpretation it allows us to assess the associated impact of racism on health and wellbeing after controlling for these key factors.

In terms of possible sources of bias in the statistical estimates, reverse causality is unlikely to be an issue here as we ask about previous experiences of racism and current levels of wellbeing. However, measurement error could be an issue if people are unable to accurately report their experiences and incidents of racism, which may be an issue in our survey since many of the questions are about incidents in the past. This would result in a downward bias in the coefficients on racism in our models which would suggest our results are conservative. And endogeneity may also be an issue if there are some unobserved factors that are correlated with the experience of racism and health and wellbeing. For example, if extroverted people are less likely to experience racism or just ignore it and brush it off (and not report it in the survey) if it happens to them and

they also report higher levels of wellbeing (all else constant) then this would lead to upward bias in the negative relationship between racism and wellbeing (i.e. the negative impact of racism on wellbeing would be overstated). But if, on the other hand, extroverted people are more likely to encounter racism (for example because extroverted people go out and socialise more) then this would lead to the opposite effect – a downward bias in the negative relationship between racism and wellbeing (i.e. the negative impact of racism on wellbeing would be understated).

The general strategy used in this paper is to control for as many of the determinants of health and wellbeing as possible using regression analysis. The models were developed using the previous literature on the key determinants and drivers of health and wellbeing. Whilst, as discussed above, there may be some residual bias, this methodology is at least as robust as most research in wellbeing, replicating the statistical methods used in the vast majority of published research in wellbeing and health analysis (Fujiwara and Dolan, 2016). It is the optimal method given the nature of the cross-sectional data at our disposal and hence the results presented in this paper are informative for policy-making purposes.

4. RESULTS

4.1. Descriptive statistics

Table 1 sets out the percentage of people from each ethnic minority group who report having ever experienced racism. East Asian, mixed White and East Asian, Black, and mixed White and Black people report the highest levels of racism in the U.K. (over 90% of people in the sample from these groups report experiencing racism in some form). Eighty-six per cent of Southeast Asian people report having experienced racism. The average across all ethnic minority groups is 88%. These percentages are higher than figures reported in some other studies on the experience of racism as those other studies have tended to focus on particular types of racism (e.g. verbal abuse) and for specific time periods. Our survey, on the other hand, asks about any type of racism and across the whole of their lives.

Our findings are supported by the data mentioned above regarding Chinese people reporting the highest levels of racial harassment in the U.K. These levels are significantly higher than the levels that were predicted by the full sample; the sample thought that only 53% of East Asians and 52% of Southeast Asians have ever experienced racism. That is the actual levels of racism experienced by ESEA people are much higher than the levels that non-ESEA people in the sample expected. This points to another potential reason why action against racism towards ESEA people in the U.K. has been lacking.

Table 1. Percentage of people who have experienced racism in the U.K.

Ethnic group	% experienced racism
ESEA groups	
East Asian	92%
Mixed White and East Asian	92%
Southeast Asian	86%
Mixed White and Southeast Asian	74%
Other ethnic groups	
Arab	84%
Black	91%
South Asian	86%
Mixed White and South Asian	88%
Mixed White and Black	92%
Other ethnic or mixed group	84%

It should be noted that experiences of racism amongst ESEA people in the sample are not limited to racism experienced since the Coronavirus pandemic began in 2020. The vast majority of ESEA people in our survey report having experienced racism before 2020 as well and as we will see below many have experienced racism when they were young going all the way back to school and university years.

These data are only meaningful and comparable if people from different ethnic groups have similar likelihoods of reporting racism. I test this by asking respondents the following question:

Imagine you are stopped in a car alone at traffic lights at around 9pm in a small country town in the U.K. Suddenly two White men in the 20s approach the car and one of them slaps your window and shouts something which you cannot hear properly as he is drunk. As they run away they throw a beer can at your car. In your opinion how likely would you say this is this racially motivated incident?

Respondents reply on a five-point Likert scale from 'very unlikely' to 'very likely'.

The motivation behind the incident is ambiguous and the text does not refer to racism at all. Some people may judge the incident to be racially-motivated whilst others might not and therefore this question explores how people judge incidents that they experience. As Table 2 shows ESEA people are significantly less likely to rate the same incident that happens to them as racially-motivated (43% for ESEA people compared to 53% for all other ethnic minority groups). Black people (55%) and South Asian people (55%) are most likely to judge the incident as racist. Overall ESEA groups are 10 percentage points less likely to judge the incident as racist compared to other ethnic groups and the difference is statistically significant at the <1% level (p-value of 0.0004).

