Visibility as Muslim, Perceived Discrimination, and Psychological Distress among Muslim students in the UK

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Perceived discrimination, a subjective appraisal of disadvantageous treatment on the grounds of identity, is negatively associated with wellbeing. We explored this association among British Muslim students, sampled online, by questions about perceived and experienced discrimination, visibility as a Muslim, symptoms of depression and anxiety, and positivity. Results from 457 respondents showed greater discrimination was experienced by those with more visible signs of Muslim faith, with a small but statistically significant positive correlation between perceived discrimination and psychological distress. Many participants gave examples of discrimination experienced. Implications for educational institutes, policy makers, clinicians, and the wider Muslim community are discussed.

Keywords

prejudice • visibility • Islamophobia • mental health

Introduction

Discrimination is defined as the "unjust or prejudicial treatment of different categories of people, especially on the grounds of race, age, or sex" (Oxford English Dictionary, n.d.). Current UK jurisdiction distinguishes between direct and indirect discrimination: the former refers to explicit prejudice and the latter to policies or rules that apply to all but adversely affect some people more than others (Sections 13 & 19, Equality Act 2010). Identifying religious discrimination by name is missing from the dictionary definition and underrepresented

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doi: 10.3998/jmmh.135

Conflicts of interest:
The authors have no conflicts of interest to disclose.

in research into perceived discrimination and its possible effects, particularly with Muslims (Nadal et al., 2012).

Discrimination can take many forms, and can rest on erroneous beliefs that are upheld in the face of contrary evidence. Discriminatory attitudes exist in the cognitive domain (stereotypes) and the affective domain (dislike or resentment). They motivate a range of behaviors including antilocution ("hate speech") directed toward outgroups, as seen on social media (Awan & Zempi, 2016; 2017); avoidance or institutional exclusion, such as of refugees (Khalifa, 2018); the denial of equal access to opportunities or resources, such as when 'appearing Muslim' in name or attire negatively affects job prospects (Ghumman & Ryan, 2013; King & Ahmad, 2010; Park, Malachi, Sternin, & Tevet, 2009); physical attacks, from vandalism to homicide to the ethnic cleansing or systematic genocide of a community, such as in the Nazi Holocaust, the 1995 Srebrenica massacre, and the recent anti-Muslim Rohingya genocide (Levine, 2018).

Discrimination can be perpetrated by individuals, institutions (including states, as exemplified by the United States' travel ban on seven Muslim-majority countries during the Trump administration (Khalifa, 2018)), and at a structural level, where policies and laws that claim to operate without regard to race, gender, or religion, etc., nevertheless have adverse effects on particular minority groups (Pincus 1996). A pertinent example is the UK's counter-terrorism program Prevent which focused on Muslims disproportionately, particularly in its early years (Busher, Choudhury, Thomas, & Harris, 2017; Coppock & McGovern, 2014; Dudenhoefer, 2018; Kundnani, 2009; Sian, Law, & Sayyid, 2012a) compared with far-right extremists (Home Office, 2016; 2017; 2018). Between 2016 and 2018, the largest proportion of education sector referrals (61%, 54%, and 38% respectively), including universities, to the Prevent program for concern about vulnerability to radicalization were for 'Islamist' concerns (Home Office, 2016; 2017; 2018).

Subjective experiences of discrimination have been described in terms of microaggressions - subtle discriminatory actions or speech, intentional or otherwise, conveying hostile or pejorative slights (Dovidio, Gaertner, Kawakami, & Hodson, 2002; Sue et al., 2007). Because these are subjective, perpetrators may deny insult, and counteraccusations of oversensitivity or misinterpretation are common. Campbell and Manning (2014) also argue that the term itself promotes a culture of victimhood, while Lilienfeld (2017) challenged the concept as being too widely applicable to have meaning, serving instead to over-represent threat to ethnic minority people and possibly aggravate hostilities (Haidt & Jussim, 2016). Such denial of discriminatory experience and its impact potentially undermines scientific initiatives that aim to investigate it.

Perceived Discrimination and Health

Evidence of the detrimental effects on health of perceived discrimination is accumulating (Britt-Spells, Slebodnik, Sands, & Rollock, 2018; Kauff, Wölfer, & Hewstone, 2017; Ward et al., 2019). Meta-analyses (Pascoe & Smart Richman 2009; Schmitt, Branscombe, Postmes, & Garcia, 2014; Williams & Mohammed, 2009) associate perceived discrimination with poorer physical health, and with poorer mental health: depression, anxiety, low self-esteem, post-traumatic stress disorder (PTSD), and suicidal ideation (Banks, Kohn-Wood, & Spencer, 2006; Khaylis, Waelde, & Bruce, 2007; Paradies, 2006; Verkuyten, 1998; Yoder, Whitbeck, Hoyt, & LaFromboise, 2006).

One factor that seems to moderate the association between discrimination and poor health is acculturation: the process of social and cultural assimilation to the host country (Berry, 1997), although it can act in either direction, with some studies showing adverse effects of

acculturation on individuals (Finch, Kolody, & Vega, 2000), and others beneficial effects (Noh & Kaspar, 2003).

Perceived Discrimination and Muslims

Discrimination on the grounds of religion and its impact on wellbeing have been relatively neglected in research (Nadal et al., 2012). Anti-Muslim hostility has been increasing globally since the 9/11 attacks and the ensuing "War on Terror" (Morgan & Poynting, 2016); the rising rate of assaults against Muslims in the UK make the investigation of 'Islamophobia' (All Party Parliamentary Group on British Muslims, 2018) more urgent. Attack rates rise immediately after a terror attack where the perpetrator was Muslim (Hanes & Machin, 2014; Kaplan, 2006; Poynting & Mason, 2006). For example, anti-Muslim attacks increased five-fold after the Manchester Arena bombing (Halliday, 2017), and a 'revenge' attack was carried out on worshippers outside the Finsbury Park Mosque after the London Bridge attack (Rawlinson, 2018). Amplified by the global nature of media, these hate crimes take place beyond the region of such terrorist attacks (Ivandic, Kirchmaier, & Machin, 2019). For example, anti-Muslim hate crimes tripled in London after the Paris attacks (Gani, 2015); and even after the Christchurch (New Zealand) massacre of Muslims in mosques by a non-Muslim perpetrator, hate crimes against Muslims increased nearly six-fold in Britain (Dodd, 2019).

