The Refugee Crisis: The Response of Mental Health Professionals to Syrian Asylum-seekers

by

Daniel James Stabin

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Approved by

Joseph Buckhalt, Chair, Distinguished Professor of Special Education, Rehabilitation, and Counseling
Evelyn Hunter, Co-chair, Assistant Professor of Special Education, Rehabilitation, and Counseling
Margaret Shippen, Professor of Special Education, Rehabilitation, and Counseling
Chippewa Thomas, Professor of Special Education, Rehabilitation, and Counseling
Malti Tuttle, Assistant Professor of Special Education, Rehabilitation, and Counseling

Abstract

The purpose of this study was to examine the reactions to potential refugee admissions based on the ethnic or religious identity of the refugee. Graduate students (n = 242) enrolled in psychology, counseling, social work, and other fields related to mental health were surveyed about their opinion regarding asylum for the described refugee using a series of vignettes and questionnaires. Results were compared against the diversity experiences and orientation while controlling for self-enhancing response patterns. Results indicated that perceptions of the refugee were not significantly different based on their religious or ethnic origins, and the study sample was generally favorable of admitting refugees based on the descriptions provided in the vignettes. Implications for multicultural training are discussed.

Acknowledgments

This dissertation is dedicated to my family, who have supported me from the very beginning, and the friends who helped raise me. You have made me who I am, and you may interpret that however you like.

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List of Abbreviations

AAI	Arab American Institute
AG	Attorney General
AJC	American Jewish Committee
CDC	Centers for Disease Control and Prevention
DHS	Department of Homeland Security
EU	European Union
GPD	Gross Domestic Product
ICE	Immigrations and Customs Enforcement
MENA	Middle East and North Africa
TRAC	Transactional Records Access Clearinghouse
UDO	Universal Diverse Orientation
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Emergency Fund
USCIS	United States Citizen and Immigration Services

I. Introduction

The Syrian Refugee Crisis

Ongoing conflict in the Middle East has led to a surge in migrants arriving on the shores of western nations during the 21st century (Badea, 2017; Zarghami, 2016). Military and terrorist conflicts in the Middle East have escalated since the 2003 invasion of Iraq by American and allied forces. Along with the subsequent emergence of the Islamic State of Iraq and Syria (ISIS), a militant terror group pursuing regional control, the conflicts have led to a sharp increase in the number of Middle Eastern asylum-seekers (Brown, 2014). The Syrian Civil War, however, has singularly created a global crisis by displacing millions of Syrian residents seeking refuge from the conflict. The war in Syria began in 2011 as a series of anti-government protests that quickly escalated into a nation-wide conflict of rebel forces, government troops, outside insurgents, and foreign powers battling for political and territorial control of the country, and it has resulted in hundreds of thousands of combatant and civilian deaths.

Though it is not be possible to offer an exact figure at this time, as the conflict is ongoing, the Syrian Civil War is estimated to have resulted in over 224,000 civilian casualties, including more than 29,000 children (Syrian Network for Human Rights, 2019). The Syrian Observatory for Human Rights (2018) reported that the total death count from the conflict has exceed 511,000 people. Fleeing poses additional dangers. Thousands of displaced migrants from the Middle East have died each year attempting to cross the Mediterranean Sea into Europe (UNHCR, 2017), and without societal protections, they are vulnerable to abuse and sexual violence (Bartolomei et al., 2014).

More than 11 million people have been displaced from Syria since the onset of the war. The majority of refugees have sought safety in nearby regions such as Lebanon, Jordan, Iraq,

Egypt, and Turkey, the latter of which has registered more than 3.6 million Syrian refugees as of March 2018 (UNHCR, 2019). Many of the people who were displaced by the conflict fled to the West for safety. A 2017 report estimated that over 900,000 Syrians have filed for asylum in Europe since the start of the civil war. (Zong & Batalova, 2017). Many refugees have been transported to Turkey as Europe's resources have become strained. North American and other European countries have each admitted thousands of Syrian refugees. In the United States, approximately 18,007 Syrian refugees arrived between 2011 and 2016, of which 72% were women and children under the age of 14 (Zong & Batalova, 2017). In 2016, the U.S. admitted 12,587 from Syria, a dramatic increase from the 1,682 Syrians admitted during the previous year (DHS, 2018). Syria was producing more refugees and displaced citizens than any other nation (UNICEF, 2018).

The data has continued to change as the conflict has progressed. A report by the International Displacement Monitoring Centre reported that there were over 800,000 new displacements during the first half of 2019. The invasion of northern Syria by Turkish forces in October 2019 directly led to the displacement of an additional 200,000 Syrian civilians, who largely sought refuge in other regions of Syria while approximately 15,000 fled to Iraq (IDMC, 2019).

The United States recently tempered its acceptance of refugees from all countries, forgoing its decades-long status as the leading nation in refugee admittance (Pew, 2019). Table 1, using data obtained from the U.S. Department of State's Refugee Processing Center, displays the number of Syrian refugees by age who have been admitted to the United States since the beginning of the war in 2011. In 2018, the ability to examine refugee admissions by age was no

longer available from the State Department's public database. Thus, only the total number of admissions is presented.

Table 1

Demographic Profile of Syrian Refugee Arrivals by Age

Age in Years	2011	2012	2013	2014	2015	2016	2017	2018	2019	Total
Under 14	6	9	15	100	979	7,428	1,313			
Age 14 to 20	3	5	9	25	282	1,890	361			
Age 21 to 30	7	7	7	38	28	1,731	394			
Age 31 to 40	3	14	7	47	348	2,499	480			
Age 41 to 50	3	4	6	17	182	1,305	264			
Age 51 to 64	1	1	1	6	83	504	169			
Age 65+	0	1	0	7	30	122	43			
Total	23	41	45	249	2,192	15,479	3,024	30	501	20,893

Individuals traveling from areas decimated by war, threatened by terrorism, and rife with religious or political conflicts are likely to arrive to their host countries suffering from trauma, injury, or grief. Once they find safety, they will then face another series of obstacles in their new environment. They may not speak the language of their hosts. They may find it difficult to adapt to the dominant culture of the existing society. Additionally, they may not want to conform, as they were suddenly displaced rather than willing immigrants. However, if they want to hold onto their own cultural norms in lieu of adapting to new ones, then they can expect to function in their new lives with less social support than others who are willing to assimilate (Alcott & Wyatt, 2017). They may face hostility, directly or covertly, from host citizens who do not want to admit large blocks of refugees. Refugees often face economic challenges as well. Many have abruptly

left their old jobs to escape the country with no immediate plans for income. Their status as refugees, their cultural differences from their hosts, and language barriers make them less competitive for employment in their new country.

For refugees in the United States, joblessness has implications for resettled refugees' ability to receive medical and mental health treatment. Regardless of skill, many refugees arrive without immediate prospects for employment, and employment does not guarantee the provision of health insurance. If health coverage cannot be obtained through an employer or public assistance, it must be purchased through private companies. According to a report by the National Center of Health Statistics and the CDC, over 9% of all U.S. citizens have no type of health care insurance, with Latinx, African-American, and low-income households being the most prominent uninsured populations (Martinez et al., 2018). The U.S. health care system is very complex compared to other countries, and it is expensive. The United States spends approximately 17% of its total GDP on health care compared to France, the next highest spender, which spends approximately 11.6% of its GDP on health care, resulting in high costs to health care recipients in the U.S. who also lack publicly funded options (The Common Wealth Fund, 2015). Resettled refugees must learn to navigate the U.S. insurance market, comparing companies and plans while balancing costs and benefits using convoluted policy manuals provided by insurance companies, which can leave migrants disadvantaged and vulnerable to financial exploitation. In Europe, health care is much easier to access, but the existing health care resources in some nations have been overwhelmed by the number of people requiring services (Langlois, 2016).

Refugee children face their own challenges. They must leave behind their schools, teachers, and peers, creating an indefinite interruption in their educational experience at crucial

points of their development, disadvantaging them against their peers. This interruption is compounded by the trauma, cultural and language barriers, social isolation, and other aspects of their displacement that will subvert their education. Children make up approximately half of all Syrian refugees (UNICEF, 2017) and are in danger if they stay in Syria. The Syrian War has resulted in the deaths of thousands of children since 2011. UNICEF estimated that 900 children were killed in 2017, which represents a 50% increase from the previous year and the highest number currently reported. UNICEF also reported that approximately 900 children were used as soldiers, roughly 25% of which were reportedly younger than 15 years old. It is predicted that this number will increase, as UNICEF reported that an estimated 1,000 children were killed during the first few months of 2018 due to a sudden resurgence of conflict. UNICEF reported that 2018 was the "deadliest single year for children since the start of the war in Syria." In 2019, an offensive endeavor against the Syrian city of Idlib left another approximate 800 children dead (Tisdall, 2019). It was reported that more children were killed between April and July of 2019 than in the entirety of 2018 (Save the Children, 2019).

As minors in Syria have fled a dangerous war, many of them have become separated from their families and caregivers because of violence, abandonment, or unexpectedly losing contact with each other during the migration process. Unaccompanied children are a prevalent group within all refugee populations. According to the United Nations High Commissioner (2007), unaccompanied children made up 44% of the refugee population under the jurisdiction of the UNHCR during the previous year. Previous investigations found that 10% of all refugees were under 10 years old (Huemer et al., 2009). Between 2005 and 2007 as many as 9,000 unaccompanied child refugees arrived in the United States while almost 14,000 unaccompanied children arrived to Europe in 2006 (Byrn, 2008; Huemer et al., 2009; Save the Children, 2009).

Belgium, for example, has reported that approximately 10% of refugees between 11 and 12 years old were living in the country unaccompanied (Derluyn, 2008; Huemer et al, 2009). UNICEF reported in 2018 that approximately 10,000 children have arrived to their host countries without a caretaker. The reported number of unaccompanied minors varies between countries. In Italy, for example, the rate of unaccompanied minors may be as high as 90% of refugee children (UNICEF, 2017). All refugee children are at a higher risk for behavior problems, depression, anxiety, and posttraumatic stress disorder (Derluyn, 2009; Kouider et al., 2014; Stevens, 2015).

Significance to the Field of Psychology

Psychologists are often directly involved in the asylum process. Mental health evaluations are one of several factors a judge may consider when making ruling regarding a person's asylum status. A psychologist's report can be used to supplement, support, or dispute information collected during other interviews and stages in the process. They may be asked to gather detailed information, assessing applicants for symptoms of trauma or other mental health problems that may be indicative of persecution and support the claims of incoming refugee. They may also be asked to examine the applicant's testimony to determine the validity of their claims, noting inconsistencies in the applicant's self-report that may suggest untruthfulness or malingering. Psychologist who participate in asylum process face a myriad of challenges due to language barriers, cultural differences, cultural competency, and inexperience with the population. When performing diagnostic assessment, information often needs to be relayed through an interpreter (Bhui, 2015), which can limit the ability of the practitioner to communicate directly with the individual and observe verbal cues that may indicate symptomology or narrative consistency. Common assessment tools are difficult to administer in a valid way if they have not been normed using a specific population and must be modified or

cautiously interpreted if they are used at all. Additionally, mental health practitioners working with traumatized refugee clients are likely to suffer from vicarious traumatization and burnout (APA, 2013; Pross, 2006; Wilson & Drozdek, 2004). A practitioner must be able to work with individuals in a state of severe distress, listen to stories of violence and trauma, manage a high-need, under-resourced population, and make high-stakes clinical judgments, which are sometimes subjective by necessity. It is important that resources be devoted to caring for the caretakers (Hussam, 2016). Due the large number of immigrants and refugees, as well as deficits in funding, clinicians are underrepresented in this process, and many work as volunteers during their free time to assist refugees with their cases (Carll, 2017; Watson, 2016).

Psychologists also face challenges as treatment providers and researchers. To navigate these challenges successfully, psychologists must possess sufficient cultural competency regarding, in this case, Middle Eastern and refugee populations. Personal prejudice may be another factor that complicates the relationship between clinician and client. Reviews of existing research have shown that mental health professionals are susceptible to implicit bias against their clients based on a patient's race, ethnicity, gender, and other factors, and it has been shown that implicit bias can negatively impact their decisions regarding diagnosis and treatment (Fitzgerald & Hurst, 2017). Psychologists must be able to recognize their stereotyped beliefs and make efforts to overcome them in the interests of objective assessment.

Purpose

The purpose of this study was to assess for bias among future mental health professionals towards Middle Eastern and Muslim refugees. No studies have yet examined the existence of bias among mental health professionals towards this specific population. Given the socially and politically controversial nature of immigration topics, it is important to assess the readiness of

the mental health field to address the crisis and the significant mental health needs of individuals fleeing war zones and terrorism. Clinicians must be aware of these challenges and prepared to acknowledge their own need for additional training so that they can provide ethical, culturally competent, and empirically based services regarding the growing refugee population. They must possess adequate skills and knowledge required to work with people who have been suddenly displaced into Western society. Reviews of current research documents implicit bias exhibited by psychologists, despite outward adherence to topics of diversity (Fitzgerald & Hurst, 2017; Hall, 2015).

