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Mental health, discrimination, and trauma in Arab Muslim women living in the US: A pilot study

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Abstract
In recognition of the need to identify groups of women who may be at high risk for mental disorders and contribute to the knowledge base about ethnic and cultural minority mental health, this paper provides an overview of findings obtained from a small pilot study of mental health in Muslim women living in the US. Findings indicate that Muslim women face numerous stressors that threaten their mental health including discrimination, acculturative stress, and trauma.

Introduction
In recognition of the need to identify groups of women who may be at imminent high risk for mental disorders and contribute to the knowledge base about ethnic and cultural minority mental health, this paper provides an overview of findings obtained from a pilot study of mental health in Muslim women living in the US. This population may be high risk for experiencing psychological distress due to the stressors associated with migration, acculturation, ethnic and religious forms of discrimination, and negative life events, including violence and other forms of trauma.

Methods
Sample and setting
The total sample recruited included 30 women, 27 of whom were immigrants. Recruitment strategies included word of mouth and informational flyers. The sample included women of Iraqi (n = 9), Lebanese (n = 7), Palestinian (10),

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Syrian (2), Yemeni (n = 1), and African-American (n = 1) descent. With regard to education, one participant had no education, eight had less than a high school education, seven had a high school education or GED, seven had attended community college or vocational school, five had a bachelors degree, and two had graduate degrees. Table I provides additional demographic information.

Religiosity

When queried about their religious practice, 26 women responded positively to the item “I am a practicing Muslim,” four responded positively to the item “I practice some but not all Islamic teachings, and none responded positively to the item “I don’t practice at all.” As such, the sample can be characterized as comprising primarily immigrant Arab women who are active in the practice of their faith.

Measures

A package of eight instruments were administered to obtain demographic information and assess women’s psychological symptoms, experiences of discrimination, and trauma history (Beck & Steer, 1996; Beck, Epstein, Brown, & Steer, 1988; Choong Rai, 1999; Green, 1996; Green, Schmeidler, Wainberg, Binder-Brynes, & Duvdevani, 1998; Green et al., 2000; Noh & Kaspar, 2003; Radloff, 1977). Table II provides a list of measures used in the study.

Procedures

Information about the study was provided via an information sheet. Due to a lack of resources, it was not possible to translate and back-translate instruments. Interviews were administered either in English or were translated during the interview by an Arabic-speaking interviewer. All interviews were conducted by the same trained interviewer. Participation in the study was anonymous, and all interviews were conducted in safe and private locations including women’s homes and health clinics. Participants received remuneration in the amount of $20 to compensate them for their time. All study procedures were approved by the Oregon Health & Sciences’ (OHSU) internal review board.

Analysis

Statistical analysis was limited to computation of frequencies, measures of central tendency, standard deviations, Pearson’s $r$ bivariate correlations, and $t$-tests.

Table I. Demographics.

<table>
<thead>
<tr>
<th></th>
<th>Range</th>
<th>Mean/median</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>27–65 years old</td>
<td>Mean 38, median 40.5</td>
<td>10.42</td>
</tr>
<tr>
<td>Number of children</td>
<td>1–9</td>
<td>Mean and median 4</td>
<td>1.84</td>
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<tr>
<td>Annual household income</td>
<td>$0–100,000+</td>
<td>Median income category $13,000–25,000</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Correlations and their associated \( p\)-values are reported. We chose not to use a Bonferroni type correction, as this work is descriptive, and we did not want to miss any effects due to a lack of power.

**Results**

All of the measures used demonstrated good reliability with Cronbach’s alphas in this study ranging from 0.74 to 0.98. Table II lists correlations and reliabilities, and Table III lists means, medians, and standard deviations for key variables.

**Mental health**

Using a cutoff score of 10 previously employed in a sample of Iranian Muslims (Ahmadi, 2005), approximately 25% of the sample reported clinically significant depressive symptoms as measured by the BDI-II. Using Beck and Steer’s (1996) scoring criteria, however, only 13% of the sample had mild depressive symptoms, and none had moderate or severe symptoms. In contrast, approximately 40% of women in the sample reported clinically significant depressive symptoms using Radloff’s (1977) recommended cutoff score of 16 on the CES-D. Despite the similarity in the potential range of BDI-II and CES-D scores, higher scores were obtained on average on the CES-D than on the BDI-II. Of note, a previous psychometric study of the CES-D conducted in an Arab-American Muslim sample supported the reliability and validity of this measure for use with this population (Amer, 2002). Comparison of mean CES-D scores with those obtained from other populations suggest that participants had significantly higher depressive symptoms than individuals in the general population ages 40–54 (\( t = 2.26, p = 0.034 \)), and 55–69 (\( t = 2.94, p = 0.006 \); Gatz & Hurwicz, 1990).