Whilst this is just a single study it could suggest that the experience of racism statistics in Table 1 (and indeed any racism statistics for ESEA people) may be under-reporting levels of racism towards ESEA people as they are less likely to judge and report an incident as racist, all else constant. There are potentially cultural reasons for this in that it is often said that ESEA culture encourages people to keep quiet and not make a fuss (Chou and Feagin, 2014). In sum, East Asian people report the highest levels of racism in spite of being the least likely group to judge an incident as racist. Thus, actual levels of experience of racism by ESEA groups

could be even higher than the high rates reported in Table 1.

Table 2. Propensity to judge an incident as ‘racist’

Ethnic group	% that say incident is racist
ESEA groups	
East Asian	44%
Mixed White and East Asian	39%
Southeast Asian	48%
Mixed White and Southeast Asian	33%
ESEA average	43%
Other ethnic groups	
Arab	49%
Black	55%
South Asian	55%
Mixed White and Black	50%
Mixed White and South Asian	49%
Other ethnic or mixed group	44%
Other ethnic group average	53%

The total number of incidents of racism experienced by ESEA people in their lives to date is as follows: a ‘Few’ (1-5): 35% of the ESEA sample; ‘Some’ (6-20): 30%; ‘Quite a lot’ (21-50): 14%; ‘Many’ (51-100): 7%; ‘A lot’ (100+): 4%. Around 11% of the ESEA sample said that they have had counselling because of the racism they have experienced (this compares to about 14% for all other ethnic minority groups in the U.K.) and 17% of ESEA people said they have quit a job because of racism (this compares to about 20% for all other ethnic minority groups in the U.K.).

After they have experienced a racist incident, 44% of ESEA people state that it affects them for up to a few hours. Twenty two per cent say it affects them for days; 11% say it affects them for months; 9% say it affects them for years and 14% say it affects them for their whole lives.

Table 3(a) and 3(b) (see results tables in the Annex) set out the type of racism experienced and where it is experienced by ESEA people in the U.K. The most frequent types of racism experienced by ESEA people are racist verbal abuse, microaggressions (definition) and racial stereotyping. At school, in the workplace and in personal life are the places where ESEA people most frequently experience racism.

Focussing on the workplace, Table 4 (see results tables in the Annex) sets out what forms of racism ESEA people experience at work.

To start to understand how this might be linked to wellbeing, in Table 5 (see results tables in the Annex) I set out mean life satisfaction levels for different ethnic groups in the U.K. for the overall average and by if they have experienced racism or not. Overall ESEA people in the U.K. report low levels of life satisfaction (5.78). The average for other ethnic groups is 5.99 and for Whites it is 6.15. Mixed White and Black people is the group that report the lowest levels of life satisfaction in the U.K. (5.41). Compared to Whites ESEA people have 6.4% lower wellbeing and compared to other ethnic minority groups as a whole ESEA people have 3.6% lower wellbeing.

For all ethnic minority groups in the U.K. levels of wellbeing for those that have experienced racism are lower than for those that have not experienced racism (1.23 points lower for ESEA people and 0.76 points lower for other ethnic minority groups).

It is important to note that the results in Table 5 should not be interpreted as the causal effects of racism since they are just comparisons of means. Statistical analysis in section 4.2. will explore the issue of causality in greater depth by controlling for potential confounding factors.

The overall picture is that ESEA people seem to have relatively low levels of wellbeing, although some groups such as mixed White and Black people and Arab people report particularly low levels of wellbeing. There are large differences in wellbeing between those that have and have not experienced racism and this is especially the case for ESEA people.

Given the high levels of racism reported and experienced by ESEA people, it interesting to assess how the U.K. public judges the level of severity for racially-motivated hate crimes as this has not been fully examined before. The survey asked respondents the following question:

A 25-year-old [Black] man is racially abused in Hackney, London by a White man in his 40s. He is verbally abused and is also physically attacked suffering a number of injuries including a broken nose. He is now at home recovering and will make a full recovery from his injuries. The perpetrator was found guilty. How long do you think his prison sentence should be? (____years ____months).