The consequences of such hostility against Muslims are rarely examined in the psychological literature (Khan, 2014; Samari, Alcalá, & Sharif, 2018). Studies of Muslim cohorts show greater perceived discrimination to be associated with poorer mental health (Samari et al., 2018), consistent with studies on racial discrimination. For example, Kunst, Sam, and Ulleberg (2013) found that high scores on their perceived Islamophobia scale were positively correlated with psychological distress and perceived stress in over 1300 Muslim minority participants from four different cultural groups across three different countries. Kunst and colleagues noted their samples' highest level of Islamophobia was attributed to the media's depiction of Islam; this reflects other research findings since 9/11 (Ahmed & Matthes, 2017; Powell, 2011; Poynting & Perry, 2007; Sian, Law, & Sayyid, 2012b), elucidating media presentations of Muslims as being inherently negative and fostering an "us versus them" distinction by Western people toward Muslims. Qualitative studies further expanded knowledge of what this stigma meant for American Muslims after 9/11. For instance, Nadal and colleagues (2012), and Manejwala and Abu-Ras (2019) found microaggressions were a daily occurrence for American Muslims, with themes including stereotyping as terrorists, pathologizing Islam, and being treated as outsiders in their home country. Another qualitative study, with Muslim families in Southern California, explored the emotions experienced immediately after the attacks, as well as the longer-term impact of 9/11 (Chand, Moghadam, Morton, & Johnson, 2004). Many participants described feelings of shock and devastation directly after the attacks, with 15% expressing fear about possible future implications for American Muslims, and reported long-term negative impacts of 9/11 on their social lives, employment, and school.

Studies with American Muslims and Arab Americans after 9/11 reported higher rates of anxiety and depression severe enough to warrant further assessment than found in the general population (Amer & Hovey, 2012; Hassouneh & Kulwicki, 2007). Discrimination was also associated with lower levels of happiness, poorer health, and greater distress among Arab and Muslim Americans (Padela & Heisler, 2010). Citizens of Arab appearance and identity were held guilty by association in sharing ethnic identity with perpetrators and bore the brunt of hostility (Abu-Ras & Abu-Bader, 2009), with accounts of discrimination at work and physical

attacks, with associated high levels of depression and PTSD. Additionally, Abu-Ras and Suarez (2009) found fears for safety to predict PTSD scores in their sample of New York Muslims; women (often more identifiable as Muslim due to hijab) expressed a fear of public places and a reluctance to leave home, while men cited racial harassment from law enforcers and reported feelings of exhaustion.

Studies on perceived discrimination and distress among younger Muslims are relatively rare. Among the Muslim immigrant population in northern Italy (Giuliani, Tagliabue, & Regalia, 2018), there was a stronger positive association between perceived discrimination and depression in those Italian-born than for the immigrant first generation. In American Muslim college students, a positive correlation emerged between perceived discrimination and symptoms of generalized anxiety and major depression (Lowe, Tineo, & Young, 2019), with over 40% of the sample reporting either generalized anxiety or major depression, and over a quarter reporting both. Degree of identity appeared to mediate the effect of discrimination on distress, in that a stronger Muslim American identity increased the association between perceived discrimination and anxiety (Lowe et al., 2019). Sorouri (2017) investigated the impact of discrimination on young Muslims and non-Muslims in America and found the following: Muslim respondents reported more discrimination than their non-Muslim peers; Muslim experiences of discrimination correlated with poorer perceptions of quality of life, and Muslims with more 'traditional markers of faith' (e.g., Muslim attire or name) reported more discrimination than those without. Visibility was also examined among Muslim women in New Zealand and was found to be associated with higher levels of perceived discrimination (Jasperse, Ward, & Jose 2012), but not with diminished psychological wellbeing; rather, it was suggested that visible markers of faith enhanced wellbeing by providing a source of empowerment in the face of increasing discrimination (Droogsma, 2007). Similar findings have been reported elsewhere: hijab wearers reported lower symptoms of depression, suggesting that Islamic dress served a protective function (Hodge, Husain, & Zidan, 2017); and behavioral affiliation to Islam appeared to moderate associations between perceived discrimination and poor wellbeing (Jasperse et al., 2012), with more symptoms of psychological distress and lower life satisfaction reported by those less engaged in Islamic practices.

There are few studies exploring the link between perceived discrimination and poor mental health among British Muslims. Among those, research on the health of British Muslims following terrorist attacks, and the subsequent rise of anti-Islamic public feelings and attacks, is prominent. For example, Sheridan (2006) reported that British Muslims experienced an increase in implicit and overt discrimination following 9/11, and that this was associated with depressive symptomatology and with Muslim appearance. Another study found that British Muslims experienced worse health outcomes following 9/11 than in the time leading up to it; this deterioration was attributed to religious discrimination, which was also said to have negatively affected perceived social support and employment (Johnston & Lordan, 2012). After the 7/7 bombings in London, one study found that Muslims and non-white Londoners reported disproportionately more stress than did members of other faiths and white Londoners (Rubin, Brewin, Greenberg, Simpson, & Wessely, 2005). Finally, a review by Laird, Amer, Barnett, and Barnes (2007) reported that, despite different health care systems, social and political forces affected the health of Muslim children in the US and UK in similar ways. They noted the health effects of marginalization on Muslims stemming from discrimination after 9/11 and 7/7; lack of understanding among health workers about spirituality in relation to care for patients; lack of specific religious provisions for patients; the potential pathologizing of patients through misunderstanding by professionals; and the paucity of health research on young Muslims.

Current Study

The current study aims to address a gap in the literature by focusing on young Muslims in the UK, examining the frequency and types of discrimination, and investigating possible associations between visibility, discrimination, and psychological distress in the context of the recent rise in Islamophobic attacks and anti-Muslim media narrative in Britain. We examined the experiences of British Muslim university students. The research questions that this study sought to answer were: (1) Do Muslim students in Britain experience perceived discrimination? (2) Is there an association between visibility as a Muslim and perceived discrimination? (3) Is there an association between greater perceived discrimination and psychological distress?

Method

Participants

Anonymous survey links were distributed via email and social media (Facebook and WhatsApp) to personal contacts, and personnel of 84 of the 131 university Muslim student groups which agreed to distribute the survey; data collection took place between the end of November 2017 and the end of December 2017. Criteria for participation were British nationality and to be currently studying at a UK university (undergraduate or postgraduate). No benefits were offered for participation.

Design and Materials

Ethical approval was obtained (UCL Dept of Psychology: 11215/001). The survey was created and administered with the online survey program Qualtrics. Participants were first presented with an information sheet, outlining the study and contact details of the researchers in case of queries, and were reminded of their right to withdraw at any time during or after the study. If they consented to continue, they answered the discrimination questions, followed by three mood scales (see below), and gave personal details including on their visibility as Muslims. On completion, participants were thanked, and directed toward a faith-based mental health charity (Inspirited Minds) and their university's student counseling service, should they wish to access support.