The goal of this study was to examine the reactions of clinicians to refugees of different ethnic or religious origins to detect any bias that may affect a clinician's ability to provide services to asylum-seekers. Identifying problematic areas can facilitate a more comprehensive development of cultural competency for existing professionals and students who will have to collectively address the refugee crisis as a field of study and practice. This information can be used to identify deficits in multicultural training and make recommendations for more comprehensive cultural training and future research.

Operational Definitions

Arab Muslim. The term “Arab” represents people from primarily Arabic-speaking countries in the Middle East and North Africa (MENA), while Muslims represent a broad adherence to Islam. Islam itself is divided into numerous sects and denominations around the world with Sunni and Shia being the most prominent. Although Islam has Arabic origins, 40% of the world's Muslim population is concentrated in Southeast Asia, predominantly within Indonesia, India, Pakistan, and Bangladesh (Pew Research Center, 2015). Regardless, most Americans associate Islam primarily with the Middle East, which hosts a multitude of

nationalities, cultures, and religious beliefs. Nevertheless, perceptions of Arabs and Muslims from the Middle East are often uniform (Brown, 2014). For the sake of simplicity, if there is no immediate need to differentiate the two groups, this paper will refer to members of the Muslim faith and people of Arab descent as "Arab Muslims." This designation is not intended to imply that either Muslim or Arab groups are inherently entwined, homogenous, or interchangeable. For example, Iran has a majority Muslim population, though Iranians of Arab descent make up a small portion of the population. Nevertheless, Iran is often mislabeled as an Arab nation, and its people are frequently the targets of anti-Muslim and anti-Middle Eastern sentiment. Thus, the designation is instead intended to acknowledge the similar experiences of the two groups within the United States and Europe, where they encounter similar challenges regarding stereotypes, assumptions, and disparaging political and cultural rhetoric based on their ethnic and religious backgrounds (Brown, 2014).

Asylum. Asylum is a form of international protection given by a state to foreign nationals already on its territory who meet the definition of a refugee (USCIS, 2015). It is granted to people who is unable to seek protection in their country of citizenship or residence for fear of being persecuted by the government for reasons of race, religion, nationality, membership of a particular social group, or political opinion. It has also been extended to immigrants who fear for their lives for other reasons, such as victims of domestic violence or people who targeted by organized crime.

Refugee. As defined by the Universal Declaration of Human Rights in 1948 and the United Nations Geneva Convention of 1951, a refugee is any person who, “owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership or a particular social group or political opinion, is outside the country of his nationality and is unable

or, owing to such fear, is unwilling to avail himself of the protection of that; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable, or, owing to such fear, is unwilling to return to it" (Dustmann, et al., 2017). It is important to note that, within the context of United States, refugees are defined by the U.S. Citizen and Immigration Services (USCIS) and the U.S. Department of Homeland Security (DHS) as individuals who are fleeing their home country for fear of persecution at the hands of government entities based on their race, religion, nationality, or membership to political or social organizations. This limits the definition to apply only to individuals fleeing persecution by their government, excluding threats from non-governmental persons or organizations like gangs or domestic abusers (A.G., 2018). However, the original definition put forth by the Geneva Convention remains widely accepted by the international community and will be used to define refugees for the purpose of this study. Immigration and asylum regulations have continued to tighten in the U.S., decreasing admittance and under the recent Asylum Cooperative Agreements, allowing U.S. officials to deliver asylum-seeker to certain Central and South American countries, a practice that has been criticized as being out of step with international law (McHenry, 2019; UNICEF, 2019)

Unaccompanied children. Unaccompanied child refugees are defined as any refugee under the age of 18 who is traveling without a parent, older relative, or any other type of caretaking adult, leaving their home country or arriving to a host nation without supervision or guidance from a person expected to prioritize their safety and well-being throughout the migration and asylum process (Huemer et al., 2009).

Universal diverse orientation. UDO refers to "an attitude of awareness and acceptance of both the similarities and differences among people," particularly among people of different

cultures or ethnicities (Miville, et al., 1999). UDO reflects an interest, comfort, and involvement with diverse groups of people and diverse cultural activities.

Research Questions

Q1: Are there differences in the way people perceive refugees based on the refugee's nationality?

Q2: Are there differences in the way people perceive refugees based on the refugee's religious orientation?

Q3: Is there a relationship between frequency of contact with Muslim individuals and perceptions of Muslim refugees?

Q4: Is there a relationship between universal diverse orientation and perceptions of refugees?

Hypotheses

1. Negative stereotypes of Muslims permeate much of Western culture (Lucassen & Lubbers, 2012; Renner et al., 2018; Thomsen et al., 2008). Therefore, I predicted that refugees identified as Muslim will elicit more negative responses than refugees identified as Christian.
2. Negative stereotypes of people of Middle Eastern ethnic origin permeate much of Western culture (Nicolai et al., 2015; Savage, 2015; Sheridan, 2006; Sheridan & Gillett, 2005). Therefore, I predicted that refugees originating from Syria will elicit more negative responses than refugees from India.
3. Contact theory has shown that exposure to different cultures effectively reduces fear and negative stereotypes of those groups (Brown, 2017; Pettigrew & Tropp, 2008). Therefore, I predicted that higher frequencies of contact with Muslims will be associated with more positive responses towards Muslim refugees.

4. Universal diverse orientation reflects an interest, comfort, and involvement with diverse groups of people and diverse cultural activities (Miville, et al., 1999). Therefore, I predicted that higher UDO scores will be associated with more positive responses towards refugees when controlling for social desirability.

Statement of Positionality

The author of this paper is a doctoral candidate in Counseling Psychology who identifies as a White, heterosexual, cisgender male who grew up in the southeastern United States within a Christian belief system but does not currently participate in religious organizations or activities. The author is married to an American-born woman of partial Arab descent. Though she does not identify as Muslim, our extended family includes numerous individuals who identify as Muslims and Arab Americans. This author does not represent a voice within that population, however, and it is therefore reasonable to assume that due to the lack of cultural identification with the refugee population on whom this paper is based, and despite intentions to create a thorough examination of the problem at hand, certain nuances of the needs and experiences of the immigrants and refugees may have been overlooked in the preparation of this study. Future research into this subject will benefit from the additional insights and perspectives that can be provided by a more diverse body of researchers.

II. Literature Review

Overview of the Asylum Process

All refugees, once they arrive at the border, are subject to the asylum processes and regulations of the host country. International laws governing refugee management began after the refugee crisis created by World War II and the Holocaust. In response to those events, the Universal Declaration of Human Rights in 1948 and the U.N. Geneva Convention in 1951 were organized to create internationally supported protections for refugees to prevent them from being arrested or returned to a persecutory country against their will. In the United States, the U.S. Citizen and Immigration Services (USCIS) oversees the asylum process and defines the requirements. To request asylum, a person must be physically present in the United States. People may claim asylum regardless of how they crossed the country's border. Asylum must be requested within one year of arriving to the U.S., though it can also be requested in response to an immediate threat of deportation. Upon arrival, the burden is placed upon asylum applicants to demonstrate their eligibility for long-term residency. Individuals must prove that they are indeed fleeing dangerous situations and are unable to return to their home country without facing violence, persecution, or similar endangering threats by government entities. This often proves challenging, given the chaotic and challenging nature of their migration, for which they may be ill-prepared.

Previously, people were eligible to file for asylum if they feared danger of "private violence" by non-governmental entities, though this qualification was rescinded in an April 2018 order by the U.S. Attorney General in an attempt to stem the influx of Latin American refugees at the southern border of the U.S. Immigration visas exist for individuals fleeing non-governmental threats, though they are no longer eligible for the protections granted to refugees and must pursue permanent residency through other routes. The order created additional

complications for refugees when it gave the U.S. Immigrations and Customs Enforcement (I.C.E.) broader authority to arrest individuals determined to represent a potential threat to national security, leading to an increase of arrests of people seeking asylum (A.G. 2018; I.C.E., 2018). Although a person may still claim asylum upon crossing the border, their entry into the U.S. has been designated an illegal act, giving the I.C.E. the ability to apply to asylum-seekers the same policies that are directed towards criminal offenders, including arrest, indefinite detention, and the colloquially titled "family separation policy" (A.G., 2018). Following the implementation of this policy, more than 2,000 immigrant and refugee children were separated from their families within one month of 2018, whereas there were 155 families separate in all of 2017 (American Immigration Council, 2017; Long, 2018). Becoming separated from family members can lead to feelings of helplessness, distress, as well as symptoms of depressive, anxiety, and posttraumatic stress disorders (Miller et al., 2017). The zero-tolerance family separation policy was discontinued in June 2018 by executive order due to public backlash.

According to the Transactional Records Access Clearinghouse (TRAC), asylum has typically been granted at rates of around 50% of cases in recent years. However, a person's likelihood of being granted asylum depends on many factors, from the circumstance of one's case to the judge or organization that makes the ruling (TRAC, 2017). Many asylum-seekers appear before immigration courts for determinations, and whether a person has legal representation makes a notable difference. For Syrian refugees, of those who had legal representation, only 13.3% were denied asylum from 2012-2017, compared to those who appeared without legal representation and were denied asylum at a rate of 72.2% during the same period (TRAC, 2017).

Syrian Refugees in Europe

Outside of the Middle East, European nations have seen the largest number of Syrian refugees due to their proximity to the conflict. The number of asylum applications in the E.U. has risen dramatically since the beginning of the war, increasing from approximately 200,000 applications in 2010 to a peak of 1.3 million in both 2015 and 2016, dropping to 650,000 in 2017 (Dustmann, et al., 2017; Eurostate, 2018). In addition to greater international coordination, European countries offer publicly provided health care, childcare, and refugee relocation programs that are better resourced than those in the United States and Middle Eastern nations, making Europe an attractive option for displaced individuals and families. However, the large number of arrivals has strained the resources of European countries, as the agencies responsible for managing refugee transitions have been spread thin and overwhelmed by the amount of people arriving to Europe (Morgan, 2015; Nicolai et al., 2015). Many refugees have therefore been relocated from Europe to Turkey due to recently closed borders, overcrowded refugee settlements, and difficulties applying for residency in underprepared nations with varying immigration policies. Documented consequences of the surge in asylum applicants have included negative effects on the housing market (Lastrapes & Lebesmuehlbacher, 2017), difficulties integrating low-skilled workers due to language barriers, under-resourced support programs, and meeting the need for welfare and social support systems in the face of low-wage jobs (Hansen & Randeria, 2016). There are demonstrated positive effects to the host nation's economy through increased tax revenue and the arrival of diverse, skilled workers able to contribute valuable services and research, though the negative consequences are often emphasized by political figures and media reports, leading to widespread public perceptions that refugees are taking away jobs and benefits from host citizens and doing broad damage to the economy despite data

to the contrary (Hansen & Randeria, 2016). Proponents of stricter immigration laws in the United States often cite problems in Europe to justify their proposals to limit immigration rates.

European citizens are divided in their response. Many have felt threatened by the sudden influx of people from different cultures, a sentiment often derived from negative stereotypes and beliefs that certain cultures are fundamentally incompatible with others. The wide-reaching negative reactions to Islamic refugees have emerged despite a wide range of cultures represented within the continent. The wave of imperial expansion and colonialism towards the end of the 18th century resulted in a diverse population occupying present day Europe. The British Empire, for instance, had asserted control over parts of India, New Zealand, Australia, North America, Africa, Asia, Latin America, the Middle East, and the Pacific. Though many ultimately fought against British rule, the cultural ties to the United Kingdom have endured. The proximity to nations in Asia and Africa and the ease of travel between E.U. nations have facilitated the cultural diversity that they now represent.

Nevertheless, Islamophobic beliefs have become increasingly frequent and more strongly held as western nations have become confronted by the aftermath of Middle Eastern conflicts with many people resentful of the weight of the consequences (Morgan, 2016). Except for Canada, where attitudes towards refugees remain overall positive, democratic countries worldwide have shown that most voters prefer restrictive immigration policies (Hansen & Randeria, 2016; Neuman, 2018). In 2016, British citizens voted to withdraw from the European Union, a referendum popularly known as “Brexit.” Supporters of Brexit cited negative economic and cultural consequences that might result from accepting too many immigrants as key factors in their argument to leave the E.U., despite the reported costs that will likely result from that action. Supports of the referendum wanted the right to close their borders in the wake of Arab

and Islamic migrants, independent of the decisions and perceived leniency of the E.U.'s regulations.

Refugees and Arab Muslims in the United States

Similar beliefs permeate the United States. The U.S. has admitted approximately 20,000 Syrian refugees since 2011 and admits approximately 70,000 refugees each year from a variety of nations. As the Syrian influx grew, peaking in 2016 with over 12,000 Syrians admitted to the country, arguments that Arab and Muslim migrants threaten the existing social order have become more pronounced over time as concerns over providing for these refugees have translated into broader fear and distrust of Muslims and Middle Easterners. Middle Eastern refugees have become a prominent target of negative beliefs by European citizens as politicians and interest groups have continued to promote those perceptions in their efforts to restrict their borders. The proliferation of negative Arab and Muslim stereotypes in the entertainment and news media has significantly contributed to these negative perceptions (Saleem, 2017; Tukachinsky et al., 2015), and the race and ethnicity of an immigrant has been shown to impact the perceptions of the immigrant by host citizens (Alcott & Wyatt, 2007; Berry et al., 1989). Typical media coverage of the Middle East is distinctly negative, focusing on portrayals of violence, military conflict, and terrorist attacks (Ahmed & Matthes, 2016). Western media often portrays Arabs and Muslims as being prone to aggression, violence, and religious extremism, associating them with terroristic activities while neglecting to offer positive portrayals of Muslims and Arab culture or any coverage unrelated to violence (Ahmed & Matthes, 2017). This pattern persists in academic research as well. A review of published studies found that research into Muslim identity tends to focus on terrorism, war, and migration, and those studies tended to frame Muslims in a negative light (Ahmed & Matthes, 2017). Increased exposure to such

portrayals leads to increased support for military action against predominantly Muslim countries as well as increased support for domestic policies that directly harm or restrict the rights of Muslim-Americans (Tukachinsky et al., 2015).