Sentence length was used a proxy to measure severity of the crime. The ethnicity of the racially abused man was randomised across the sample according to the following ethnicities: Black, Pakistani, Chinese, Filipino

and Japanese¹² (the text in square brackets was changed across the experiment). As the only information that was changed was the ethnicity of the victim, any differences in sentence length were due only to the ethnicity of the victim. As Table 6 sets out there are clear differences in length of sentencing by ethnicity of the victim. If the victim is Japanese or Chinese the length of the sentence (average of 6 years and 7 months) is statistically significantly lower than it is for Black people, Filipino and Pakistani people (average of 7 years and 3 months) (p-value of 0.035 in one-tailed t-test). On average the prison sentence is 7% lower (less severe) for Japanese victims and 10% lower (less severe) for Chinese victims than it is for all other ethnic groups. That is, people in our survey state that for the same racially-motivated crime the punishment should be less if the victim is East Asian. The advantage of this experiment is that it is able to uncover subtle unconscious forms of racism and discrimination – had we instead simply asked whether hate crimes should have the same prison sentences regardless of the ethnicity of the victim it is highly likely that everyone in the survey would have agreed. However, this experiment is able to tease out people’s underlying opinions and responses (i.e. their unconscious biases)¹³.

Table 6. Length of prison sentence for a racially-motivated crime by ethnicity of the victim

Ethnicity of victim of racist attack	Prison sentence
Black	7 yrs & 2 m
Pakistani	7 yrs & 3 m
Japanese	6 yrs & 8 m
Chinese	6 yrs & 6 m
Filipino	7 yrs & 4 m

Finally, I turn to the opinions data and find the following:

- Most East Asian (52%) and Southeast Asian (53%) people believe their life would have been easier in the U.K. had they been White.
- Most East Asian (68%) and Southeast Asian (75%) people state that people in the U.K. don’t know when they are being racist and that White people do not understand the extent of racism in the U.K.
- Across every area of life in the U.K. that we asked about (apart from in business) ESEA people were most likely to say that they do not feel fairly

¹² Two East Asian victims were used (a Japanese victim was included in addition to a Chinese victim) because people may currently have less sympathy for a Chinese person due to increased racism related to Covid-19.

represented. This is supported by a recent YouGov survey (2020) which found the same results.

The above data paint a grim picture for ESEA people in the U.K. ESEA people are the least well-represented ethnic group in all walks of life in the U.K. and East Asian people report experiencing the joint-highest levels of racism in the U.K. and that is in spite of the fact that East Asian people are much less likely to report an incident that happens to them as being racially-motivated (compared to other ethnic groups). Southeast Asian people also report high levels of racism in the U.K. and like East Asian people are less likely to report an incident that happens to them as being racist. Finally, not only do East Asian people report the highest levels of racism, but our sample also believes that racially-motivated crimes are less serious when they are directed at East Asian people as they recommend lower sentences when the victim is East Asian. Clearly racism is a serious issue for ESEA people. The analysis has shown the types of racism experienced and where it is experienced by ESEA people in the U.K., which will help us better understand the issues and to build solutions. In the next section I assess how experiencing racism impacts on the lives of ESEA people.

4.2. Impacts of racism

4.2.1. Health and wellbeing

Table 7 (see results tables in the Annex) sets out the results of multivariate regression analysis demonstrating the relationship between experiencing racism and health and wellbeing. Experiencing racism for ESEA people is associated with statistically significant reductions in life satisfaction and happiness and with poorer mental health after controlling for a wide range of background factors such as income, age and education. ESEA people who have experienced racism are 15.2% more likely to have been diagnosed with an anxiety disorder by a doctor. We did not find any statistical association with physical health or depression.

Similar analysis was also conducted for other ethnic minority groups. For Black people, Arab people, South Asians and other mixed ethnic groups there is a statistically significant association between racism and lower levels of life satisfaction, but as a whole the negative impact of racism on wellbeing is larger for ESEA people (an effect of -0.91 for ESEA people and an effect of -0.77 for other ethnic groups). There are many possible explanations for this difference. For example, it may be that other ethnic groups have adapted to racism better than ESEA people, it may be that the types of

¹³ Although official data and records are hard to find, it seems as though the sentences suggested in this study are much higher than previous actual sentences administered for racially-motivated hate crimes: <https://www.report-it.org.uk/sentence Upheld for racist abuse>

racism experienced by ESEA people are more severe than the types of racism experienced by other ethnic minority groups, or it may be that ESEA people are more susceptible to or offended by racism and are impacted more strongly by a given racist incident. Our data does not shed any light on this issue.