Scales

Perceived discrimination was assessed using a series of questions adapted from Kunst and colleagues (2013), Nadal and colleagues (2012), and Jasperse and colleagues (2012) and referred to below as the Perceived Discrimination Scale (PDS). Five items [Q3,4,6,7,10] on perceptions of discrimination were worded in a negative direction and five in a positive direction [Q1,2,5,8,11], with response options on a 7-point Likert scale from 1 (*strongly disagree*) to 7 (*strongly agree*). Scores from positive items were reversed, so that higher numbers always implied agreement with anti-Muslim statements. A further item [Q9] asked: "Go back to your own country – how often do you hear or see, in real life or social media, such a statement?" with responses scored on a scale from 1 (*never*) to 7 (*always*). Each of these 11 items was followed by a free-text question asking for examples of the response selected for that statement, which participants could ignore if they wished. The final item

[Q12] was adopted from Noh and Kaspar (2003) and Jasperse and colleagues (2012). It provided a list of ten possible experiences scored by the respondent for the frequency with which s/he had experienced that situation or event on a 5-point scale, from 1 (*never*) to 5 (*always*). Scores from the 10 experiences were added to give a total score for Q12; this was then added to the total score for Q1–11, higher scores representing greater experience of discrimination.

The Patient Health Questionnaire-9 (PHQ-9; Kroenke, Spitzer, & Williams, 2001) assessed symptoms of depression. Nine items with responses from 0 (*not at all*) to 3 (*nearly every day*) provided total scores from 0 to 27, where 0–4 is minimal symptoms of depression, 5–9 mild, 10–14 moderate, 15–19 moderately severe, and 20–27 severe (Kroenke & Spitzer, 2002). It is designed for non-clinical populations and has a reported Cronbach's α of 0.89 (Kroenke et al., 2001).

The General Health Questionnaire-12 (GHQ-12) assessed anxiety with 12 items on the severity of symptoms over the four preceding weeks (Kashyap & Singh, 2017), responses being on a four-point scale from 0 (*much less than usual/not at all*) to 3 (*more than usual/much more*); the Likert method of scoring was utilized. Scores of 12 or more indicate anxiety of possible clinical concern. The scale has a Cronbach's α of 0.90 (Hankins, 2008).

Positivity was assessed by the Positive Feelings Facet (PFF), taken from the World Health Organization Quality of Life scale (WHOQOL-100); it contains questions concerning enjoyment of life, contentment, perception of the future, and positive feelings, each scored from 1 (*none at all*) to 5 (*a great deal*). Higher scores indicate more positive feelings and the scale has a Cronbach's α of 0.78 (Conway & MacLeod, 2002; The WHOQOL Group, 1998).

Participants were asked their age, ethnicity, and sex. Visibility of Muslim identity in appearance was also recorded. Males were asked if they had a beard and how often they wore a *thobe* (a traditional long dress-like garment worn by Muslim men). Females were asked if they wore hijab and/or an *abaya* (a traditional long overgarment worn by some Muslim women). The response options for both the thobe and abaya were: never or just to mosque, sometimes, half the time, often, or always. For subsequent analysis, these were made binary (yes and no); and Muslim identity visibility was classified as either high (wears both hijab and abaya, or beard and thobe), medium (wears either hijab or abaya, wears either beard or thobe), and low (wears neither).

Analysis

Associations between the PDS and the PHQ-9, GHQ-12, PFF, and visibility were explored using bivariate correlation. Linear stepwise regressions were used to identify unique and shared variance, with depression, anxiety, and positivity as the three dependent variables (DVs). ANOVA and unpaired *t*-tests were employed to test for gender and visibility, and the PDS, GHQ-12, PHQ-9, and PFF scales.

Results

Sample Description

The sample comprised 457 students between the ages of 18 and 35 years old ($M = 20.5$, $SD = 2.1$, excluding three participants who did not provide their ages). The majority (71%) of the participants were of Asian ethnicity (see Table 1).

Table 1. Participant characteristics and visibility

Characteristic	n (%)
Sex	
Female, Male	240 (52.5), 217 (47.5)
Ethnicity	
Asian	326 (71.3)
Black	55 (12)
Middle Eastern	32 (7)
Mixed	23 (5)
Other	21 (4.7)
If male, do you have a beard?	
Yes, No	149 (68.7), 68 (31.3)
If male, how often do you wear the thobe?	
Never or just to the mosque	128 (59)
Sometimes	64 (29.5)
Half the time	9 (4.1)
Often	15 (6.9)
Always	1 (0.5)
If female, do you wear the hijab/scarf?	
Yes, No	198 (82.5), 42 (17.5)
If female, how often do you wear the abaya?	
Never or just to the mosque	126 (52.5)
Sometimes	38 (15.8)
Half the time	11 (4.6)
Often	18 (7.5)
Always	47 (19.6)

Psychological Distress and Positive Mood

The mean PHQ-9 score for the total sample was 8.5 (*SD* = 7.1), corresponding to a mild level of depressive symptoms. The largest group of participants, 166 (36.3%), scored 0 to 4, equivalent to no or minimal symptoms of depression; 123 (27%) scored 5 to 9, mild; 81 (17.7%) scored 10 to 14, moderate; 43 (9.4%) scored 15 to 19, moderately severe; and 44 (9.6%) scored 20 to 27, equivalent to a severe level of symptoms of depression. Female participants on average (*M* = 9.7, *SD* = 7.2) scored higher than male participants (*M* = 7.2, *SD* = 6.7); Mann-Whitney U = 20319, p = 0.001. The mean GHQ-12 score for the total sample was 15.3 (*SD* = 7.3), on the borderline between mild and moderate anxiety. Women on average (*M* = 16.3, *SD*. = 7.11) scored higher than men (*M* = 14.3, *SD* = 7.4); $t(455) = -3.04$, p = 0.003. The mean score on the PFF scale for the total sample was 15.4 (*SD* = 2.3). Men on average (*M* = 15.7, *SD* = 2.4) scored higher than women (*M* = 15.2, *SD* = 2.2), a small and barely statistically significant difference: $t(455) = 2.08$, p = 0.046.

Perceived Discrimination

Responses to the PDS questions are show in Tables 2–4, reordered by frequency of response. Examples from the 3249 free-text entries are used for illustration in the discussion.

Perceived Discrimination and Psychological Distress

Bivariate Pearson correlations were used to explore relationships between PDS scores, symptoms of anxiety (GHQ-12) and depression (PHQ-9), positivity (PFF), and visibility (see Table 5). As predicted, there were statistically significant positive correlations between PDS and GHQ-12 and PHQ-9 scores, each of which shared about 12% variance with PDS. There was also a negative association between PDS and PFF score, sharing about 0.7% variance. Also as predicted, there was a significant positive correlation between visibility of Muslim identity and PDS, but the extent of variance shared was small, under 4%.