The number of Muslims and people of Arab descent currently living in the United States is a subject of controversy. Historically, Arab-Americans were typically classified as White by government agencies, though some identified their ethnicity as Asian. For a long time, this was a desirable classification for Arabs and other Asian immigrants due to the rampant, government-sanctioned discrimination against non-Whites in the United States. The first significant wave of Arab immigration in the United States began in the 1880's with a large influx continuing through the early 20th century (Suleiman, 1999). At the time, Jim Crow laws were in effect to restrict the abilities of Black citizens to vote, own property, find paying jobs, and be generally accepted in U.S. culture following the American Civil War. Arab immigrants feared similar treatment and sought to be identified as White. Data on the history of the Arab population in the United States over time is therefore difficult to accurately ascertain.

More recently, Arab-Americans have lobbied for representation on the U.S. Census survey to distinguish themselves from other populations. The lack of specificity regarding Arab groups creates obstacles to advocacy. A commonly reported frustration among Arab-Americans is underrepresentation. On the Census, many people feel that none of the presented categories properly describes their ethnicity. It becomes difficult for some to choose which box to check because they do not feel a belongingness to either group. Approximately two thirds of people from people from the Middle East and North Africa identified themselves as something other than White during a 2010 census study (Arab American Institute, 2017). Thus, a category for Middle Eastern or North African (MENA) was suggested. Identifying as White on a census has

no clear benefits at this point but doing so does create problems for the Arab population. People of Arab descent, although there are many subcultures, represent a distinct ethnic group. However, they are not categorically differentiated in official government research on demographics due to the lack of official recognition. The Arab American Institute (AAI) has consistently pushed to change the census to better represent Arab-Americans. Members of the AAI argue that, in addition to denying Arab Americans the opportunity to properly report the way they identify themselves, the lack of categorization "has served as a barrier to representation, education, health, and employment for the community," arguing that Arab-Americans have not been afforded the same level of research, outreach, and attention from which other groups have benefitted (Mahdawi, 2017). Researchers are limited in their ability to effectively conduct studies on the Arab population due to the lack of available data and have had to improvise methodology to obtain representative samples, leading to wildly different assessments of the population. Of course, typical studies in medicine, education, and mental health are not nearly as far-reaching as the U.S. census, so errors in sampling are almost guaranteed. Medical research into regional illnesses, culturally competent mental health practices, political and social consideration, foreign language needs, as well as education and occupational challenges are therefore limited regarding Arab individuals.

The dearth of empirical research leaves a void in the available knowledge and overall understanding of the population. That void allows for the intrusion of negative stereotypes, cultural myths, and conscious and unconscious fear. The widespread use of social media that has developed over the past decade has helped facilitate the proliferation of cultural myths, negative stereotypes, and misleading information. Combating misperceptions and falsehoods without reliable data to create professional consensus can prove difficult as debates often become

anecdotal and emotionally driven. The AAI states that the deficit in research also creates opportunities for special interest groups to produce research that serves a specific agenda, which might work against the interests of their people. Even if the research is methodologically flawed and criticized by academics, it would remain largely uncontradicted by other prominent studies and would thus be cited as a default source if properly promoted. This is illustrated in a 2001 study by the American Jewish Committee (AJC), which was conducted in response to the September 11th terrorist attacks. The AJC concluded that the U.S. Muslim population was no higher than 2.8 million people. It made sharp criticism of prior studies, stating that other researchers had used flawed methodology to arrive at their numbers, which were often higher by several million. The executive director of the AJC stated that the American-Muslim lobby has attempted to falsely inflate population statistics to make Muslims seem more prominent than Jewish citizens. This process, according to him, would redefine the country as a Judeo-Christian-Muslim state and irreparably damage U.S.-Israeli relations (AJC, 2001). The Council on American-Islamic Relations took issue with the AJC's report, asserting that lobbyist groups associated with AJC were intentionally misrepresenting the presence of Muslims in the country to diminish their political influence in America.

Despite this push, the Census Bureau announced in 2018 that a MENA category will not be included on the 2020 census. Instead, to collect data on specific populations, Census respondents of MENA descent were asked to mark the box next to "White" and also write out their origins. The 2020 U.S. Census website states that the category "White" includes ethnic groups originating in Europe, the Middle East, or North Africa. The Census form lists "German, Irish, English, Italian, etc." as suggestions for the White category. More information on the MENA population can help resolve discrepancies between studies that have attempted to

estimate the number of people living in the United States who identify as Muslim. The Pew Research Center (2016), for instance, estimated that 3.3 million Muslims reside in the U.S., an increase from 2.8 million established by the AJC's 2001 study. This figure has been commonly cited by researchers and Muslim communities and used as a reference point for population change over time. Academic endeavors have indicated that as many as ten million Muslim might be living in the U.S., though it may be closer to 7 million, including 1.5 million Muslims of Arab or Middle Eastern descent (Alisic & Letschert, 2016; Bagby, 2011). In contrast, a 2018 study by the Pew Research Center found that there were approximately 3.45 million Muslims in the U.S. as of 2017 and that the population increased at a rate of 100,000 new Muslims per year over the previous decade (Mohammed, 2018). The wide variation in data may be due to several factors: 1) The U.S. census does not collect data on religion, so independent researchers must contrive their own techniques; 2) The concentration of Muslim populations varies widely from state-to-state, county-to-county and are therefore difficult to accurately sample by independent researchers; 3) People may choose not to report their religion to others, particularly if they feel it might lead to bias or discrimination from others; 4) Research methodology is often inconsistent between studies; 5) Population studies of minority groups might be used for political purposes and must therefore be heavily scrutinized.

The politization of Middle Eastern and Muslim people, along with prejudicial beliefs against Arab Muslims in the U.S., spiked in the early 21st century following the 2001 attacks on the World Trade Center and the Pentagon (Sheridan, 2006). In 2001, Arab and Muslim-Americans experienced a 1,700% rise in hate crimes with 481 incidents reported compared to 28 incidents during the previous year (FBI, 2014; Sheridan & Gillett, 2005). Biased portrayals and cultural animosity, reinforced across media outlets, have often dictated the national conversation

about Arab Muslims arriving to the U.S. and the impacts of the experiences of Arab Muslims who already reside there. Politicians who have sought to further limit, or altogether ban, Arab Muslim immigration made efforts to appeal to the fearful and angry sentiment building among the public. Information negatively portraying a group, can manipulate and evoke a fear response when presented to a person, despite that person having no real-life experiences of feeling threatened by the target of their fear (Braithwaite, 2013). When that information is presented repeatedly, over a long period of time, and without contradiction, a person can become entrenched in a fear response (Braithwaite, 2013).

Conservative media in the United States and Europe reporting on Arab Muslims immigrants and refugees often using terms such as "swarm," "threat," "problem," "violent," "extremist," or even "vermin" to broadly describe Muslim and refugee groups (Nicolai et al., 2015). United States Republican candidates in the 2016 presidential primaries, though prepared to soften stances on immigration in response to changing national demographics, instead noticed an improvement in polling among Republican primary voters when they presented increasingly extreme positions against immigrants and Arab Muslims (Savage, 2015). A proposition to cease admittance to the U.S. by all refugees, immigrants, and travelers coming from certain, predominantly Muslim, nations rapidly gained popularity among conservatives when it was presented (Savage, 2015), and its implementation was ultimately upheld by the U.S. Supreme Court (*Trump et al. v. Hawaii et al.*, 2018). Candidates found that negative, homogenous depictions of immigrants, Muslims, and Arabs yielded political advantage against their rivals for the Republican presidential nomination. As a consequence of this type of rhetorical momentum, Arab Muslim migrants have often been collectively portrayed by the media, and perceived by the

public, as aggressive males, religious extremists, and potentially dangerous threats that must be prevented from entering the country (Savage, 2015).

While politicians help shape public sentiment, they also adapt in response to it, creating a cyclical pattern of ideological reinforcement. Islamophobia transcends public policy, creating implicit, reflexive emotional reactions to Muslims and people of Arab ancestry. Anti-refugee policy proposals thus appeal to host citizens who fear that immigrants are a threat to national security and their personal safety. Racial prejudice is often an "automatic, heuristic cognitive process" (Kurzban et al., 2001). Though race does not indicate cultural heritage or nationality, it is used to automatically categorize others based on their appearance and associated racial stereotypes (Alcott & Wyatt). This is true for children as well as adults. In the first study examining the attitudes of school-aged children towards Arab Muslims, Brown, et al. (2017) found that children as young as six years old responded negatively to vignettes depicting Muslims and Arab-Americans, perceiving the men as more hostile compared to other ethnic or religious groups perceiving the women as more oppressed.

Acculturation

In recent years, the United States has seen a rise in nationalist sentiment. The belief that a group poses a cultural threat has been shown to predict attitudes towards people seeking asylum, and conservative media outlets have consistently promoted theories of a cultural takeover by Muslim refugees (Lucassen & Lubbers, 2012; Renner et al., 2018; Thomsen et al., 2008). They emphasize threats of physical violence, sexual violence, acts of terrorism, and negative economic consequences brought on by admitting large numbers of people from other countries and cultures. This appeals to the fear response, a powerful driver of behavior that can be used as a powerful means of driving public policy. Braithwaite (2013) found that public discussions of

terrorism, including media coverage and political rhetoric linking violence with othered groups, can lead to a significant increase in the levels of public fear.

Naturally, nationalistic beliefs create and reinforce a strong national identity, a deeply held sense of what defines, in this case, a “real” American, and a demand for strict adherence to that constructed ideal. A person’s national identity becomes a standard by which that individual measure another person’s belongingness to their group. National identity as an American, both for the person making assumptions as well as the target, play a significant role in the attitudes of host citizens towards refugees and immigrants (Deaux, 2009). Even attaching labels such as “asylum-seekers” and “refugees” can impede the development of a unified identity as they differentiate people into separate and distinct groups (Olsen, El-Bialy, et al., 2016). Biases against outside groups focus on their "otherness" and on the perceived threats that they pose to the host country’s security and culture rather than on inclusion and communication (Clay, 2002).

Although they represented a significant portion of the American population more than a century, Arab and Muslim-Americans can be as vulnerable to the effects of negative stereotypes as new arrivals from the Middle East. They are part of the American in-group but are often not perceived as such by other Americans. Prior research has demonstrated that viewing Arab and Muslim individuals as part of the American in-group increases positive feelings and reduces prejudicial attitudes (Esses et al., 2001). Additionally, younger adults and adolescents are likely to be more welcoming to other cultures than older adults, who may possess a fully developed, inflexible image of the prototypical American, an image often based on White Christian ideals (Devos & Banaji, 2005; Devos & Ma, 2008). Thus, it may be easier to prevent and correct prejudicial beliefs at an early age. Brown et al. (2017) found that children who experienced more personal interactions with Arab and Muslim Americans demonstrated more positive feelings

towards those groups than other children. The process of reducing prejudice through increased exposure to other groups refers to contact theory, which states that the perception of cultural threat is more likely to develop when a person has minimal contact with people from the targeted culture. Contact theory has been consistently supported by research as an effective method of combating prejudicial attitudes (Pettigrew & Tropp, 2008; Brown, 2017).

Affirmation theory, on the other hand, posits that a reduction in prejudice can be achieved intrinsically by reflecting on the values and points of personal and cultural pride. The affirmation process can be accomplished from the perspective of an individual or a group. Self-affirmation involves reflecting on personal values or sources of personal pride; group affirmation involves focusing on the positive attributes of one's group or identity (Sherman & Cohen, 2006). Each process may produce different outcomes. For example, self-affirmation, unlike group affirmation, has been shown to help people acknowledge the shortcomings of their own group and take steps to make improvements. For example, White participants have been shown to perceive more instances of racism and acknowledge that White Americans tend to deny racism following a series of self-affirmation exercise (Adams et al., 2006), and White undergraduates showed increased support for educational funding programs targeting Black students following the same exercise (Harvey & Oswald, 2000). While group affirmation has been shown to reduce in-group bias, results are less consistent than those for self-affirmation (Sherman et al., 2007). Badea, et al. (2014) found that participants induced to participate in self-affirmation reduced the perceptions of immigrants as personal and national threats more so than group affirmation or control conditions. For a sample of international students, acceptance, affirmation of their ethnic identities, and feelings of belonging were found to be predictors of wellbeing (Iwomoto, 2010). Proponents of affirmation theory argue that it can be used in the current climate to reduce

prejudice against immigrant and refugee populations, and they advocate for widespread affirmation training in education and training programs worldwide (Badea, 2017).