Table 8. Impacts of racism on wellbeing (life satisfaction) across different ethnic groups

Effect of racism by ethnic group	Coefficient t	S.E. (robust)
Black, Arab, South Asian (incl. mixed)	-0.772***	0.16
ESEA (incl. mixed)	-0.911***	0.291

Notes: *** = Significance at <1% level; ** = Significance at <5% level; * = Significance at <10% level. All models control for age, gender, urban versus rural place of residence, employment status, marital status, (log) personal income, educational attainment, parental status, region, ethnicity. Heteroscedasticity-robust standard errors.

4.2.2. Racism in different settings

I now look at the impacts of racism in the main settings where ESEA people report high levels of racism: in school, in personal life and at work. All three forms of racism are associated with statistically significant reductions in life satisfaction, with the biggest effect for ESEA people coming from racism in the workplace. It is interesting to note the effect of racism at school. The average age of our sample is 39 years and therefore on average our sample had left school more than 20 years ago, but the racism experienced in school still impacts negatively on adult ESEA people many years later.

Table 9. Association between racism setting and wellbeing (life satisfaction) for ESEA people

Place of racism	Coefficient	S.E. (robust)
Personal life	-0.653**	0.295
School	-0.529*	0.289
Workplace	-0.835***	0.265

Notes: *** = Significance at <1% level; ** = Significance at <5% level; * = Significance at <10% level. All models control for age, gender, urban versus rural place of residence, employment status, marital status, (log) personal income, educational attainment, parental status, region, ethnicity. Heteroscedasticity-robust standard errors.

As the issue of workplace racism against ESEA people has increasingly drawn attention especially in the U.S., I will look at workplace racism in more depth here. I start by looking at a key issue in workplace discrimination – returns to education for different ethnic groups. First, I look at whether there are differences in wage premium for a university degree (undergraduate or higher) for different ethnic groups by running a Mincer wage equation. If there are racial disparities and barriers we

would expect returns to a degree to be larger for the White population.

On average a degree has a return of about £6,922 per annum in additional salary (compared to not having a degree). However, for Arab people, East Asians and South Asians having a degree does not confer a statistically significant advantage in terms of salary which would suggest that these three groups are discriminated against in the workplace as their qualifications are not recognised and rewarded in the same ways as other ethnic groups. However, it should be noted that sample sizes are low for some of these regressions.

Table 10. Returns to education by ethnicity

Ethnic group	Coefficient on degree	S.E. (robust)
White	6223***	1623.1
Arab	7149	6252.8
Black	9118***	2004.5
South Asian	2340	1717.2
East Asian	5584	3648.7
Southeast Asian	11364***	4086.1
Sample average	6922***	845.7

Notes: *** = Significance at <1% level; ** = Significance at <5% level; * = Significance at <10% level. Coefficient size is the absolute wage premium of a degree (undergraduate and postgraduate). Separate wage regression models run for each ethnic group. All models control for age, gender, marital status, parental status, region, education. Heteroscedasticity-robust standard errors.

Second, I assess whether workplace racism has different effects on people's wellbeing. As set out in Table 11, I find that the negative impacts of workplace racism on life satisfaction are highest amongst East Asian people in the U.K. I do not find a statistically significant effect for Arab people or Southeast Asian people (although the direction of the effect is negative), but this may be due to small sample sizes for these two groups.

Table 11. Association between experiencing workplace racism and life satisfaction

Ethnic group	Coefficient on racism	S.E. (robust)
Arab	-1.043	0.689
Black	-0.694**	0.301
South Asian	-0.594***	0.219
East Asia	-1.113***	0.346
Southeast Asian	-0.501	0.524

Notes: *** = Significance at <1% level; ** = Significance at <5% level; * = Significance at <10% level. All models control for age, gender, urban versus rural place of residence, employment status, marital status, (log) personal income, educational attainment, parental status, region, ethnicity. Split sample models run for each ethnic minority group. Heteroscedasticity-robust standard errors.