<table>
<thead>
<tr>
<th></th>
<th>BDI-II</th>
<th>CES-D</th>
<th>BAI</th>
<th>SAFE</th>
<th>GD</th>
<th>DD</th>
<th>911</th>
<th>THQ total</th>
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</thead>
<tbody>
<tr>
<td>BDI-II</td>
<td>0.82</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>CES-D</td>
<td>0.77***</td>
<td>0.93</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>BAI</td>
<td>0.67***</td>
<td>0.83***</td>
<td>0.89</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>SAFE</td>
<td>0.36*</td>
<td>0.20</td>
<td>0.21</td>
<td>0.82</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>GD</td>
<td>0.31</td>
<td>0.06</td>
<td>0.21</td>
<td>0.59***</td>
<td>0.74</td>
<td></td>
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<tr>
<td>DD</td>
<td>0.45*</td>
<td>0.27</td>
<td>0.21</td>
<td>0.66***</td>
<td>0.60***</td>
<td>0.98</td>
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<tr>
<td>911</td>
<td>0.31</td>
<td>0.31</td>
<td>0.21</td>
<td>0.53**</td>
<td>0.37*</td>
<td>0.44*</td>
<td>0.81</td>
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<tr>
<td>THQ total</td>
<td>−0.01</td>
<td>−0.01</td>
<td>−0.04</td>
<td>−0.15</td>
<td>−0.05</td>
<td>−0.02</td>
<td>0.10</td>
<td>N/A</td>
</tr>
</tbody>
</table>

*Notes: Cronbach’s alpha reliabilities are listed on the top diagonal line. Measures: 1. Demographic Form; 2. BDI-II = Beck Depression Inventory II; 3. BAI = Beck Anxiety Inventory; 4. CES-D = Center for Epidemiological Studies Depression Scale; 5. Abbreviated SAFE = Social, Attitudinal, and Environmental Acculturative Stress Scale; 6. GD = General Discrimination; 7. DD = Emotional Distress During Incidents of Discrimination; 8. 911 = Post-911 Discrimination; 9. THQ Total — Trauma History Questionnaire Total Events.

* \( p < 0.05 \); ** \( p < 0.01 \); *** \( p < 0.001 \).
With regard to anxiety, 30% of participants reported *minimal anxiety*; 30% *mild anxiety*; 23% *moderate anxiety*; and approximately 14% *severe anxiety*. Mean BAI scores suggest that participants experienced significantly higher anxiety symptoms than those in the general population ($t = 3.6, p = 0.001$) (Gillis, Haaga, & Ford, 1995) and older adults ($t = 3.7, p = 0.001$; Morin et al., 1999).

**Discrimination**

With regard to post-911 experiences, 63% reported experiencing increased discrimination, 67% reported experiencing more overall stress, and 43% indicated that their mental health or the mental health of one or more of their relatives had been negatively impacted by war and/or hate crimes. With regard to experiences of discrimination generally, 10% of women reported having been discriminated against in terms of being hit or handled roughly, and 10% had been threatened one or more times. Other forms of discrimination were more common: 53% had been insulted or called names, 67% had been treated rudely, 57% had been treated unfairly, and 27% had been refused service in a store or restaurant or subject to delays in service. Thirty-three percent had been discriminated against in terms of having been excluded or ignored one or more times, and 50% reported that someone in their family had been discriminated against one or more times. Seventy-seven percent of women reported experiencing emotional distress sometimes or most of the time during incidents of discrimination.

**Trauma**

Ninety-three percent of the sample reported experiencing some form of trauma in their lifetimes. The number of traumatic incidents reported ranged from one to 74, with a mean of 15 incidents. This is a significantly higher number than the mean number of events that have been reported in previous studies in US populations including female outpatients ($t = 5.23, SD = 3.46; t = 3.2, p < 0.003$), university students ($t = 4.04, SD = 2.63; t = 3.6, p < 0.01$), and breast cancer...
survivors (4.24, SD = 2.55; \( t = 3.5, p < 0.001 \)) (Green, 1996; Green et al., 2000).

The specific types of trauma reported included crime (23%), general disaster (87%), physical and sexual abuse (30%), and other types of trauma (27%). The vast majority of general disaster incidents reported were caused by war and military occupation. Consistent with the high rates of lifetime trauma reported, Trauma History Questionnaire (THQ) scores were extremely positively skewed (e.g., crime 2.40, general disaster 3.04, abuse 4.11, and THQ total = 2.24). The skewness of the scores may explain why expected patterns between trauma and mental health symptoms were not demonstrated.

**Discussion**

This study preliminarily supports the use of the CES-D and BAI in Arab-American Muslim populations. With regard to trauma, expected patterns between trauma and mental health symptoms were not demonstrated. The THQ, a measure that counts the number of lifetime traumatic events, may not be the most appropriate measure to use in Arab-American immigrant Muslim women, many of whom have experienced daily trauma in the contexts of war and political adversity. Furthermore, data obtained from this study preliminarily suggest that Arab-American Muslim women are at increased risk for experiencing depressive and anxiety symptoms and multiple stressors such as acculturative stress, discrimination, and trauma. Future qualitative and quantitative research is needed to build on the preliminary findings presented in this paper including translation and assessment of the psychometric properties of measures, and accessing deeper understandings of the meanings and contexts relevant to mental health in US Muslim populations.

**References**