The affirmation process may take different forms depending on a person's political ideology. Badea (2017) found that participants with traditionally liberal values showed more overall support for others when practicing self-affirmation compared to those practicing group affirmation. Participants identified as conservative showed similar results, but they only increased their support for others when that support was consistent with their existing political values. In the case of refugees, conservative participants who initially saw them as an existential threat to aspects of their self-concept were more likely to feel supportive towards refugees when they were affirmed on other aspects of their self-concept, such as the person's capability for supportiveness and helping attitudes. Identifying positive traits of the self, as group and personal values, can play an important role in reducing a person's prejudice.

Schwartz et al. (2010) suggested that there are six core political values by which people identify themselves: 1) Law and order; 2) Traditional morality; 3) Equality; 4) Free enterprise; 5) Civil liberties; and 6) Blind patriotism (Badea, 2017). According to Schwartz et al., law and order is defined as the extent one values the enforcement of law. This value prioritizes strict obedience and punitive measures against those who violate the law or seem threatening to the established social order. Traditional morality refers to older, more religious values that have been passed down from previous generations. People who value traditional morality will argue for the preservation of their values in mainstream society, rejecting more modern, secular interpretations of morality. Equality prioritizes the well-being of everybody within a society. Equality advocates would push for the deliberate distribution of opportunities to those less advantaged and for efforts to bridge gaps in income and access to essential resources. Such individuals are more

likely to accept and support immigrants and refugees than those that prioritize other values, namely traditional morality, free enterprise, and blind patriotism (Davidov et al., 2008; Sagiv & Schwartz, 1995). Individuals who value free enterprise want to reduce government influence over economic interests and processes. They would advocate for individualism and the right to ultimate control of their money and assets and to share only what they are willing to volunteer. Advocates of civil liberties want people to be able to act and believe whatever they like without the imposition of others. Finally, blind patriotism refers to strict loyalty to one's country. These individuals embrace the actions of their government in that they will not accept criticism of their nation and will support their country's actions regardless of what those actions may be.

In contrast to affirmation theory, and in alignment with contact theory, acculturation theory examines cultural acceptance from an integrative perspective (Obeng, 2015). Berry (2001) defines acculturation as the process by which two or more cultures interact and conceptualize each other, attempt to understand each other's behaviors, beliefs, and cultural values, and collectively change to accommodate the other. It experienced first-hand and is a process that can only occur in the presence of another culture (Redfield et al., 1936). Typically, the burden of acculturation is placed upon the newcomer, and they are often expected to adapt quickly and completely to be accepted in their new society. This has been found to be true for international college and graduate students, who typically have a strong sense of cultural identity but must not only adapt to new surroundings, a recent move, and the academic demands and policies of their university, but also to the routines, expectations, language, and customs of a foreign social environment (Obeng, 2015). The acculturation process can lead to an increase in academic stress, social difficulties, experiences with discrimination, and experiences of othering (Smith, 2011). For most international students, for example, this process is expected within the

first few weeks of arriving to the country as the school semester begins if they are to compete with their peers and be accepted by the university culture.

Host nations must also acculturate to a degree to adapt to the influx of people from different cultures (Alcott & Wyatt, 2017). The degree of acceptance by the host culture depends on several factors. New arrivers will likely be judged on their intent, including their warmth and competence (Fiske et al., 2006; Lee & Fiske, 2006). Warmth refers to the perception that somebody is friendly or hostile, a positive or negative presence. Competence refers to that person's ability to act on that nature and deliberately inflict harm or provide benefits to their new society. These perceptions have been found to differ according to simply the ethnicity of the group being assessed and the existing stereotypes within the host nation, leading to differing constructions of ethnic hierarchies, which categorize outgroups based on perceived threat and compatibility with the host culture (Hagendoorn, 1993; Stephan et al., 1999). The Stereotype Content Model (SCM) asserts that negative stereotypes are used to justify the dominant culture, dismissing the value, accomplishments, or status of others based on presumed traits of their group (Fiske & Cuddy, 2006; Fiske, et al., 2002). Thus, it is important that researchers focus on certain ethnic minority groups when examining acculturation strategies and attitudes towards immigrants to correct myths and negative stereotypes that can lead to large-scale ethnic tension (Hagendoorn, 1993; Lee & Fiske, 2006; Maisonneuve & Teste, 2007; Van Oudenhoven et al., 1998).

Berry (2006) described four acculturation processes for immigrants: Integration, Assimilation, Separation, and Marginalization. These four strategies can be used be immigrants to interact with the host culture. Integration involves maintaining one's home culture while coexisting and interacting with others. Immigrants attempting to integrate will preserve their own

customs, traditions, and beliefs within their families and communities while simultaneously developing friendly relationships with people from other cultures. Assimilation, on the other hand, involves a degree of abandonment of a person's original culture in favor of adapting to the dominant culture. Separation involves maintaining one's original culture while avoiding interactions with people outside of their community. With marginalization, an immigrant would abandon their original culture, reject the new culture, and live an individualistic, isolated lifestyle. These strategies have more recently been defined as adopting the host culture rather than simply interacting with it (Berry & Sabatier, 2011; Lopez-Rodriguez, et al., 2014; Maisonneuve & Teste, 2007). Host citizens, particularly those with authoritarian ideals, are more accepting of immigrants when they feel that the migrants have assimilated and adopted the host nation's culture, and they demonstrate negative attitudes if they perceive the immigrant as separating from the host culture, expressing hostility when immigrants decline to fully conform to the dominant culture (Thomsen et al., 2008). These traits reflect a social dominance orientation, which is correlated with conservative authoritarianism as well as prejudice and can be used to predict support for anti-immigration policies (Thomsen et al., 2008). Individuals displaying a social dominance orientation express fear even of immigrants who have assimilated, concerned that cultural boundaries may fade to the point that the dominant culture is permanently altered or replaced by the cultural values of immigrant populations. This is true regardless of the immigrant's ethnic origin, whether African, Asian, Middle Eastern, or European (Alcott & Wyatt, 2017). Thus, immigrants are tasked with choosing the degree to which they want to maintain their own cultural identity against their desire to identify with and participate in the dominant culture (Alcott & Wyatt, 2017). The latter offers certain advantages but also requires the individual to sacrifice aspects of their cultural identity.

Mental Health Concerns for Refugees

The impact of war on a person's mental and physical health cannot be overstated. Refugees from war-torn areas are fleeing high chances of becoming victims of violence, persecution, torture, sexual violence, and numerous personal losses (Nguyen, 1982). Adult and child refugees consistently present an increased risk of mental illness, including post-traumatic stress disorder, depression, generalized anxiety, suicidal ideation, and somatic problems such as malnutrition, cardiovascular disease, and cancer (Bhui, 2015; Bilukha et al., 2015; Hollander et al., 2012; Langlois, 2016; Nicolai, Fuchs, & Mutius, 2015; Nguyen, 1982; Roxas, 2011). In a UNHCR study of mental health treatment centers in Jordan, established by the Charité University Hospital in Berlin, one third of Syrian refugees reported experiences of trauma from war or migratory experiences (Hassan et al., 2015; Hussam, 2016). Beyond traumatization, one fourth reported mood disorders, and one fourth reported features of other anxiety disorders. Many Syrian refugees have also lost contact with their families, either leaving them behind or becoming separated. Unable to ascertain the status of their loved ones they are faced with a grieving process muddled by uncertainty. Though grief is not necessarily indicative of pathology (APA, 2013), experiences of personal loss can contribute equally to trauma symptomology as other traumatic events among refugee groups (Vromans et al., 2017). Adult and older adult refugees pursuing healthcare treatment are likely to experience negative outcomes due to a lack of adequate resources and difficulties communicating with clinicians about their problems (Miner et al., 2017).

Unaccompanied refugee children face an additional set of mental health concerns. They are as vulnerable to depression, anxiety, and posttraumatic stress symptoms as adults, and they must adapt to the host culture at an early age with relatively little assistance. In general, children

of immigrants have felt isolated and estranged from the dominant culture as they struggled to fit in with their peers (Zamani & Zarghami, 2016; Toselli et al., 2014). Children of immigrants tend to experience higher occurrences of behavioral and mental health problems compared to children of parents born into the dominant social culture, and their problems are typically more severe (Derluyn, 2009; Kouider et al., 2014; Stevens, 2015;). Refugee children have difficulty adjusting to new educational environments, and teachers sometimes struggle to provide adequate academic assistance to such students due to language barriers, a lack of academic history, and interrupted school experiences (Roxas, 2011). Immigrant and refugee students often encounter discrimination by students and staff, they may experience harassment, bullying, or violence by other students, and they may experience more economic, emotional, and familial difficulties than their peers, all contributing to an increased likelihood of dropping out of school. (Moinolnolki, 2017; Peguero & Hong, 2018; Peguero et al., 2018; Tandon, 2018).

Bias & Disparities in Care

Refugees who obtain access to health care services may encounter problems when interacting with health care professionals. Language barriers, cultural differences, lack of specific cultural training, and implicit prejudice can impact the quality of care that patients will receive. Health care practitioners who have been trained in diversity topics may believe that their approach and interventions are culturally appropriate, but it is important to note that Western medical and mental health practice is rooted in Western culture. Thus, practitioners and patients may have different expectations, needs, and ways of communicating their problems (Joksimovic et al., 2015). Whether through language barriers, cultural differences, implicit bias of practitioners, or lack of trust from the client, when treatment providers and clients experience difficulties communicating effectively, it can lead to frustrating relationships and negative

outcomes. For example, Obeng et al. (2015) found that international and immigrant students reported problems communicating their needs to their physicians, and their resulting dissatisfaction led them to be less likely to seek out treatment in the future. Regarding practitioner bias, numerous studies have established that non-White patients are viewed differently than White patients and consequently receive disparate levels of service (Fitzgerald & Hurst, 2017; Hall, 2015; Whaley, 1998). For instance, Black patients seeing White clinicians are more likely to have their symptoms attributed to drug use, behavioral problems, and exaggeration, and they are more likely to be perceived as hostile and aggressive, particularly if they are of a lower socioeconomic status (Whaley, 1998). Chronic pain is more immediately assumed to be exaggerated or invented in order to obtain prescription narcotics when the patient is Black, and mental health practitioners may be more inclined to either dismiss clients' concerns or diagnose them with disorders of greater severity than is warranted. Research has also shown that people with serious mental illnesses are vulnerable to disparities in treatment based on the negative attitudes of healthcare providers (De Hert et al., 2011; Mitchell et al., 2012; Mittal et al., 2014). Stuber et al. (2014) examined the attitudes of mental health professionals towards people with mental health problems and found that they reported negative conceptions of people with schizophrenia, perceiving them to be dangerous and likely to act out violently towards others. Respondents reported a desire for social distance in professional settings as well as personal encounters, though their perceptions were less negative than other groups. The authors note that mental health professionals, despite their extensive training, are vulnerable to media portrayals of violence as stemming from mental illness. Certain demographics, particularly respondents who identify as White, Hispanic, or male, are more likely to hold negative stereotypes of people with schizophrenia.

Fitzgerald & Hurst (2017) conducted a systemic review of studies using the Implicit Association test to examine a wide range of factors, particularly race/ethnicity, that might invoke implicit negative bias among medical and mental health care professionals. Consistently, studies suggested that health care practitioners tend experience implicit bias at the same levels and rates as the general population. Naturally, this can have a negative impact on the relationship between the provider and the patient and may create disparities in treatment and outcomes for certain groups of patients, deterring them from pursing health care services in the future. Previous research has shown that White practitioners who identify as liberal, who have received higher levels of education tend to experience implicit negative racial biases the same way as other White individuals. However, they are more inclined to consciously censor their prejudice and feel guilty for their assumption of negative stereotypes (Whaley, 1998).

Mental health professionals typically value multiculturalism, make efforts to pursue multicultural education, and tend to hold more favorable views of diverse cultures than the general population, and higher levels of education are associated with reduced negative stereotyped perceptions of others (Mittal et al., 2014; Stuber et al., 2014). Graduate work involves a myriad of clinically and academically oriented trainings incorporating topics of diversity. Many programs include at least one course dedicated to diversity training, though they often weave multicultural theory and considerations into other courses, seminars, and exercises to provide a well-rounded overview of cultural considerations relevant to the field. As a condition for accreditation, the APA requires that all psychology doctoral programs develop “A curriculum plan… [that includes] Issues of cultural and individual diversity that are relevant to [history, science, methods of psychology, foundations of psychological practice, and diagnosis, and problem identification]" (Siegel et al., 2010). Many programs thus approach training with a

heavy emphasis on social justice issues, encouraging students to make a lifelong practice of seeking out educational experiences to increase their cultural competency. The effectiveness of these requirements can be demonstrated by comparing mental health professionals to other groups. For example, Mittal (2014) found that, compared to mental health professionals, primary health care provides were more likely to negatively stereotype patients with serious mental illnesses and blame the individual for problems associated with their illness. Nevertheless, despite not reporting significantly different perceptions of SMI patients, mental health professionals reported a reluctance to be close to be someone with a serious mental illness (Mittal, 2014). Prior research has suggested that the heavy emphasis on cultural training may lead to a biased responding pattern on overt measures of prejudice among mental health professionals, leading to participants minimizing their reported bias even if they still experience it implicitly (Stuber et al., 2014; Whaley, 1998).