4.2.3. Social costs of racism

The impacts of racism on ESEA people create costs to society in a number of different ways:

- i. Costs to individuals in terms of reductions in their quality of life.
- ii. Costs to the NHS.
- iii. Costs to businesses in terms of reduced productivity or absenteeism

The sum of these costs represents the total social costs (HM Treasury, 2018).

4.2.3.1. Costs to individuals

The Wellbeing Valuation (WV) method is an HM Treasury (2018)¹⁴ endorsed methodology for measuring the value of costs and benefits to individuals. The method is also endorsed by the Organisation for Economic Cooperation and Development (OECD) (2018).

The WV method allows us to monetise the impact of racism on people's wellbeing to understand the costs to ESEA people. Using the main results for experiencing any type of racism in Table 7, in WV we estimate the amount of money needed to compensate ESEA people for being a victim of racism such that the impact on their wellbeing is offset by the receipt of compensation. This is known as the compensating surplus cost related to racism and is measured by the marginal rate of substitution (MRS) between racism and income holding life satisfaction constant. It is a measure and approach that has been used before in setting compensation levels for example for injuries or major environmental incidents.

We use the WV methodology set out in Fujiwara and Dolan (2016) to estimate the MRS between income (M) and racism (R). The following functional form for the relationship between life satisfaction and income and racism is assumed:

$$(1) \quad LS = \alpha + \beta_1 \ln(M) + \beta_2 R + \beta_3 X + \varepsilon$$

Where income (M) enters in logarithmic format to account for diminishing marginal utility, R is whether the individual has experienced racism in their lives, X is a vector of other drivers of life satisfaction, and ε is a random error term. The costs related to racism can be estimated from the MRS between R and M in equation (1). The MRS calculation needs to account for the fact that M is in logarithmic format and hence is:

$$(2) \quad MRS = e^{\left[\frac{\beta_2}{\beta_1} + \ln(M)\right]} - M$$

Where M is the average income for the sample which is £26,046. Fujiwara and Dolan use an income coefficient (β_1) of 1.13 which I use here as it is an unbiased estimate based on exogenous changes in income. The impact of racism on life satisfaction (β_2) comes from Table 7 as the coefficient on racism and equals -0.91. Equation (2) is therefore estimated as:

$$(3) \quad MRS = e^{\left[\frac{-0.91}{1.13} + \ln(26046)\right]} - 26046$$

Equation (3) results in a compensating surplus cost of experiencing racism of £32,229. The way this is calculated represents the amount of money on average we would have to compensate an ESEA person in the U.K. who has been the victim of racism to offset the negative impact that all experiences of racism have had on their wellbeing. This is a hypothetical one-off compensation value for all racism experienced during a person's life up to the date of the survey and it is an average value and will differ depending on the frequency and severity of the racism experienced.

This is a large impact and to put this into perspective, the impact of racism on life satisfaction (-0.91) is worse than the emotional impact associated with being unemployed (-0.63)¹⁵.

In order to understand what this means at the national level we multiply this amount up by the number of ESEA people who experience racism in the U.K. As set out in Table 1, 92% of the ESEA sample reported experiencing racism in the U.K. (as discussed above this is likely to be an underestimate but I use this figure here as a conservative estimate). Applying this figure to the total number of ESEA people in the U.K., which is around 1,133,000¹⁶, I estimate that 1.04m ESEA people in the U.K. have experienced racism. Multiplying this figure by the compensating surplus value of £32,229, the **total cost of racism to ESEA people in the U.K. is £33.6 billion.**

4.2.3.2. Costs to the NHS

Our results show that experiencing racism leads to a 15.2% increase in the likelihood of being diagnosed with an anxiety disorder for ESEA people. This will have costs to the NHS. McCrone et al. (2008) estimate that the average healthcare cost related to anxiety disorders in the U.K. is £1,104 per patient per annum. This is for

for the main ESEA communities in the UK: Chinese; Korean; Japanese; Taiwanese; Thai; Vietnamese; Filipino; Hong Kong; Singaporean; Malaysian; and Indonesian. The data comes from different sources and may not include international students in some categories and hence is likely to be an under-estimate of the population size.

¹⁴ It is included in the Green Book, the official UK Government guidance in measuring social value.

¹⁵ This is the coefficient estimated for unemployment for ESEA people.

