

About 25 percent of Arabs in Greater Detroit reported abuse post Sept. 11

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One quarter of Detroit-area Arab Americans reported personal or familial abuse because of race, ethnicity or religion since 9/11, leading to higher odds of adverse health effects, according to a new University of Michigan study.

The study was published today in the <u>American Journal of Public Health</u>.

Muslim Arabs also reported higher rates of abuse than Christians, said lead author Aasim I. Padela, M.D., a Robert Wood Johnson Foundation Clinical Scholar in U-M's Department of General Medicine and clinical instructor in the Department of Emergency Medicine.

Padela says those who reported abuse showed a higher probability of having psychological distress, lower levels of <u>happiness</u> and poorer perceptions of health status.

What's disturbing about the findings is that residents in Greater Detroit live in a large, well-established Arab community, where they might be expected to be protected from abuse, Padela says. Most of the respondents also had access to health insurance.

"Negative associations of perceived post-911 abuse or discrimination might be much worse in less concentrated Arab populations within the United States," Padela says.

Approximately 490,000 Arabs reside in Michigan, and more than 80



percent of those live in metro Detroit's Wayne, Oakland and Macomb counties. Arabs are the third largest ethnic population in Michigan, with a history dating back multiple generations. This community is the largest concentration of Arabs outside of the Middle East.

Padela and co-author Michele Heisler, M.D., associate professor of Internal Medicine and of Health Behavior and Health Education in the School of Public Health, used data from a face-to-face survey of Arab Americans administered in 2003.

This is the first representative, population-based investigation of the health and psychological impacts of September 11 on Arabs and Muslims living in the United States, the researchers say.

Racial and ethnic abuse and discrimination can have lasting effects, and many of those afflicted may not be seeking adequate care, Padela says. Some may fear racial or ethnic discrimination from health care providers, he says.

Others may worry about the stigma of admitting to a mental health problem, made worse by a culture that historically has not fully accepted mental illness, Padela says.

"Untreated psychological distress leads you to do something bad, like smoking, drinking, or other unhealthy responses. It becomes a vicious cycle," Padela says. "We may be missing an entire spectrum of people who are most stigmatized."

The study shows the need for partnerships with religious and community organizations to encourage Arab-Americans to get the mental health services they so crucially need, Padela says.

"We know that anti-Arab and anti-Muslim hate crimes are still higher



than they were pre-9/11," Padela says. "Years after, we think this is over. But not only is it not over, it's having negative health consequences and we're not doing anything to address it."

Provided by University of Michigan Health System

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