Mental Health Professionals: Response & Responsibilities

Psychologists must work to address the mental health needs of incoming war refugees while also assessing the impact of refugee movement on the existing citizenry. This is a recurring challenge in the history of mental health services. The aftermath of the first and second World Wars brought to the United States an unprecedented number of refugees, migrants, and traumatized soldiers returning from a catastrophic war (Dona, 2014). Psychologists were forced to adapt to the overwhelming mental health needs of the incoming populations, expanding the number of mental health trainees and education programs and developing evidence-based treatment protocols as part of a large-scale professional response to the crisis. Psychology transitioned from a primarily academic field to a clinically oriented discipline (Munsey, 2010). The Department of Veteran's Affairs arose at the federal and state level following World War II

to manage the needs of soldiers coping with their experiences in war and the resulting public health crisis. The development of accurate assessments and designing effective treatments were necessary to help afflicted individuals, veterans and refugees, function in society. The aftermath of World War II led to the first treatment manuals for trauma and stress disorders, group therapy, and many other foundations of the modern field of psychotherapy practice and research.

Psychologist face new challenges as advocates, researchers, and treatment providers since the recent surge in Arab and Islamic war refugees. As it has in the past, the field must adapt to a quickly growing, under-researched, and high-need population. Members of the American Psychological Association (APA) have made numerous public statements advocating for the psychological well-being of refugees. Addressing the need to focus resources on the mental health needs of the displaced people of Syria, Rashmi Jaipal, an APA representative to the United Nations, described the crisis as "an urgent call to wake up to the long-term costs to society of not addressing these psychological dimensions of migration" (Winerman, 2016). The American Psychiatric Association similarly notes that "migration-related and post-migration stressors can produce demoralization, grief, loneliness, loss of dignity, and feelings of helplessness as normal syndromes of distress that impede refugees from living healthy and productive lives" in an official statement regarding the mental health needs of Syrian refugees. Leaders of several divisions within the American Psychological Association have collaborated to create databases, networks, and web-training resources to facilitate the involvement of psychologists interested in serving migrant populations (Clay, 2018). Addressing the separation of asylum-seekers from their children and families, APA President Jessica Daniel stated that "the administration's policy of separating children from their families as they attempt to cross into the United States without documentation is not only needless and cruel, it threatens the mental and

physical health of both the children and their caregivers" (Stringer, 2018). The APA President and CEO also drafted a letter to the U.S. President to emphasize the somatic and psychological harm that separating families can have on migrant parents, children, and immigrants currently residing in the U.S., stating that psychologists "have documented multiple harmful effects of parent-child separation on children's emotional and psychological development and well-being and urge that the current policy of family separation be reversed" (Daniel & Evans, 2018).

How to best address the of resettlement refugees to maximize benefits and minimize harm for both refugees and host citizens is a matter requiring continuing examination. The European Commission recognized that a unified, internationally collaborative approach would be necessary (Alisic & Letschert, 2016). In 2015, an international, interdisciplinary conference, termed "Fresh Eyes on the Refugee Crisis," was called to discuss professional responsibilities when addressing the Syrian refugee crisis. Attendees included researchers, educators, practitioners, and other experts from numerous fields, including mental health, attempting to examine the crisis and develop unified professional approaches, positions, and plans of action rooted on contemporary research (Alisic & Letschert, 2016). Discussions at the conference yielded five aspirational themes to guide professional response activity: 1) Solidarity, 2) Labor opportunities, 3) Interdisciplinary research, and 4) Creating local opportunities.

Solidarity with arriving refugees was determined to be an essential mindset to be held by members of the host nation. It is imperative to not label or consider refugees to be part of an incompatible out-group whose needs are separate from the needs of others in the host country. Their needs are intertwined as they must coexist once refugees are admitted to the host nation. Continuing to view people as refugees or migrants, especially when they have been already granted residency, leads to division, tension, and heightened perceptions of "otherness" between

the two groups, all of which can lead to mental health problems that extend to everyone involved. It has also been shown that a lack of solidarity and inclusiveness creates an increased risk of radicalization against a society that seems discriminatory, hostile, and seeks to deport, turn away, or altogether ban people from the country based solely on their religion and ethnicity (Alisic & Letschert, 2016). Feelings of solidarity and inclusivity have the opposite effect and instill feelings of national pride, togetherness, and harmony between different cultures. It is also the responsibility of arriving refugees to promote solidarity with host citizens, and they should be encouraged to do so upon arrival while simultaneously addressing their concerns about integrating into a new society. Cultural assimilation is not necessary to accomplish solidarity. Rather, it is the recognition that despite many differences in culture, religion, or ethnicity, everybody residing in any given society have common interests and must collaborate to achieve a balanced, united, and mutually beneficial coexistence.

It was also determined that proactive efforts must be made to increase and identify labor opportunities for new arrivals. Refugees who have left their jobs behind and are unable to work in their new country may experience feelings of purposelessness, marginalization, discrimination, hostility from others, and a loss of self-efficacy in addition to financial hardship and a lack of upward social and economic mobility. If provided with the opportunity of employment, on the other hand, new settlers will likely feel more accepted in their society. They will be able to achieve greater levels of self-worth, personal independence, investment in their community and country, financial security, and stability for their family, and it has been shown that integrating immigrants into the workforce can have benefits to the economy and to publicly financed institutions (Alisic & Letschert, 2016).

An additional theme to emerge from the meeting was the recognition that is the responsibility of researchers, educators, and clinicians to identify and address the root cause of problems related to the refugee crisis. The information gathered by professionals can be coordinated with the intent of presenting findings to public policy makers so that beneficial change can happen at a higher level. Research may be commissioned by government organizations, but it is also the responsibility of professionals to make independent efforts to discern the cause of systemic issues.

The final theme emerging from the Fresh Eyes conference is providing "opportunities close to home" (Alisic & Letschert, 2016). Many refugees arriving may have no specialized skills, especially children, and many of those children do not have an adult caretaker and will have to provide for themselves. Professionals can stymie their financial struggles and uncertain future by creating training programs, internships, seminars, and other opportunities for skill development that can be offered to incoming refugees who may have difficulty pursuing those opportunities through traditional means due to language barriers, financial standing, discouragement, lack of citizenship, and other disadvantages. For skilled workers coming into the country, professionals could reach out to refugee populations. For example, academic researchers could offer positions to refugee scientists and include them in the research process. Not only will this benefit the refugee taking the job, but it will add valuable perspective to the literature from an experienced point-of-view that cannot be fully understood by most Americans and Europeans. The Dutch Young Academy, for instance, invites refugee scholars to their seminars and university practices to teach them about their universities first-hand and help them to find employment and contribute to the current body of literature (Alisic & Letschert, 2016).

Another way to open opportunities is to make research available to people outside of academia to educate the public, arriving immigrants, policy makers, and voices in the media. The discussion can then effectively transition into a solution-focused effort bent on accommodating refugees as well as addressing the concerns of host citizens who feel threatened by the movement. Professionals have the power to combat myths and misleading, damaging rhetoric and instead drive the conversation with empirical evidence, trauma-informed discussion, and recognition of the needs of the refugees.

Perhaps the most effective way that mental health professionals can contribute to reducing negative bias is through continued research, education, advocacy, and professional training. Researchers can address this issue by working to discover a wealth of data, which can be presented to policymakers as well as the public, eventually creating convincing, wide-reaching consensus across disciplines. Scholars have made the argument that making empirical, academic research publicly available will facilitate the dissemination of that research into mainstream cultural values as non-professionals, students and researchers in other fields, particularly in an age where information is easier to access and in which younger generations are particularly adept at navigating and comparing sources (Alisic & Letschert, 2016). Making that research available would also benefit the population at hand, who will be able to take the information to better advocate for themselves and others in similar circumstances.

Many colleges offer graduate and undergraduate diversity seminars, promote diverse groups on campus, and invite speakers to provide discussions. Students and professionals who have participated in diversity courses and events have demonstrated significant reductions in prejudicial attitudes and an increased openness to new ideas and cultures, and prior experiences with diversity training can predict positive responses to diversity training groups (Finkel et al.,

2003; Roberson et al., 2001; Rynes & Rosen, 1995). Schools that have implemented diversity training programs have shown positive outcomes as well. Diversity training has led to long-term benefits in cultural education, though reactions and attitudes towards diverse groups may fade over time (Bezrukova et al., 2012; Roberson et al., 2001), suggesting that continuing education in cultural diversity is necessary to maintain competence in working with various populations. Psychologists working as instructors have a unique opportunity to present this information to their students early in their professional careers.

Training should also extend beyond didactic education. Students and trainees should be encouraged by their programs to pursue active educational experiences. Counseling students who have participated in outreach efforts and treatment programs for refugees and immigrants have shown improvements in their knowledge of other cultures, their appreciation for the challenges of adjustment, their interest and willingness to serve and advocate for refugee groups, and in their personal and professional growth, such as their reactions to new multicultural experiences (Kuo, 2014; Nilsson et al., 2010). Efforts to provide education and training on refugee populations necessitates concurrent training in traumatology. Cultural competence in trauma training is an important but often neglected aspect of clinical training (Mattar, 2011). A lack of cultural competence can lead to delays in identifying symptoms of trauma and other mental health issues in refugee populations, creating a delay in treatment (Joksimovic et al., 2015), Refugees fleeing a likely occurrence of death or severe harm originate from many different cultures, and they leave for many different reasons. Trauma measures and treatments developed and standardized for American populations may not be reliable tools to use when working with refugees (Rasmussen et al., 2015). Continuous, adaptive education is needed to prepare trainees

and professionals for cultural shifts occurring in the general population and the corollary needs of those individuals.

III. Methods

Design

The aim of the current study was to examine the attitudes of graduate students in programs related to psychology, mental health treatment, and social work towards refugee populations within the United States using an exploratory, between-subjects quantitative design.

Research Questions

Q1: Are there differences in the way people perceive refugees based on the refugee's nationality?

Q2: Are there differences in the way people perceive refugees based on the refugee's religious orientation?

Q3: Is there a relationship between frequency of contact with Muslim individuals and perceptions of Muslim refugees?

Q4: Is there a relationship between universal diverse orientation and perceptions of refugees?

Hypotheses

1. Refugees identified as Muslim will elicit more negative responses than refugees identified as Christian.
2. Refugees originating from Syria will elicit more negative responses than refugees from India.
3. Higher frequencies of contact with Muslims will be associated with more positive responses towards Muslim refugees.
4. Higher UDO scores will be associated with more positive responses towards refugees when controlling for social desirability.

Participants

A total of 317 participants were recruited for this study. Approximately 75 participants either dropped out of the study or did not complete every item. As such, 242 participants were used in the final analysis, a larger sample than required based on a priori power analysis for a small effect (n=172, power .95; Gonzalez et al., 2017; Hall, 2015; Mikton & Gorunds, 2007).

A large majority of participants identified as women (83.1%, *n* = 201), and 14.0% (*n* = 34) identified as men while the remaining participants identified as transgendered or non-binary (3.9%, *n* = 7). Participant ages ranged from 21 to 65 with a mean age of 28. Most participants described themselves as White or Caucasian (69.0%, *n* = 167). The other participants identified themselves as Hispanic or Latinx (11.6%, *n* = 28), Asian (10.3%, *n* = 25), Black or African-American (6.2%, *n* = 15), Native American or Alaskan Native (1.7%, *n* = 4), Middle Eastern or North African (1.0%, *n* = 2), and Native Hawaiian or Pacific Islander (0.4%, *n* = 1), including participants who identify as Biracial or Multiracial (4.1%, *n* = 10). Regarding political orientation, participants described themselves as either Liberal (48.8%, *n* = 118), Moderate Liberal (28.1%, *n* = 68), Moderate Conservative (9.1%, *n* = 22), or Conservative (2.9%, *n* =7), or they selected "Other" (9.9%, *n* = 24). Participants identified their religious identity as Catholic or Protestant Christian (38.4%, *n* = 93), Atheist or Agnostic (29.3% *n* = 71), Jewish (3.3%, *n* = 8), Muslim (1.2%, *n* = 3), and Hindu (0.4%, *n* = 1). The remaining participants either selected "Other" (19.4%, *n* = 47) or "Prefer not to say" (6.6%, *n* = 16). Participant demographic information is summarized in Table 2.

Participants were recruited through email communication with the training directors of psychology, counseling, and social work graduate programs, including both doctoral and master's students. The recruitment email explained the purpose of the current study and how the

results may benefit academic and other training programs in their field. It also included an informational letter containing the elements of informed consent. The training director was asked to distribute the survey link to all students currently enrolled in their program. After completing the survey, students were given the opportunity to enter a drawing for one of four $25 gift cards to Amazon.com, offered by the current researcher as an incentive for participation. Eligible participants must be current graduate students in a masters or doctoral level program in psychology, counseling, or social work.

Measures

Demographic Questionnaire: The Demographic Questionnaire asked participants to disclose various aspects of their identity, including race, gender, sexual orientation, economic resources, national origin, immigration history, religious affiliation, academic status, political orientation, and graduate training experiences, including diversity education.