As expected, the PHQ-9 and GHQ-12 were strongly positively related to one another, and negatively related to the PFF. When PHQ-9 was the dependent variable, GHQ-12 was entered into the analysis and accounted for substantial variance ($R^2 = 0.560$). The addition of PDS produced a change in R^2 of 0.009, which although very small was statistically significant ($F(1,454)$ change 9.96, $p = 0.002$). When GHQ-12 was the dependent variable, PHQ accounted for substantial variance as in the first step above, and the R^2 change for PDS of 0.008 was again very small but statistically significant ($F(1,454)$ change 8.77, $p = 0.003$). When PFF was the DV, and GHQ and PHQ entered at the first step, $F(1,455) = 29.86$, $p < 0.001$, but when PDS was added at the second step, there was no change in R^2.

Perceived Discrimination and Visibility of Muslim Identity

The mean score on the PDS for the total sample was 74.2 out of a possible 127. On average, female participants ($M = 76.2$, $SD = 12.4$) scored higher than male participants ($M = 71.9$, $SD = 12.9$): $t(455) = -3.63$, $p = 0.001$. For analysis of ethnicity differences, the 'Other' group consisted of multiple ethnicities that made little sense to combine, so these were excluded. A one-way ANOVA showed no statistically significant differences between ethnic groups in PDS scores ($F(4, 432) = 0.629$).

Bearded men did not report more discrimination ($M = 72.9$, $SD = 12.7$) than those without ($M = 69.7$, $SD = 13.2$), $t(215) = -1.71$, $p = 0.089$. However, thobe-wearing men reported more discrimination ($M = 74.6$, $SD = 13.0$) than those choosing not to wear them ($M = 70.1$, $SD = 12.6$), the difference being statistically different ($t(215) = -2.569$, $p = 0.011$). Women who wore hijab reported significantly more discrimination ($M = 77.5$, $SD = 12.6$) than those without ($M = 70.3$, $SD = 9.5$), $t(238) = -3.49$, $p = 0.001$. However, those who wore abaya did not report more discrimination ($M = 77.2$, $SD = 12.0$) than non-abaya wearers ($M = 75.4$, $SD = 12.7$), $t(238) = -1.118$, $p = 0.265$. Combining men and women, those who had high visibility (i.e., had both a beard and wore the thobe, or who wore both hijab and abaya) reported more perceived discrimination than medium visibility participants (who only wore one) and more perceived discrimination than low visibility (who wore neither; one-way ANOVA $F(2,454) = 10.4$, $p = 0.001$). Post hoc comparison using Tukey's HSD showed statistically significant differences between high and low visibility (PDS means 76.4 and 68.9 respectively), and between medium and low visibility (PDS means 74.5 and 68.9 respectively), but not between high and medium visibility.

Table 2. Responses to PDS, reordered within positive and negative wording by extent of agreement with discrimination; highest level of agreement in bold

PDS positively worded questions	Strongly agree (%)	Somewhat agree (%)	Agree (%)	Neither agree nor disagree (%)	Disagree (%)	Somewhat disagree (%)	Strongly disagree (%)
Muslims are portrayed positively in the media							
	2 (0.4)	0 (0)	3 (0.6)	9 (2)	58 (12.7)	148 (32.4)	**237 (51.9)**
I believe Muslims are not stereotyped as terrorists							
	10 (2.2)	19 (4.2)	27 (5.9)	40 (8.8)	92 (20.1)	118 (25.8)	**151 (33)**
I believe Muslims get more opportunities (in the workplace, education, etc) than non-Muslims							
	2 (0.4)	4 (0.9)	9 (2)	114 (24.9)	78 (17.1)	107 (23.4)	**143 (31.3)**
I believe Muslims are safer now in Britain than before							
	4 (0.9)	18 (3.9)	43 (9.4)	110 (24.1)	93 (20.3)	**115 (25.2)**	74 (16.2)
Most British people accept Islam/ Muslims in the UK							
	17 (3.7)	76 (16.6)	**147 (32.2)**	63 (13.8)	95 (20.8)	45 (9.8)	14 (3.1)
PDS negatively worded questions	**Strongly agree (%)**	**Somewhat agree (%)**	**Agree (%)**	**Neither agree nor disagree (%)**	**Disagree (%)**	**Somewhat disagree (%)**	**Strongly disagree (%)**
I think most people in the UK have a misinterpretation of Islam							
	219 (47.9)	138 (30.2)	75 (16.4)	19 (4.2)	4 (0.9)	2 (0.4)	0 (0)
I feel Muslims have to make more of a conscious effort to appear normal							
	161 (35.2)	127 (27.8)	59 (12.9)	23 (5)	10 (2.2)	35 (7.7)	42 (9.2)
I feel the government's Prevent legislation has impacted negatively on Muslims							
	106 (23.2)	94 (20.4)	70 (15.3)	**171 (37.5)**	5 (1.1)	8 (1.8)	3 (0.7)
I think people are suspicious of Muslims							
	66 (14.4)	**157 (34.3)**	141 (30.9)	53 (11.6)	17 (3.7)	14 (3.1)	9 (2)
I find that most people in the UK view Islam as an attack on British values							
	31 (6.7)	106 (23.2)	**132 (28.9)**	86 (18.8)	57 (12.5)	36 (7.9)	9 (2)

Table 3. Responses to PDS Q9, with highest level of agreement in bold

'Go back to your own country' – how often do you hear or see, in real life or on social media, such a statement?						
Always (%)	**Most of the time (%)**	**More than half the time (%)**	**About half of the time (%)**	**Less than half of the time (%)**	**Sometimes (%)**	**Never (%)**
48 (10.5)	62 (13.6)	54 (11.8)	62 (13.6)	53 (11.6)	**141 (30.8)**	37 (8.1)

Table 4. Responses to possible discriminatory experiences [Q12], with highest level of agreement in bold