¹⁶ Due to lack of census data on the ESEA population in the UK this estimate was based on a Google search of population sizes

people who use medical services for anxiety disorders which is around 49%.

The total costs to the NHS are estimated as follows:

- Based on our findings an additional 172,216 ESEA people have an anxiety disorder because of the racism they have experienced (calculated as 15.2% of 1,133,000 ESEA people in the U.K.).
- We would expect 49% of these people (84,386 people) to be using medical services.
- This works out to a total NHS cost of £93.2m per annum (84,386 x £1,104) based on 2007 prices.

For the purposes of this study we will use a 10-year period so that we can combine the NHS costs with the individual costs which represent historic impacts. Over a 10-year period this represents a **total cost to the NHS of £932m**. (note: since the number of ESEA people living in the U.K. has grown over the past decade multiplying by the number of current ESEA residents for the past 10 years will lead to an over-estimate. To offset this we do not upward adjust the 2007 NHS costs by inflation). The costs to the NHS should be seen as an estimate based on these assumptions.

For informational purposes the ongoing NHS costs due to racism experienced by ESEA people in the U.K. is estimated at £1,612 per person per annum (inflation uprated from 2007) which is a total annual cost of £136m.

4.2.3.3. Costs to businesses

McCrone et al. (2008) estimate that the costs to employers and businesses of anxiety disorders is £1,298 per person per annum. If 172,216 additional ESEA people suffer from anxiety disorders due to racism this represents an annual cost to U.K. business of £223.5m in 2007 prices.

Taking a 10-year period this amounts to a **total cost to U.K. businesses of £2.24 billion**.

We use the same assumptions as we did for the NHS costs and so this figure should be seen as an estimate based on these assumptions.

For informational purposes the ongoing costs to businesses due to racism experienced by ESEA people in the U.K. is estimated at £1,895 per person per annum (inflation uprated from 2007) which is a total annual cost of £326m.

4.2.3.4. Total social cost

Based on the above analysis the **total costs to society of racism experienced by ESEA people to date is £36.8 billion**.

This is made up of the costs to individuals for all racism experienced to date and costs to the NHS and businesses over the past 10 years.

We also note that in terms of ongoing financial costs to the economy, if rates of racism experienced by ESEA people in the U.K. do not improve there will be an ongoing cost of around £136m per year to the NHS and a cost of around £326m per year to businesses. **This represents a total annual ongoing financial cost of £462m to the U.K.** This excludes the ongoing costs to individuals which will be additional to this.

This clearly is a very large impact that burdens a large part of the ethnic minority population in the U.K. It shows the potential amount of social value that could be generated by reducing racism faced by ESEA people living in the U.K. To give this figure some context, the U.K. Government estimates that the annual costs of all crimes committed in England and Wales is around £50 billion (Heeks et al., 2018). In this context, therefore, racism towards ESEA people in the U.K. is a serious national problem.

5. CONCLUSION

This paper represents the first in-depth study of the experiences of racism amongst ESEA people in the U.K. and how racism impacts on health and wellbeing. It also measures the social costs associated with racism experienced by ESEA people.

The data show that ESEA people experience high levels of racism in the U.K. - both during the Coronavirus pandemic as well as before it - with East Asian people in particular experiencing the joint-highest levels of racism. This is in spite of evidence to suggest that ESEA people are generally less likely to judge an incident as being racially-motivated, which could be due to cultural factors. To compound this, I also find that the U.K. public tends to judge racially-motivated crimes as less serious when the victim is of East Asian heritage.

The most frequent types of racism experienced by ESEA people are racist verbal abuse, microaggressions and racial stereotyping. At school, in the workplace and in personal life are the places where ESEA people most frequently experience racism.

Racism experienced by ESEA people impacts on a range of wellbeing and mental health outcomes: experiencing racism is associated with statistically significant reductions in life satisfaction, happiness and mental health and an increased likelihood of being diagnosed with an anxiety disorder by a doctor. And as a whole and based on our sample the negative impacts of racism on wellbeing are worse for ESEA people than for other ethnic minority groups, although further research on this should be done in the future with larger samples.

Racism in the workplace is where the negative impacts on wellbeing are greatest and in our sample East Asian people are more negatively affected by workplace racism than any other ethnic minority group in the U.K. Furthermore, returns to education (a university degree) are lower for East Asian people than other ethnic groups.