Vignettes & Response Items: Using the design of Kane & Jacobs (2017) as a model, participants were presented with one of four vignettes describing a refugee immigrating to the United States and surveyed on their reactions to the person described. Each vignette differed only in terms of the regional origin and religious identification of the refugee being described. Kane & Jacobs (2017) found that perceptions of refugees differed according to age and gender, with participants endorsing stricter enforcement of immigration laws if the participant was younger and/or male. Thus, each vignette used in this study featured a 22-year-old male refugee to prevent gender or age from influencing participant responses. One vignette depicted him as a Muslim from Syria. The other vignettes respectively described him as a Christian from Syria, a Muslim from India, and a Christian from India. These conditions were chosen to represent realistic scenarios for refugees. In Syria, both Muslims and Christians face religious persecution,

exacerbated by the current wartime climate. In India, Islam and Christianity are both minority religions that have been historically subject to religious-based violence. India was chosen as a contrast to Syria because of its demographic differences from Middle Eastern countries.

Vignette Response Items: The response items consist of 12 short statements with which participants were asked to rate their agreement using a 4-point Likert-type scale (strongly disagree, disagree, agree, strongly agree). Statements reflecting negative perceptions were reverse scored compared to items reflecting positive perceptions. Higher scores on this measure indicate a more favorable perception of the refugees described in the vignettes while lower scores indicate a negative overall perception. The vignettes and response items are viewable in Appendix B and Appendix C, respectively.

Miville-Guzman Universality-Diversity Scale: The M-GUDS was originally developed as a 45-item scale measuring the universal diverse orientation (UDO) of an individual. UDO, a construct developed by Miville, et al. (1999), refers to "an attitude of awareness and acceptance of both the similarities and differences among people", particularly among people of different cultures or ethnicities. UDO reflects an interest, comfort, and involvement with diverse groups of people and diverse cultural activities. A series of studies found that Cronbach's alphas of the 45-item scale ranged from .85 to .95. When administered to college students, it was found that α = .94, with a test-retest reliability of .94 (Miville et al., 1999).

This study used the short form of the M-GUDS, which reduced the number of items to 15. On the M-GUDS, participants were presented with 15 statements regarding attitudes towards encounters with diverse groups and peoples. Participants were asked to rate their level of agreement with each statement using a 6-point Likert-type scale. The short form was developed by Fuertes et al. (2000) using an exploratory factor analysis. Fuertes et al. (2000) identified a

three-factor structure, which was supported by subsequent confirmatory factor analyses (Fuertes et al., 2000; Kegel, 2014; Miville, Carlozzi, Gushue, Schara, & Ueda et al., 2006). The identified factors were Diversity of Contact, Relativistic Appreciation, and Comfort with Differences. Diversity of Contact represents interest and participation in culturally diverse experiences. Relativistic Appreciation is an understanding and acceptance of cultural differences and similarities. Comfort with Differences reflects a person's comfort when engaging with diverse people and activities. Fuertes et al. (2000) found that the short form was strongly positively correlated with the long form version ($r = .77$, $p < .001$).

Intergroup Contact with Muslims Scale: This scale, developed by Velasco Gonzalez, et al. (2008), includes four questions regarding the level of participants' intergroup contact with Muslims. The scale consists of the following four items: "How many Muslim friends do you have?"; "Do you have contact with Muslim students at school?"; 'Do you have contact with Muslims in your neighborhood?"; and "Do you have contact with Muslims somewhere else, for example in sport clubs, etc.?" The first item uses a four-point rating scale, ranging from "none" to "only Muslim friends". The other three items were also rated on 4-point scales, with responses ranging from "never" to "often". High scores on the Contact Scale indicate high levels of contact with Muslim individuals. Velasco González, et al. (2008) found a Cronbach's α of .70 for the four-item scale.

Marlowe-Crowne Social Desirability Scale: The MCSDS, originally developed in 1960, is a commonly used measure designed to examine biased response patterns that may impact results as respondents attempt to portray themselves in an overly positive light. This 33-item scale presents trait statements and asks respondents to rate them as true or false regarding the extent to which they describe the respondent. The statements indicate positive attributes

about oneself that would not ordinarily be endorsed due their relatively low likelihood of applying to a person. Items were chosen to reflect culturally approve traits that are uncommon in occurrence but are also not associated with mania, delusion, or other types of pathology. An internal consistency coefficient of .88 was found using the Kuder-Richardson formula 20. A test-retest correlation of .89 was found with one month between assessments (Crowne & Marlowe, 1960). When comparing the MCSDS to other measures of reliability, it was found to significantly correlate with the Edwards Social Desirability Scale ($r = .35$, $p < .01$) as well as with the *L* ($r = .54$, $p < .01$), *K* ($r = .40$, $p < .05$), and *F* ($r = -.36$, $p < .01$) validity scales on the MMPI (Crowne & Marlowe, 1960). The MCSDS has been examined, implemented, and adapted numerous times into various short forms. While there is some support for the various short forms (Sarbescu et al., 2012), psychometric evaluations of short form scales have shown inconsistent results in assessing their validity and reliability, and it is not recommended that as a control variable (Barger, 2010; Beretvas et al., 2002; Loo & Loewen, 2006; Reynolds, 1982; Ventimiglia & MacDonald, 2012). Therefore, the long form version of the MCSDS will be used for this study.

Procedure

Upon completion of the Demographic Questionnaire, participants were presented with one of the vignettes describing a refugee. The vignettes were uniform across participant groups, differing only in the demographic characteristics assigned to the refugee(s) being described. Participants were randomly assigned to groups using the Randomizer feature available through Qualtrics. After providing informed consent and filling out the initial surveys, participants were directed to one of four different vignettes, respectively describing an Arab Muslim, an Arab Christians, an Indian Muslim, and an Indian Christian. Participants were asked to respond to a

series of questions about their reactions to the vignette. All participants were given the same 12 response questions. Participants from all groups were then be given the Miville-Guzman Universality-Diversity Scale, the Intergroup Contact with Muslims Scale, and the Marlowe-Crowne Social Desirability Scale. Following completion of these measures, participants were directed to a separate page where they were given the option to enter their email address for a chance to win a gift card.

Analytical Approach

This study used a between-subjects design and a general linear model to compare participant responses to the four vignette conditions. A one-way analysis of variance was used to examine the total score of the vignette response items across the four vignette conditions with the vignette response score serving as the dependent variable. A one-way analysis of variance was used to compare participants' vignette response score while controlling for the score on the Intergroup Contact with Muslims Scale across vignette groups, with the ICMS and vignette group serving as the independent variables, to observe any interaction between contact and vignette group that might impact responses to the vignettes. A one-way analysis of covariance was used to compare the vignette response score to the score on the MGUD-S across conditions, controlling for UDO and social desirability as covariates.

Table 2

Participant Demographic Information

	n	Percent of Total
Ethnicity		
Black or African-American	15	6.2
Asian	25	10.3
Biracial or Multiracial	10	4.1
Hispanic or Latinx	28	11.6
Middle Eastern or Northern African	2	1.0
Native American or Alaskan Native	4	1.7
Native Hawaiian or Pacific Islander	1	0.4
White or Caucasian	167	69.0
Gender		
Male	33	13.6
Female	202	83.4
Other	7	2.9
Political Orientation		
Liberal	118	48.8
Moderate Liberal	68	28.1
Moderate Conservative	22	9.1
Conservative	7	2.9
Religious Identity		
Atheist/Agnostic	71	29.3
Christian	93	38.4
Jewish	8	3.3
Muslim	3	1.2
Other	64	26.4

IV. Results

The aim of this study was to examine potential for bias against Arab and Muslim refugee populations among future mental health professionals by surveying graduate students currently in programs related to psychology, mental health treatment, and social work.

To explore the first and second hypotheses, that refugees identified as Muslim and/or from Syria will elicit more negative responses than refugees identified as Christian and/or from India, a one-way analysis of variance was used. The range of response scores is displayed on Table 3. The results of the ANOVA (Table 4) showed no significant differences in the response to the four vignette scenarios, $F(3,238) = 0.77$, $p=.51$, supporting the null hypothesis that participant attitudes towards immigration are not associated with the ethnicity or religion of the described refugee. However, there was a restricted range of response scores on the vignette response scale suggesting most participants had overall favorable attitudes towards immigration in general.

To explore the third hypothesis, that higher frequencies of contact with Muslims will be associated with more positive responses towards Muslim refugees, a one-way analysis of covariance was used controlling Intergroup Contact with Muslims to compare participants' vignette response score to their score on the across vignette group (Table 4). The effect of frequency of contact with Muslims on participant's attitudes about asylum was not significant after controlling for Intergroup contact $F(3, 242) = 0.81$, $p=.49$.

To examine the fourth hypothesis, that higher UDO scores will be associated with more positive responses towards refugees when controlling for social desirability, a one-way analysis of covariance was conducted controlling for the effect of diversity orientation on the responses to the vignette scenarios while controlling for social desirability bias. Responses to the Marlow-

Crowne Social Desirability scale did not show a significant impact on the results, suggesting a that responses were not affected by a self-enhancing response pattern $F(1,242) = .32$, $p=.57)$. Additionally, the effect universal diverse orientation on participant's attitudes about asylum was not significant $F(1,242) = 3.32$, $p=.07)$ nor was there an effect for scenario $F(3,242) = .648$, $p=.59)$.

Table 3

Range of Responses to the Vignette Scenarios, ICSMS, MGUDS, and MCSDS

	N	Mean	Standard Deviation	Range	Minimum	Maximum
Vignette Response Scores	242	35.02	4.58	23	21	45
ICMS Score	242	8.24	2.36	11	4	15
MGUD Score	242	59.16	5.61	39	34	73
MCSDS Score	242	46.00	2.82	14	39	53

Note: ICMS = Intergroup Contact with Muslims Scale, MGUDS = Miville-Guzman Universality-Diversity Scale, Note: MCSDS = Marlowe-Crowne Social Desirability Scale

Table 4

Analysis of Covariance in Responses to Vignette Scenarios

	SS	*df*	MS	*F*	*P*	η2
Vignette Response Score	49.54	3	16.51	.77	.51	.01
ICMS Score	13.27	1	13.23	0.62	.43	<.01
MGUDS Score	70.74	1	70.74	3.32	.07	.01
MCSDS Score	6.87	1	6.387	0.32	.57	<.01
Error	5034.29	236	21.33			

Note: Vignette Response Score compares the responses to Vignette 1, depicting a Muslim man from Syria; Vignette 2, depicting a Christian man from Syria; Vignette 3, depicting a Muslim man from India; and Vignette 4, depicting a Christian man from India; ICMS = Intergroup Contact with Muslims Scale; MGUDS = Miville-Guzman Universality-Diversity Scale; MCSDS Score = Marlowe-Crowne Social Desirability Scale.

V. Discussion

The purpose of this study was to examine the effects of national origin and religion on the perception of Syrian and Muslim refugees by graduate students enrolled in programs related to mental health. Prior studies have examined the impact of demographic characteristics on the perception of immigrants and refugees (Alcott & Wyatt, 2017; Cowan et al., 1997; Fujioka, 2011; Kane & Jacobs, 2007; Lee & Fiske, 2006; Renner et al., 2018; Zarate & Quezada, 2010). Psychologists in Western societies are frequently exposed to negative, inaccurate portrayals of Muslim and Middle Eastern people and are just as vulnerable to the influence of cultural stereotypes (Green, & Sidanius, 2008; Lucassen & Lubbers, 2012; Nicolai et al., 2015; Renner et al., 2018; Sheridan, 2006; Sheridan & Gillett, 2005; Thomsen, Savage, 2015). Mentally categorizing other groups is an automatic process that affects psychologists at the same rates as the general population, and it has been shown to reduce the quality of services they provide (Alcott & Wyatt, 2017; Fitzgerald & Hurst, 2017; Hall, 2015; Kurzban et al., 2001). This study attempted to identify areas of implicit bias to prompt awareness and facilitate discussion of the responsibilities of mental health professionals to populations broadly targeted as subjects of cultural and political controversy.

This study contributes to existing literature by examining specifically the perceptions of Syrian and Muslim refugees by future mental health professionals, who may become involved in asylum evaluations, refugee care, or related research, to assess for potential biases against certain refugees. Information from this study can be used to develop training specifically targeted towards mental health trainees that may enhance their cultural competence or foster interest in working with Middle Eastern and Muslim refugee populations. This chapter will discuss the implication of the results of this study, the limitations of the study, and recommendations for future research on this subject.

Responses to the Vignettes

The first hypothesis stated that a Muslim refugee would be viewed less favorably than a Christian refugee. The second hypothesis predicted that a refugee from Syria would be viewed less favorably than a refugee from India. Results did not show a significant difference in the way the vignettes were received for either religion or ethnicity. Responses to questions regarding the appropriateness of the vignette subject for asylum were consistent across conditions in that the study sample showed favorable attitudes towards the vignette subject and immigrants in general. The religious and ethnic origins of the subject did not create additional concerns or hesitation among respondents regarding their opinion on a person's claim to asylum, suggesting that current mental health trainees do not exhibit bias against either Muslim or Arab refugees regarding their appropriateness for asylum.