Q12: *How often have you been . . .*	**Always (%)**	**Most of the time (%)**	**Half the time (%)**	**Sometimes (%)**	**Never (%)**
Treated with suspicion	30 (6.6)	56 (12.3)	77 (16.8)	**201 (44.0)**	93 (20.3)
Treated as inferior	10 (2.2)	36 (7.9)	43 (9.4)	**212 (46.4)**	156 (34.1)
Treated unfairly	9 (2.0)	28 (6.1)	55 (12.0)	**233 (51.0)**	132 (28.9)
Treated rudely	8 (1.7)	25 (5.5)	56 (12.3)	**246 (53.8)**	122 (26.7)
Treated disrespectfully	7 (1.5)	21 (4.6)	36 (7.9)	**238 (52.1)**	155 (33.9)
Excluded or ignored	6 (1.3)	23 (5.0)	52 (11.4)	**195 (42.7)**	181 (39.6)
Insulted or called names	5 (1.1)	9 (2.0)	41 (9.0)	**224 (49.0)**	178 (38.9)
Threatened	3 (0.7)	11 (2.4)	20 (4.4)	118 (25.8)	**305 (66.7)**
Refused services (e.g. in store)	1 (0.2)	7 (1.5)	16 (3.5)	77 (16.9)	**356 (77.9)**
Hit or handled roughly	0 (0)	3 (0.7)	9 (2.0)	52 (11.3)	**393 (86.0)**

Table 5. Correlations between visibility, PDS, PHQ-9, GHQ-12, and PFF

Scales	**PDS**	**PHQ-9**	**GHQ-12**	**PFF**
Visibility	.197**	-.002	-.001	.030
PDS		.353**	.350**	-.083*
PHQ-9			.749**	-.218**
GHQ-12				-.248**

Note. **p < .001. *p<.05

Discussion

Summary of Findings

The current study contributes to the existing literature on the effects on mental health of perceived discrimination and poor mental health among young British Muslims, a cohort subject to increased hostility yet relatively neglected in research. In a large, predominantly Asian-origin and undergraduate student sample, our results are consistent with past research that found increased perceived discrimination was associated with poorer mental health (Lowe et al., 2019; Pascoe & Smart Richman, 2009; Padela & Heisler, 2010; Samari et al., 2018; Schmitt et al., 2014; Williams & Mohammed, 2009). However, the correlations reported, whether from meta-analysis or single studies, ranged from around 0.20 to 0.35, with shared variance between perceived discrimination and poorer mental health larger than found in our study, though not by a sizeable margin. It is of note that depression and anxiety scores in our sample were on average in the mild (depression) and mild to moderate (anxiety) ranges (Kroenke & Spitzer, 2002).

Our findings corroborate other studies that found higher Muslim visibility to be associated with higher perceived discrimination (Jasperse et al., 2012; Sirin & Katsiaficas, 2011; Sorouri, 2017). Women reported more perceived discrimination than men, associated with wearing hijab, with or without the abaya. For men, wearing a thobe (and the combination of thobe and beard), but not the beard alone, prompted more discrimination reports, perhaps not a surprising finding given the popularity of beards among non-Muslim men. Experience of discrimination described in free-text comments ranged from the most common, offensive portrayal of Muslims in the media, to being treated with suspicion, being called a terrorist, and to physical attacks.

Findings in the Context of Wider Literature

Our first research question "Do Muslim students in Britain experience perceived discrimination?" was answered positively, with high scores on the PDS and many examples given in free-text. Our sample provided various accounts of discrimination, including verbal confrontations: "I've had a man swear at me in public for being dressed like a Muslim" (Female, 19, Bangladeshi); threats: "I was threatened with a knife for being a dirty Muslim who should go back home" (Female, 20, Asian); physical attacks: "I wear the face veil, and a man ripped it off my face and told me to go back to where I came from" (Female, 20, Asian); online abuse: "Muslim women are oppressed, the Quran is disgusting, Islam is a cancer, kill yourself Muslim scum" (Female, 21, Pakistani); and institutional discrimination:

> "Airport security - I get touched everywhere multiple times, I get questioned about what I'm doing, why I'm visiting somewhere, how long I'm going for, etc. I've also been detained and taken to a completely secluded room where I've been tapped down again and again, and had many security checks. People just stare." (Female, 29, Asian)

The examples above show undeniable actual – rather than merely perceived – discrimination. This hostility and physical attacks were often attributed to Muslim identity and appearance (Jasperse et al., 2012; Perry, 2014; Sorouri, 2017). As such, our second research question "Is there an association between visibility as a Muslim and perceived discrimination?" was also answered in the positive, particularly for those of high visibility (beard and thobe, hijab and abaya). As with other studies (Allen & Nielsen, 2002; Sirin & Katsiaficas, 2011), Muslim women reported more discrimination than men, often attributed to their appearance.

Muslim women have been described as "hyper-visible", easily distinguished by their dress, while being rendered by discriminatory attitudes as "other", and invisible as subjects (Al-Saji, 2010); this unique discernibility makes Muslim women very vulnerable to Islamophobic violence (Perry, 2014). Additionally, for both genders, the long loose garment (thobe or abaya) makes individuals more visible and susceptible to discrimination, and this was recognized by respondents:

> "It [discrimination] has prevented me from dressing the way I want to dress - I want to dress more religiously but because this will make me stick out in public and people would judge me, I don't have the confidence to." (Female, 18, Asian)

> "When I leave the university prayer room, I usually wear an Islamic hat and I feel self-conscious that people will look at me differently. When I walked to the mosque in my thobe, a person once called me a terrorist because of my attire and deep down I sometimes feel ashamed, even though I know I shouldn't." (Male, 22, Pakistani)

Our third research question, on the association between the frequency of such experiences and psychological distress, found the expected association, consistent with previous studies (Lowe et al., 2019; Padela & Heisler, 2010; Schmitt et al., 2014; Sorouri, 2017), but smaller than that reported in the literature. The association was also elaborated in free-text responses:

> "I'm always worried when on the tube [the London underground] or public transport. I feel threatened even more when I wear Islamic dress." (Male, 23, Pakistani)

> "You don't often hear of these racial attacks against Muslims because of our media, but they're common and the number of attacks has increased exponentially, and it deeply saddens me." (Female, 29, Bangladeshi)

However, despite the unpleasantness described in free-text responses, perceived discrimination accounted for less than one percent of variance in distress. There are several possible explanations. Firstly, emotional responses to perceived discrimination may have been specific to context rather than generic, while more generic distress is captured by the PHQ-9 and GHQ-12. Secondly, experience of discrimination may not have led to internalization of distress, as sampled by the PHQ-9, but rather to a sense of being misjudged and mistreated. Thirdly, both the GHQ-12 and PHQ-9 measure recent changes in feelings, but the experience of perceived discrimination for many of our respondents was long term. Lastly, we tested for linear relationships between perceived discrimination and poorer mental health, but visibility, here associated with greater discrimination, may have also been associated with stronger religious faith that may have buffered the effects of discrimination on mood. In some previous studies, religiosity has been reported to be solace against negative stressors such as prejudice, and to promote better wellbeing (Ahmed, Kia-Keating, & Tsai, 2011; Fernandez & Loukas, 2014; Hodge, Zidan, & Husain, 2016; Shah, 2019; Vang, Hou, & Elder, 2019). Such benefits propelled the studies' recommendations of including religiosity as a component of health interventions (Abu Raiya & Pargament, 2010; Ano & Vasconcelles, 2005; Hodge & Nadir, 2008; McCullough, 1999). Apart from religious faith, identification with others in the same disadvantaged group (Branscombe, Schmitt, & Harvey, 1999; Jetten, Branscombe, Schmitt, & Spears, 2001) can help maintain wellbeing (Branscombe et al., 1999), with social support moderating the association between discrimination and distress (Ajrouch, Reisine, Lim, Sohn, & Ismail, 2010; Jasinskaja-Lahti, Liebkind, Jaakkola, & Reuter, 2006).