These negative impacts of racism on the lives of ESEA people have large social costs. The total social cost of racism experienced by ESEA people in the U.K. is £36.8 billion. Racism against ESEA people in the U.K. has often been overlooked and ignored by society and the Government but this study has shown that racism experienced by ESEA people is widespread, comes in many different forms and settings and is a serious social problem with significant costs to U.K. society.

As this is the first study of its kind to look specifically at the impacts of racism on ESEA people future research should be conducted to verify the results of this study and to look at other ways in which racism impacts the lives of ESEA people including in other countries where there are large ESEA populations such as the U.S., Australia and Canada.

ANNEX: RESULTS TABLES

Table 3(a). Types of racism experienced by ESEA people in the U.K.

Ethnic group	Racist physical abuse	Racist verbal abuse	Micro-aggressions	Racial discrimination	Racial profiling	Racial stereotyping
East Asian	9%	44%	46%	22%	15%	33%
Mixed White and East Asian	15%	46%	46%	31%	15%	33%
Southeast Asian	9%	40%	48%	27%	24%	33%
Mixed White and Southeast Asian	11%	28%	44%	17%	22%	31%

Table 3(b). Place/setting where racism is experienced by ESEA people in the U.K.

Ethnic group	Place of work	School	College or University	Personal life	Social media	Religious Institution	Healthcare setting
East Asian	63%	74%	59%	79%	58%	44%	49%
Mixed White and East Asian	62%	82%	69%	77%	56%	49%	46%
Southeast Asian	60%	63%	57%	79%	58%	37%	47%
Mixed White and Southeast Asian	67%	81%	50%	67%	56%	42%	44%

Table 4. Types of racism experienced by ESEA people in the workplace

Race	Applying for jobs	Applying for promotion	Socialising at work	Allocated to work / projects	Day-to-day work in office	Work meetings
East Asian	13%	12%	18%	14%	18%	9%
Mixed White and East Asian	15%	18%	21%	18%	8%	18%
South East Asian	19%	9%	19%	16%	24%	11%
Mixed White and Southeast Asian	17%	8%	17%	11%	6%	8%

Note: Percentages may not sum to 100% across ethnicities since the types of workplace racism in Table 4 are not an exhaustive list.

Table 5. Average (mean) levels of life satisfaction by different ethnic groups in the U.K.

Ethnic group	Average	Never experienced racism	Experienced racism	Difference between those who have and haven't experienced racism
ESEA				
East Asian	5.63	6.50	5.43	- 1.07
Mixed White and East Asian	5.69	6.71	5.46	- 1.25
Southeast Asian	6.22	8.05	5.73	- 2.32
Mixed White and Southeast Asian	5.61	5.40	5.69	0.29
ESEA average	5.78	6.76	5.53	- 1.23
Other ethnic minority groups				
Arab	5.44	6.44	5.19	- 1.25
Black / African / Caribbean	5.92	6.95	5.76	- 1.19
South Asian	6.22	6.67	6.08	- 0.59
Mixed White and South Asian	5.22	5.83	5.11	- 0.72
Mixed White and Black	5.41	5.07	5.46	0.39
Other ethnic or mixed group	5.98	6.66	5.79	- 0.87
Other ethnic group average	5.99	6.60	5.84	- 0.76

Table 7. Association between experiencing racism and health and wellbeing

	Life satisfaction	Happiness	Anxiety	Physical health	Mental health	Diagnosed anxiety	Diagnosed depression
Coefficient on racism	-0.911***	-0.509*	0.359	-0.056	-0.411***	1.765***	0.761
S.E. (robust)	0.291	0.274	0.378	0.138	0.146	0.645	0.58
P-value	0.002	0.064	0.342	0.689	0.005	0.006	0.19

Notes: *** = Significance at <1% level; ** = Significance at <5% level; * = Significance at <10% level. Statistically significant results in bold. All models control for age, gender, urban versus rural place of residence, employment status, marital status, (log) personal income, educational attainment, parental status, region, ethnicity. Higher anxiety scores represent higher levels of anxiety. Wellbeing variables measured on 0-10 scale. Health variables measured on 1 (Poor) to 5 (Excellent) scale. Results for diagnosed anxiety and depression are from logit models and represent odds ratios. Heteroscedasticity-robust standard errors

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