Given the demonstrated positive impact of contact with a population on a person's perception of that group, the third hypothesis predicted that frequent contact with Muslims would lead to more favorable views of Muslim refugees. The results did not show a significant relationship between contact with Muslims and responses to the four vignettes. Because universal diverse orientation (UDO) describes a person's interest and attitude towards different groups of people (Miville, et al., 1999), the fourth hypothesis predicted that a stronger orientation towards diversity, as measured by UDO scores, would show more favorable perceptions of Muslim and Arab refugees than those with lower UDO scores. As describing one's proficiency and openness regarding multiculturalism may encourage a self-enhancing response style, a measure of social desirability was administered and used to clarify the results. As with the previous hypotheses, the results of this analysis were not significant. Additionally, there was no indication of significant self-enhancing response patterns among participants.

The analyses conducted for this study did not produce any significant differences in attitudes towards asylum-seekers, regardless of the ethnicity or religion of the described refugee or diversity experiences and attitudes of the respondents. One possible interpretation of the lack of significant results is that the study sample represented a group that was generally less biased against others than the general population. The limited range of responses to the vignettes showed that respondents were sympathetic to the refugees' situation and approving of granting them asylum. Many of the studies revealing bias among healthcare providers surveyed practicing professionals rather than mental health trainees, for whom multicultural competence has become a topic of increasing emphasis of graduate training, a core requirement for academic accreditation, and an effective means of developing knowledge and appreciation for other cultures (Finkel et al., 2003; Fitzgerald & Hurst, 2017; Kuo, 2014; Nilsson et al., 2010; Rynes & Rosen, 1995; Siegel et al., 2010). The limited response range on the UDO scores also shows a study sample with a strong orientation towards topics of diversity, which reflects positively on the development of diversity-focused education. Regarding age, the makeup of the sample was primarily individuals in their 20s, as might be expected when recruiting graduate students. Diversity and multiculturalism are increasingly prominent in both academic and mainstream conversations and amplified through social media, which younger generations are typically better able to utilize to navigate discussions and disseminate information (Alisic & Letschert, 2016). Thus, the study sample may have benefited from increased exposure to diversity topics granted through online media.

The current sample of students differs from current practitioners in a lack of field experience that may influence their views in the future. Many people who currently work with refugee populations do so out of concern for that group and likely would have expressed positive

views towards the vignettes. Regardless, refugee caretakers may view refugees through a narrow, professional lens if that is the only contact they have with that group (Olsen et al., 2016). Psychologists working as evaluators in the asylum process, for example, may respond more critically to questions regarding immigration than students because their role requires a professional detachment to conduct an objective assessment. Although exposure to diverse groups contributes to a reduction in prejudice (Brown, 2017; Pettigrew & Tropp, 2008), frequent negative experiences in a narrow context, such as court-ordered evaluations, may lead to the development of negative stereotypes and may be more impactful on perceptions than positive experiences (Graf, Paolini, & Rubin, 2014). The effects of burnout that can occur working in such a setting must also be considered, as it has been shown that burnout can contribute to the development of racial prejudices (Pross, 2006; Wilson & Drozdek, 2004; Vogel, 2019). Practicing psychologists can suffer from compassion fatigue, a phenomenon in which therapists become overwhelmed with the empathy they must provide to others, and vicarious or secondary trauma, in which professionals exposed to traumatic situations through their work experience disruptions in their cognitive or emotional well-being (Mishori et al., 2013). Psychologists who work with refugee populations have reported greater levels of stress and secondary trauma compared to non-refugee clients (Guhan & Liebling-Kalifani). Working within the immigration system has been found to be more stressful than working with similar trauma cases in other settings (Posselt et al., 2019). Thus, cultural competency trainings should prepare mental health professionals for the stress of fulfilling that role in asylum proceedings. An examination could be conducted on the number of years in practice and its effects on implicit bias. Longitudinal studies may examine this through interviews with students and professionals as their career develops over time.

As this study examined mental health trainees, it does not account for bias that may be demonstrated in practice. Offering approval based on a short vignette does not necessarily predict how an individual might react in the field, whether the biases are initially present in the work or develop over time through an accumulation of negative experiences. A non-biased approach represents a philosophy more than an action. Even professionals who are well-intentioned may develop prejudice against groups that has a negative impact on their work (Fitzgerald & Hurst, 2017; Hall, 2015). Although exposure to a population is typically associated with a reduction in prejudice, the opposite can also occur. Asylum evaluators may have encounters with malingering individuals, though rates of malingering in asylum cases are difficult to determine (Lustig, 2008; Musalo et al., 2010). Lustig (2008) argued that malingering by asylum-seekers is not a common occurrence, in part because refugees are likely unfamiliar with psychiatric diagnoses and their corresponding criteria, though there is incentive to exaggerate or embellish stories and trauma symptoms to strengthen their case for admittance. Evaluators may also have their own views of how immigrants should assimilate to the host culture, and encounters with unwillingly displaced immigrants who may not wish to assimilate may lead to reactive experiences of prejudice (Alcott & Wyatt, 2017; Fiske et al., 2006; Lee & Fiske, 2006; Thomsen et al., 2008). In the absence of other contact with members of a culture, implicit bias may develop in those situations. It is imperative that cultural competency remain an ongoing effort for clinicians. It is also important that clinicians take care of themselves and monitor their own reactions and changes that may arise in response to their work. As a field, mental health professionals must also take care of each other, devoting resources to clinicians working or volunteering in high-stress environments to counteract the potential negative impact on their well-being (Carll, 2017; Hussam, 2016; Watson, 2016)

Limitations

The lack of significance for any of the hypotheses may be partially explained by the restricted range of scores on the Vignette Response Items, as asylum was viewed favorably by this group of participants. That responses to the vignette scenarios were not significant on their own suggests an initially limited comparison, which will subsequently limit the degree to which the covariates could interact with the comparison. The limited range of responses on the vignette items, the Universality-Diversity Scale, and the Social Desirability scale indicate a trend of favorable views towards refugees of different backgrounds. The results seem to indicate that the field of mental health, with respect to its current trainees, will assume a non-biased approach when working with Syrian refugees. As described in the previous section, the current sample is represented by aspiring clinicians during their graduate training, during which issues of cultural competence are routinely stressed across many educational domains. This not only increases their awareness of cultural issues but also primes students to prepare for evaluation of their cultural competence. Prior research has suggested that a heavy emphasis on cultural training, and the desire to attain and display one's cultural competency, may lead to a biased response pattern on overt measures of prejudice among mental health professionals, leading to participants minimizing their reported bias even if they still experience it implicitly (Stuber et al., 2014; Whaley, 1998).

The results of this study did not indicate trends towards overly positive self-portrayals in a broad sense. However, the analysis was limited because the assessment was done in the context of evaluating whether it affected the relationship of two other variables, the analysis of which did not show significance. Implicit bias can be experienced but pushed down, leading people to respond with an aspirational frame of mind (Stuber et al., 2014; Whaley, 1998). Thus, it is

possible that biased responding patterns may have affected the responses to the vignettes and the UDO items.

Additionally, responses to immigration issues may be affected by current events. The harsh conditions of the border facilities have been widely reported. Pictures and videos of children sleeping on the ground, contained by wire fencing in an open layout have regularly circulated, as have reports of sickness, neglect, and abuse. Although conservative media and politicians continued to focus on the dangers posed by immigrants and refugees, the family separation policy caused such a large-scale backlash that it was discontinued within a few weeks. Immigration policy in the U.S. is largely directed at the southern border. The people being arrested, detained, and separated from their families are primarily Latinx. However, their treatment by U.S. officials may have contributed to higher levels of sympathy for all refugees. Similarly, the Muslim ban brought attention to American response to the Syrian refugee crisis and discriminatory measures within immigration and asylum policy. Public policy and political movements often develop in response to the consequences of existing policy (Stewart, 2010). The extreme stances against immigration and asylum in place at the time of data collection may have contributed to a reactionary leniency towards refugees among the population represented in this sample.

Regarding political orientation, conservative respondents were underrepresented in this sample, with only 12% of participants identifying as conservative or moderate conservative. This again likely reflects aspects of the overall population being studied. Modern colloquial discussion of immigration and asylum often occur within the context of debates over political policy. Given that conservative viewpoints are more likely to hold unfavorable views of immigration and the inclusion of out-group cultures, the lack of conservative representation in

this sample may contribute to the overall favorable opinions towards refugees demonstrated in this study.

Although it is more pronounced among conservatives, Islamophobia is very much present in liberal populations, including those that make efforts to be inclusive (Islam, 2018). Anti-Muslim prejudice among liberals can take different forms. Some expressions of anti-Muslim bias have been overt and wide-reaching. During his 2008 presidential primary campaign, for instance, Barack Obama was repeatedly characterized as a Muslim by figures within the Democrat party in opposition to his candidacy despite his public self-identification as Christian (Hollander, 2010; Lugo-Lugo & Bloodsworth-Lugo, 2008). Rumors also circulated that he was not born within the United States to question his American identity. His name and ethnicity were used to associate him with Islam, imply that he sympathized with terrorists identifying themselves as Muslim, and instill fears that he was more loyal to Islam than to the United States, suggesting that the two are in opposition (Lugo-Lugo & Bloodsworth-Lugo, 2008). The efforts were effective at subverting perceptions of then-candidate Barack Obama as belonging to certain American in-groups, and once in place, misinformation has been shown to be persistent, and exposure to corrective information often fails to adjust people's existing perceptions, particularly when those perceptions are tied to religion (Hollander, 2010). Prejudice against Muslims may also appear as "soft Islamophobia," such as stereotyping Arabs as Muslims and vice versa while attempting to advocate for either group and assuming that "Muslim" represents a singular cultural group rather than the most diverse religion within the U.S. (Islam, 2018). Additionally, efforts by non-Muslims to defend Muslims can reinforce the stereotypes they seek to combat, creating a "good Muslim, bad Muslim" dichotomy as they try to distinguish Islam from groups like ISIS but ultimately conflate them (Islam, 2018). Similarly, trying to defend the frequently attacked

patriotism of Muslims continues to perpetuate a separation between being a Muslim and being an American (Islam, 2018). Self-identified liberals have been shown to make efforts to suppress their implicit prejudice, and psychologists have generally been found to be overwhelming liberal, as was demonstrated by this study sample (Inbar et al., 2012; Whaley, 1998). Counseling trainees self-reporting high levels of multicultural competence have nonetheless been found to consistently show implicit bias regardless of their level of training (Boysen, 2009; Boysen & Vogel, 2008). Liberally minded individuals may make efforts to be inclusive allies, but in doing so, they might draw from harmful stereotypes and thus play into the broader conversation contrived to pit a monolithic Islam against other identity groups. Advocates must be mindful not to contribute to "othering" and should be aware of their own biases and how preexisting stereotypes guide their efforts.

Overall, the homogeneity of responses on questions of immigration and diversity mirrors the homogeneity of political ideology and diverse orientation reported by the sample. On the present topic, more generalizable conclusions could be developed from a larger, more diverse sample size. For example, the lack of ideological diversity leaves several questions to be answered. Based on existing research, it is reasonable to predict that politically conservative graduate students would generally view refugees less favorably than their liberal counterparts. However, would this be true within the field of mental health? Those students would likely be of the same approximate age and exposed to the same types of multicultural training as their more liberal peers. Ideologically conservative mental health trainees may differ from the broad conservative principles on immigration and asylum. The number of self-identified conservative participants in this study is too small to draw any conclusions on the matter.

Regarding religious identification, a small minority of respondents identified Judaism and Islam as their religion. Most respondents identified as Christian, Atheist/Agnostic, or declined to provide a religious orientation. This makeup suggests a potentially larger number of secular respondents than in the general population. Christianity is the dominant religion of the United States, representing over 73% of the population (Gallup, 2016) compared to 38% in this study. According to the same Gallup report, atheists and agnostics are somewhat overrepresented in the study sample, as they comprise only 18% of the general population. While the non-religious are just as susceptible to bias as anyone else, the current sample would reflect less religiously motivated bias among the studied participants than might be present in the general population. Religious history has been universally marred by intergroup conflict and violence that extends to contemporary multicultural societies (Seul, 1999). Muslim societies have a long history of regional conflict with Christian, Hindu, and Jewish populations around the world, resulting in long-standing prejudices that can permeate social interactions (Sen & Wagner, 2005; Smith, 2015). Arab and Muslim populations are widespread and diverse, and tensions exist between sects of Islam as well (Holtmann, 2014). Negative bias towards Muslims has also been demonstrated within LGBT populations, who are often the targets of prejudice by religious populations and are less likely to identify with any religion compared to the general population (Bidell, 2016; Pew, 2013; Whitman & Bidell, 2014). It is unclear whether the religiosity of mental health practitioners would affect their perceptions of Middle Eastern refugees or if their multicultural orientation would be consistent with the current findings.