Responses to Discrimination Questions

The Over-Courteous, Self-Censored Muslim

The opportunity for participants to follow up their responses with comments provided further insight into the types, and effects, of discrimination against Muslim students in Britain. Several participants referred to changing their behavior to try to offset possible discrimination; 75.9% agreed with the item "I feel Muslims have to make more of a conscious effort to appear normal", and 262 provided instances of when they had deliberately altered their speech or behavior to appear "normal":

> "I sometimes find myself feeling the need to be overly nice and friendly to compensate for the stereotype." (Male, 20, Eritrean)

> "This whole persona of the "friendly Muslim" we need to upkeep so that we can be somewhat tolerated, whilst doing this, losing your own individualistic personality. Having to be extra polite. Avoiding wearing rucksacks because people really think you want to blow yourself up. Avoid saying the Arabic terms of 'bless you' or 'thank God', so that people don't assume you're about to carry out a terror attack. The list is endless." (Female, 19, African)

Self-policing for fear of hostility or attack may prove wearing. This wariness about adverse judgement applied at university as elsewhere:

> "Just my daily thought process at university. And fear of expressing my true opinions in case they are flagged up by someone, e.g., a lecturer." (Male, 23, Afghan)

> "I feel I need to be careful with my opinions whenever I express them. Matters such as the Iraq war. I feel my teachers would have suspected me even though I held the same opinion as my White counterparts." (Female, 18, Asian)

These views are not unreasonable, given the duty imposed by Prevent on teachers and higher education staff to report students whom they suspect may be at risk of "radicalization" (Department for Education, 2015). Since its introduction into the education system, the Prevent duty has been met with criticism, including for its use of nebulous terms such as "British values", delineation as a safeguarding issue, and its focus on Muslim students, all of which may be doing more harm than good (Dudenhoefer, 2018; Jerome, Elwick, & Kazim, 2019; Taylor & Soni, 2017). These comments also support the findings of Younis and Jadhav (2019) who, in their sample of NHS professionals, found a silencing effect of the Prevent program. Participants reported instances of their criticisms of Prevent being dismissed, while others cited fears of being reported for dissent or being branded a "terrorist sympathizer". The authors state that this fear was made salient by the Prevent program's charged nature: "the morally good position is to accept counter-terrorism policy in health care, and the morally bad position is to reject it" (Younis & Jadhav, 2019, p. 409).

In response to the item "I feel the government's Prevent legislation has impacted negatively on Muslims", 270 participants agreed to a greater or lesser extent with the statement, while 172 were neutral; 149 respondents cited negative examples of Prevent, for themselves or others:

> "There was a Prevent assembly in my secondary school which included a girl suddenly starting to wear the hijab as a sign that should be concerning. This was extremely damaging, especially to the younger years listening who don't have the

> autonomy to question the information being given to them in something like an assembly in school. It was also generally negative in terms of non-Muslims being given this idea that you should be suspicious of Muslims if they basically act like Muslims." (Female, 19, Arab)

> "My secondary school's prayer hall was a peaceful place where the students went to fulfil their religious obligations. No teachers were present as there was no trouble being caused. As soon as the 'Prevent' strategy emerged, my school's prayer hall was now closely monitored by teachers and senior heads of the school. Friday sermons were regularly controlled and regulated by the heads of the school. This ultimately led to a very tense and hostile atmosphere in the prayer hall. Sixth form students were not even allowed to pray in the same hall as the younger years in case any 'grooming' or negative influences may crop up." (Male, 19, African)

The sense of ostracization from society, even within educational settings, raises concerns of a direct negative effect on mental health, since a sense of belonging is a protective factor against mental health problems (Kawachi & Berkman, 2001; Lin, Ye, & Ensel, 1999), and of adverse effects on academic motivation, engagement, and achievement (Freeman, Anderman, & Jensen, 2007; Goodenow, 1993). On occasion, student essays have been reported to Prevent, resulting in police investigation. Prevent is said to be encouraging a McCarthyist culture while also policing critical thinking and free speech (Busby, 2020). Such a policy runs the risk of alienating students if it stifles expression and discussion at university (Taylor, 2018). Consequently, a greater recognition of the costs of such a policy is required given its very uncertain benefits (Faure Walker, 2019a; Kundnani, 2009; O'Donnell, 2016; Thomas, 2016; Younis & Jadhav, 2019); this is an important area for future research.

The Media Portrayal of Muslims

The role of the media in fueling Islamophobia was noted extensively in the comments. In the UK, analysis by the Muslim Council of Britain of over 10,000 news articles and broadcasts (Hanif, Hamid, & Stephens, 2019) found most coverage to be misleading and negative. Under the guise of freedom of speech and freedom of the press, both traditional and social media have targeted Muslims with extensive and persistent negative coverage (Allen, 2014; Kearns, Betus, & Lemieux, 2019) and online hate speech and incitement to violence (Awan & Zempi, 2016; 2017). Ninety-seven percent of our participants disagreed with the statement "I believe Muslims are portrayed positively in the media", and 376 gave counter-examples:

> "The religion is often tied to criminal acts performed by individuals, who are Muslim, even when the criminal act has no connection to religion. For example, [in] the coverage of the [child sexual exploitation] grooming gangs in Rotherham." (Male, 21, Asian)

> "Religion is always mentioned when a Muslim extremist is involved; however if the criminal is non-Muslim, then their religion is omitted and an excuse is given for their violent behavior. This has led to any Muslim offender being labeled a terrorist while non-Muslims offenders are lone wolves with mental health issues." (Male, 20, Bangladeshi)

The shaping of public perception, by mainstream media and public figures alike, was also noted in the comments. Usually devoid of facts and based on media misrepresentation (Allen,

2012; Ahmed & Matthes, 2017; Sian et al., 2012b), these presentations have fostered the stigma surrounding Muslims (Brown, Ali, Stone, & Jewell, 2017; Everett et al., 2015; Khan, 2014; Wilkins-Laflamme, 2018). Nearly half our sample strongly agreed with the statement "I think most people in the UK have a misinterpretation of Islam", and 231 provided examples:

> "The surprise on people's faces when I tell them that 'Islam' literally stems from the Arabic word for peace" (Male, 18, Indian)

> "I shocked someone when I told them that we believe in Jesus. She then was more inquisitive about our faith and realized it was nothing to do with the media portrayal." (Male, 26, Afghan)

The consequences of such media bias and consequent public misperception can be examined in light of social identity threat (see Major & O'Brien, 2005, for a review). Exposure to incessant stigma may lead individuals to seek to reduce their association with the stigmatized group (Ellemers, Spears, & Doosje, 2002; McCoy & Major, 2003), withdrawing from domains in which their group is stigmatized (Davies, Spencer, Quinn, & Gerhardstein, 2002; Steele, Spencer, & Aronson, 2002), and/or seek to avoid environments and people that might provoke threats to identity (Major & Schmader, 1998). Saleem and Ramasubramanian (2019) report that their sample of American Muslim students, when exposed to negative media depictions of Muslims, were more likely to avoid other non-Muslim Americans and less likely to want acceptance from them, illustrating the media's powerful influence in threatening minority identity and inter-relations with majority group members. One qualitative paper (Brown, Brown, & Richards, 2015), in a sample of Muslim international students in the UK, reported participants felt that the British media has altered the public's perception of Muslims, presenting them as a homogenous and backward group who are sympathetic to terrorism. This perception affected the cultural identity and collective self-esteem of Muslims, led to their being treated with suspicion, propelled Muslim students to dispel misconceptions, and at times has resulted in verbal and physical abuse.

Muslims Treated with Suspicion

Students also responded in free-text to questions about being treated with suspicion and being labeled a terrorist (item 4 and 5; 295 respondents and 275 respondents, respectively) with:

> "People always move away from you on public transport. At events where there is security, my bag is checked more thoroughly than others. Airports are the worst; you are singled out for a 'random search'. I've had more random searches than I can remember." (Female, 22, Black British)

> "I have been called a terrorist on social media countless times to the extent where I sometimes feel reluctant to give my opinion on something (on social media) due to the fear of being called a terrorist or other derogatory terms." (Male, 19, Sudanese)

A substantial proportion of the comments for both items detail instances where people have either moved away from the individual on public transport or have called the individual a terrorist. A paper by Lyons-Padilla, Gelfand, Mirahmadi, Farooq, and van Egmond (2015) considered how such marginalization and stigmatization may drive individuals toward alienation and extremism or, at the very least, toward the risk of it. They note that Muslim immigrants who

neither identified with their own heritage culture nor that of the country in which they resided were left feeling insignificant and marginalized; this situation was aggravated further through experiences of discrimination. This led to greater sympathy for extremism, in that it ostensibly offered meaning and purpose. Lacking identification with their host culture, individuals may seek belonging elsewhere, leaving them vulnerable for indoctrination or cooptation. Indeed, research (Ozeren, Hekim, Elmas, & Canbegi, 2018) has shown that this is the exact avenue through which the militant network known as Daesh/ISIS (Islamic State of Iraq and Syria) attempts to recruit members. By offering a sense of identity and community, ISIS recruited potential members through social media which transcended geographical boundaries. Thus, marginalization and ostracism may be risk factors for violent extremism.

Marginalization of Muslim Women

Institutional discrimination was explored in the item, "I believe Muslims get more opportunities (in the workplace, education etc.) than non-Muslims". Nearly three-quarters of respondents (328, 71.8%) disagreed with this statement, 188 of whom provided text counter-examples:

> "A family member at an interview was told if she wanted to work there, she would have to remove the "rag that's on her head" referring to her headscarf. And being she wears it for religious reasons she can't take it off." (Female, 20, British)

> "Someone I know went for an interview in a pharmacy and was declined the job because she wore the abaya (long dress that covers whole length) and the hijab. She was told that customers coming into the pharmacy would like to see someone more approachable and wearing color, and was denied the job." (Female, 20, Bangladeshi)

Job candidates with Muslim names or wearing traditional dress are less likely to be offered employment (Ghumman & Ryan, 2013; King & Ahmad, 2010; Park et al., 2009), and higher rates of unemployment among Muslims in the UK, particularly for Muslim women (Women and Equalities Committee, 2016), may be in part attributable to discriminatory recruitment and Islamophobia. Overwhelmingly, our examples linked discrimination against women to 'visibility' and 'othering' (Al-Saji 2010; Jasperse et al., 2012), and associated with wearing either hijab or *niqab* (face veil; Everett et al., 2015).

The UK Prime Minister Boris Johnson in his previous role as an MP compared niqab-wearing Muslim women to "letter boxes" and "bank robbers" (Cowburn, 2018). The week following, Islamophobic attacks rose 375% (Parveen, 2019).

Feeling Unsafe in the UK

Many of our participants expressed concerns for their safety following terrorist attacks committed by Muslim perpetrators as there often are hate crimes surge associated (Hanes & Machin, 2014), such worries are understandable. The majority of respondents (61.8%) disagreed with the relevant statement, "I believe Muslims are safer now in the UK than before", and 196 gave examples:

> "Given the current political climate, there are times where I do feel unnerved. During Ramadan, there were a few Islamophobic attacks and I felt uncomfortable travelling the short distance to evening prayers alone. My mother also felt nervous over the safety of my sister and wanted her not to wear her scarf for a while." (Male, 22, Somali)

> "When things have happened, like attacks in London, when the London Bridge incident happened for example, after these big things, I feel so cautious to step out of my door. I remember during Ramadan I didn't even go out for a week because of acid attacks happening on Muslim people - I've lived in London my entire life - and to feel scared in my own city, to not want to step out of the house, it's a feeling that is indescribable and it's a feeling I will never forget." (Female, 29, Asian)

The above examples encompass many of the feelings expressed by other participants: Muslim students are aware of the negative media narrative surrounding them, they feel they must be more vigilant with regard to reactions to events unconnected to them, and they are hurt by their marginalization and having to live under the threat of violence.

Limitations

This study has several limitations. Firstly, given that the sample consisted solely of British university students who volunteered to participate, the findings from this study cannot be generalized to the wider Muslim population in the UK. Most of the sample were Asian and therefore not fully representative of the ethnic diversity among British Muslims (Gilliat-Ray, 2010). Secondly, as the study was online, self-reported responses had unknown validity. However, the anonymity of self-reports may have allowed respondents to be more open and honest about sensitive topics than in face-to-face interviews (Dayan, Paine, & Johnson, 2007). Thirdly, some perceived discrimination questions seemed unclear or ambiguous. For instance, "I think the majority of British people accept Islam/Muslims in the UK" could be interpreted as anything from permitting Muslims to enter the country to welcoming them as members of the community. Responses to subsequent questions seemed inconsistent; for instance, one participant, who agreed that Muslims were accepted, added, "I haven't been killed yet". Fourthly, free-text responses were not systematically analyzed but were used for illustration only. The scale of the research, and the mode of data collection, did not appear to offer opportunities to collect data suitable for qualitative analysis. Finally, while standardized questionnaires in the West are often translated into other languages for use in other countries, the issue of whether the meaning of items is similar is far harder to establish and not well-addressed (Marsella & Yamada, 2000; Summerfield, 2008). Scores, including the use of cut-off points, should therefore be interpreted with some caution. A model of psychological distress combining elements of depression and anxiety might have been more suitable, incorporating fewer Western mental health assumptions, but no suitable candidate was found. A single item requesting numerical rating of distress, suitably anchored, would be a possible solution.

Implications

The current study has implications for both the study of perceived discrimination and for understanding psychological distress among young Muslims in the UK. While this study focused on perceived discrimination, the issue appears not to be primarily in the perception but in actual discrimination, as evidenced in the free-text responses. Further research studies could helpfully elaborate on the association of discrimination with adverse effects on mental health, and address possible protective effects of Muslim identification and religiosity. Considering the extent of political and media discourse and government programs such as Prevent, research has neglected this population. Universities and other educational institutions need to be more attentive to issues of discrimination and to have procedures to mitigate them. Mental health problems appear to be increasing, including in student populations

(Auerbach et al., 2016); if this is exacerbated by discrimination, whether perceived or actual, universities should have measures to address this. The function of a university to nurture and develop academic abilities is threatened by the self-censorship of students who feel discriminated against and at risk from policies such as Prevent (Brown & Saeed, 2015; O'Donnell, 2016). The National Union of Teachers passed a motion rejecting the policy, stating that teachers "have no wish to be ancillary members of the security service" (Rights Watch UK, 2016, p12). The National Union of Students sought to tackle this policy through the campaign "Students Not Suspects" (McVeigh, 2015), criticizing the pressure on university staff to be perpetually suspicious, thereby normalizing Islamophobia.

Stemming from this are implications for policymakers. Prevent has failed in its aims in that it unfairly targets Muslim students (Jerome et al., 2019; Qurashi, 2016) and, ironically, may inadvertently foster that which it was designed to avert (Dudenhoefer, 2018; Faure Walker, 2019b). Prevent has created a "suspect community" (Abbas, 2019; Awan, 2012; Kundnani, 2009; Pantazis & Pemberton, 2009); such surveillance can alienate, making targets distrustful of authorities and straining relationships.

There is also a role for the tailoring of talking therapies to the particular situation of Muslim students, recognizing the reality of a hostile environment, and including the incorporation of more spirituality (Hodge & Nadir, 2008; Meer & Mir, 2014). A long-term goal for the field should be to encourage more Muslims to become clinicians and mental health workers to broaden understanding in the field. Of course, clinicians are not necessarily free of discriminatory attitudes. Nadal and colleagues (2012) position this within a Muslim context: if a non-Muslim clinician believes hijab to be oppressive, s/he may fundamentally misunderstand a core facet of a hijab-wearing Muslim patient's identity and ignore spiritual elements that can be helpful in combination with psychological treatment (Smith, Bartz, & Scott Richards, 2007).

Within Muslim communities, seeking help for psychological problems can sometimes be stigmatized (Amri & Bemak, 2013; Ciftci, Jones, & Corrigan, 2013), and there is a need to change perceptions, increase awareness, and broaden understanding about mental health and interventions. There is also a role for imams to foster mental health awareness (Abu-Ras, Gheith, & Cournos, 2008; Ali, Milstein, & Marzuk, 2005; Baig, 2017), since they are often the first point of contact and thus need to be provided with mental health training in order to better assist their community members.

Future Research

The findings of the current study are only a snapshot, and longitudinal studies would be valuable. There is also the possibility of using the present study as a platform to investigate perceived discrimination in other religious groups, to address the lack of religious discrimination research in general (Nadal, Issa, Griffin, Hamit, & Lyons, 2010). Many questions remain for further research, including extrapolation to a wider Muslim population, investigating how those subject to microaggressions and discrimination (but not distressed by them) manage these threats, evaluating the efficacy of mental health and other interventions in reducing the negative impact of discrimination, and further studying the role of religiosity as a buffer against distress (Fernandez & Loukas, 2014; Hodge et al., 2016; Shah, 2019).

Conclusions

A large volunteer, anonymous sample of Muslim students from British universities provided responses to mental health questionnaires and questions about perceived discrimination

that showed a small association between greater perceived discrimination and more distress. Additionally, it shows the extent to which discrimination is associated with Muslim identity and dress. Findings were largely consistent with studies in the UK and the US on the experiences of Muslim adults.

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Appendix A: Follow-up questions to PD questions, shown in table 2.

For items 1–11 if participant selected agree, somewhat agree, or strongly agree:

Item 1: "Can you give an example where Muslims have been portrayed positively in the media?"

Item 2: "Can you give an example when you felt part of British society?"

Item 3: "Can you give an example where Islam has been perceived as a threat to Britain?"

Item 4: "Can you give an example where you were treated with suspicion because of your Muslim identity (e.g. people moving away from you on the tube)?"

Item 6: "Can you give an example of when you, or another Muslim, has been negatively affected by Prevent?"

Item 7: "Can you give an example of a time when you have altered your behaviour or speech to appear 'normal' (e.g. not responding to the Islamic greeting in front of non-Muslims)? "

Item 8: "Can you give an example of when you felt safe as a Muslim living in Britain?"

Item 10: "Can you give an example where someone has shown a misconception of Islam?"

Item 11: "Can you give an example of when your religious identity has helped you get an opportunity?"

For items 1–11 if participant selected disagree, somewhat disagree, or strongly disagree:

Item 1: "Can you give an example where Muslims have been portrayed negatively in the media?"

Item 2: "Can you give an example of a time where you were made to feel like an outsider (e.g. 'An alien in your own land')?"

Item 3: "Can you give an example where Islam has been accepted in Britain?"

Item 4: "Can you give an example when you have been trusted because of your religious identity?"

Item 6: "Can you give an example of when you, or another Muslim, has been positively affected by Prevent?"

Item 7: "Can you give an example where you have been able to express your Muslim identity freely?"

Item 8: "Can you give an example of a time when you, or someone you know, have been made to feel uncomfortable/ fearful because of your religious identity?"

Item 10: "Can you give an example where someone has shown a correct understanding of Islam?"

Item 11: "Can you give an example of when you, or someone else, has been denied an opportunity because of religious identity?"