Suggestions for Future Research

Additional approaches to research related to this topic would benefit from targeting more specific populations within the field of mental health. Studying narrower groups of students and

professionals on factors such as age, ethnicity, religion, political orientation, or professional backgrounds may yield different results than the broad evaluation conducted in this study. Gathering a large sample would afford more opportunity for examinations of demographic factors such as religion, race, ethnicity, age, gender, military status, or political orientation that may show vulnerabilities to bias against the Syrian refugee population. Future studies may want to specifically target active mental health practitioners and researchers. The mental health students of 2019 have had a different multicultural educational experience than students from 2009 or 1999 as research into diversity and intersectionality has expanded and become a dominant focus of academic and mainstream reporting. Social media has fundamentally changed the way that a collective conversation can occur. This may include new means of information sharing, persuasion, research availability, public interest, misinformation, social media company administration, and potentially high levels of public influence by political interests, celebrities, advertisements, or one's social contacts.

The presentation of refugee scenarios could be expanded upon in the future. This may involve more detailed and nuanced cases. Visual presentations of prospective refugees may also produce different results. A picture of a person may evoke automatic categorization based on physical characteristics indicating race or ethnicity. Images of the same individuals in different religious attire may help draw comparisons of the impact of race versus religion and the interactions between the two characteristics, as could images of people of different ethnicities in Muslim attire. This would inform multicultural trainings regarding this population by identifying the most likely avenues of bias, facilitating awareness of one's personal reactions and using this type of research to understand the historical and cultural context of the refugee crisis.

Research can draw on a critical theoretical framework to examine the intersection of race, religion, ethnicity, gender, and other relevant characteristics that may affect refugee experiences in their country. Strekalova-Hughes et al. (2019) applied critical race theory to child refugees from Southern Sudan, Nepal, and Somalia to examine the role of storytelling in their cultural identity. Children were asked about their experiences adjusting to the culture and expectations of their school and neighborhood to assimilate by forgoing, to some degree, the practices, knowledge, and social reinforcement of their culture. They found that their schoolwork required some sacrifice regarding their native language and some of the knowledge passed down through families. Education systems in the U.S. are often limited in their accommodations for other languages and promote the values, knowledge, and conceptualizations of the host country (Pulitano, 2012). A critical examination of the cultural and linguistic demands on refugee children, international students, and recent immigrants and the assimilation efforts they must make to compete in the dominant culture's education systems and job market can inform the development of transition programs and cultural competency training. The additional complexity of trauma and unplanned resettlement leaves refugees relatively unprepared to assimilate. Middle Eastern, Muslim, and Latin American refugees must also contend with the political and social expectations of adversarial members of the host society, who have automatic reactions to their race and ethnicity. The "good Muslims" are often expected to take responsibility for any terrorism, religious extremism, violence, gender discrimination, and totalitarianism related to Islam (Islam, 2018). Rapid assimilation is needed to demonstrate that they are not a threat to American culture, which is dominated by Christianity. In some areas, Latin American citizens must be ready to provide documentation at any time as they can be lawfully detained based merely on suspicions of being undocumented, which are guided by a person's race. An approach

to research that draws on critical race theory to conceptualize the specific challenges of Syrian refugees in the context of the current cultural animosity they face in the U.S.

The design and approach of this study could be adapted through a collaborative approach with researchers, community leaders, and individuals from Syrian, Middle Eastern, Muslim, or refugee backgrounds. Future research should be informed as directly as possible by the needs and experiences of individuals with diverse backgrounds relevant to the topic. A participatory action model could allow members of the affected communities to decide the course of research. Ongoing research and outreach programs involving refugee populations can create opportunities for advocacy, social and community engagement, networking, education, and employment. The information gleaned from those types of programs can be used to inform treatment, support initiatives, and public policy.

Conclusions

Orientation towards diversity is a dynamic quality that can often be aspirational and may not always be reflected in practice. That said, the results of this study are encouraging in that there was no demonstrated bias in this sample of students. These findings suggest a population of psychologists, counselors, and social workers that are equipped with a diverse orientation and positive attitude towards other populations. Regarding the current study, the emphasis on multiculturalism in graduate programs may be effective in teaching multicultural competence and unbiased approaches to research and practice. Questions remain as to whether there would be a tendency towards bias within certain subgroups within the field of mental health or current professionals, but by examining the current findings, it would overall appear as though multicultural education has had its intended effect of fostering openness, compassion, and a just disposition among future professionals.

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Appendix A

Demographic Questionnaire

1) Are you currently a graduate-level student in mental health, counseling, or social work? Please note that only people who answer "Yes" to this question are eligible to participate.

    a. Yes

    b. No

2) What type of program are you enrolled in?

    a. Counseling, Psychology, or other mental health

    b. Social Work

    c. Other (specify): _____

3) What is the highest degree or level of education that you have completed?

    a. Undergraduate degree

    b. Master's degree

    c. Professional or Doctoral degree

    d. Other (specify): _____

4) What is your age? _____

5) What best describes your gender?

    a. Man

    b. Woman

    c. Transgender Man

    d. Transgender Woman

    e. Non-binary

    f. Other (specify): _____

    g. Prefer not to say

6) What best describes your ethnicity/race? Select all that apply:
    a. Hispanic or Latinx
    b. Black or African American
    c. White or Caucasian
    d. Asian
    e. Middle Eastern or North African
    f. Native Hawaiian or Other Pacific Islander
    g. Native American or Alaskan Native
    h. Biracial/Bi-ethnic
    i. Multiracial
    j. Other (specify): _____
    k. Prefer not to say
7) Which best describes your sexual orientation?
    a. Heterosexual
    b. Bisexual
    c. Gay Man
    d. Lesbian Woman
    e. Asexual
    f. Other (specify): _____
    g. Prefer not to say
8) What best describes your religious preference?
    a. Catholic
    b. Protestant Christian

c. Muslim

d. Jewish

e. Hindu

f. Atheist/Agnostic

g. Other (specify): _____

h. Prefer not to say

9) How would you describe your political orientation?

a. Conservative

b. Moderate Conservative

c. Moderate Liberal

d. Liberal

e. Other (specify): _____

10) What is your marital status?

a. Single

b. Partnered

c. Married/Partnership

d. Other (specify): _____

11) Are you an international student?

a. Yes

b. No

12) If you are an international student, what is your country of origin? _____

13) How many semesters of diversity training does your program require? _____

14) How many semesters of practicum, if any, have you completed? _____

Appendix B

Vignettes

Version 1

K is a 22-year-old, Muslim man from Syria who has illegally entered the United States. *K* left the Middle East because of ongoing war and fears of religious persecution. He has been separated from his family and is traveling alone. He has little money and few possessions when he arrives, having used all of his resources to travel to the United States. Upon arrival, he requests asylum from the conflicts in his home country. He arrives with no personal identification and no legal authorization to remain in the United States. There is no way to know anything else about *K* 's past, except what *K* chooses to disclose.

Version 2

K is a 22-year-old, Christian man from Syria who has illegally entered the United States. *K* left the Middle East because of religious persecution. He has been separated from his family and is traveling alone. He has little money and few possessions when he arrives, having used all of his resources to travel to the United States. Upon arrival, he requests asylum from the conflicts in his home country. He arrives with no personal identification and no legal authorization to remain in the United States. There is no way to know anything else about *K* 's past, except what *K* chooses to disclose.

Version 3

K is a 22-year-old, Muslim man from India who has illegally entered the United States. *K* left the Middle East because of fears of religious persecution. He has been separated from his family and is traveling alone. He has little money and few possessions when he arrives, having used all of his resources to travel to the United States. Upon arrival, he requests asylum from the

conflicts in his home country. He arrives with no personal identification and no legal authorization to remain in the United States. There is no way to know anything else about *K*'s past, except what *K* chooses to disclose.

Version 4

K is a 22-year-old, Christian man from India who has illegally entered the United States. *K* left the Middle East because of ongoing war and fears of religious persecution. He has been separated from his family and is traveling alone. He has little money and few possessions when he arrives, having used all of his resources to travel to the United States. Upon arrival, he requests asylum from the conflicts in his home country. He arrives with no personal identification and no legal authorization to remain in the United States. There is no way to know anything else about *K*'s past, except what *K* chooses to disclose.

Appendix C

Vignette Response Items (Kane & Jacobs, 2017)

1 = Strongly Disagree 2 = Disagree 3 = Agree 4 = Strongly Agree

1. Because this person was fleeing religious persecution, he should be granted asylum in the US.
2. All immigration policies and laws should be observed even if it means that *K* may not be granted permission to stay. *(N)*
3. *K* may be a dangerous person and should be detained until a background check is completed. *(N)*
4. The humanitarian thing to do is to allow *K* to remain in the US.
5. *K* needs to demonstrate that he seeks to do no harm to the US and its citizens. *(N)*
6. People fleeing religious persecution are unlikely to do harm to anyone.
7. *K*'s story about religious persecution may not be true. *(N)*
8. *K*'s national origin might be an indicator that *K* wishes to do harm to the US and its citizens. *(N)*
9. *K*'s religious beliefs might be an indicator that *K* wishes to do harm to the US and its citizens. *(N)*
10. *K*'s strong religious/spiritual beliefs may be misunderstood.
11. *K*'s deep religious/spiritual values may be perceived by others as fanatical or judgmental. *(N)*
12. *K* should be deported because he entered the country illegally. *(N)*

Appendix D

Intergroup Contact with Muslims Scale

1. How many Muslim friends do you have?

   1 = None 2 = One or two 3 = Many or most 4 = Only Muslim friends

2. Do you have contact with Muslim students at school?

   1 = Never 2 = Rarely 3 = Occasionally 4 = Often

3. Do you have contact with Muslims in your neighborhood?

   1 = Never 2 = Rarely 3 = Occasionally 4 = Often

4. Do you have contact with Muslims somewhere else, for example in sport clubs, etc.?

   1 = Never 2 = Rarely 3 = Occasionally 4 = Often

Appendix E

Miville-Guzman Universality-Diversity Scale

Indicate how descriptive each statement is to of you by selecting the number corresponding to your response.

1 = Strongly Disagree 2 = Disagree 3 = Disagree a Little Bit

2 = Agree A Little Bit 5 = Agree 6 = Strongly Agree

1. I would like to join and organization that emphasized getting to know people from different countries.
2. Persons with disabilities can teach me things I could not learn elsewhere.
3. Getting to know someone of another race is generally and uncomfortable experience for me.
4. I would like to go to dances that feature music from other countries.
5. I can best understand someone after I get to know how he/she is both similar to and different from me.
6. I am only at ease with people of my race.
7. I often listen to music of other culture.
8. Knowing how a person differs from me greatly enhances our friendship.
9. It's really hard for me to feel close to a person from another race.
10. I am interested in learning about the many cultures that have existed in this world.
11. In getting to know someone, I like knowing both how he/she is different from me and is similar to me.
12. It is very important that a friend agrees with me on most issues.
13. I attend events where I might get to know people from different racial backgrounds.

14. Knowing about the different experiences of other people helps me understand my own problems better.
15. I often feel irritated by persons of a different race.

Appendix F

Marlowe-Crowne Social Desirability Scale (Crowne & Marlowe, 1960)

Listed below are a number of statements concerning personal attitudes and traits. Read each item and decide whether the statement is true or false as it pertains to you.

1	Before voting I thoroughly investigate the qualifications of all the candidates.	True	False
2.	I never hesitate to go out of my way to help someone in trouble.	True	False
3.	It is sometimes hard for me to go on with my work if I am not encouraged.	True	False
4.	I have never intensely disliked anyone.	True	False
5.	On occasion I have doubts about my ability to succeed in life.	True	False
6.	I sometimes feel resentful when I don't get my own way.	True	False
7.	I am always careful about my manner of dress.	True	False
8.	My table manners at home are as good as when I eat out in a restaurant.	True	False
9.	If I could get into a movie without paying and be sure I was not seen, I would probably do it.	True	False
10.	On a few occasions, I have given up doing something because I thought too little of my ability.	True	False
11.	I like to gossip at times.	True	False
12.	There have been times when I felt like rebelling against people in authority even though I knew they were right.	True	False
13.	No matter who I'm talking to, I'm always a good listener.	True	False

14.	I can remember "playing sick" to get out of something.	True	False
15.	There have been occasions when I took advantage of someone.	True	False
16.	I'm always willing to admit it when I make a mistake.	True	False
17.	I always try to practice what I preach.	True	False
18.	I don't find it particularly difficult to get along with loud-mouthed, obnoxious people.	True	False
19.	I sometimes try to get even, rather than forgive and forget.	True	False
20.	When I don't know something, I don't at all mind admitting it.	True	False
21.	I am always courteous, even to people who are disagreeable.	True	False
22.	At times I have really insisted on having things my own way.	True	False
23	There have been occasions when I felt like smashing things.	True	False
24.	I would never think of letting someone else be punished for my own wrongdoings.	True	False
25.	I never resent being asked to return a favor.	True	False
26.	I have never been irked when people expressed ideas very different from my own.	True	False
27.	I never make a long trip without checking the safety of my car.	True	False
28.	There have been times when I was quite jealous of the good fortune of others.	True	False
29.	I have almost never felt the urge to tell someone off.	True	False
30.	I am sometimes irritated by people who ask favors of me.	True	False
31.	I have never felt that I was punished without cause.	True	False

32.	I sometimes think when people have a misfortune they only got what they deserved.	True	False
33.	I have never deliberately said something that hurt someone's feelings.	True	False