

NaDiRa Report 2023

# Racism and its Symptoms

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Report by the German  
National Monitoring of  
Discrimination and Racism

Short version




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German Centre for Integration and  
Migration Research (DeZIM)

# What is the German National Monitoring of Discrimination and Racism (NaDiRa)?

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The German National Monitoring of Discrimination and Racism (NaDiRa) is intended to constantly provide reliable statements regarding the causes, extent and consequences of discrimination and racism in Germany on the basis of various sources of data. Effective measures against racism are to be developed based on this. Until now, the data available regarding racism in Germany has been incomplete. Despite international obligations, there are insufficient regular representative surveys regarding racism and its effects on society and on those potentially affected by racism and discrimination.

For the first time in Germany, the NaDiRa makes it possible to identify potential societal developments and trends regarding racism and discrimination. Representative surveys are a key component of this monitoring. They are complemented by qualitative studies, experiments and analyses of consultancy data, legal and political documents, and media reports. The results of the NaDiRa studies and appropriate recommendations for action are published regularly in reports. These are aimed at political decision-makers and at civil society and the broader public. Regular monitoring reports are planned to discuss racism in specific spheres in more depth. In preparation for long-term racism monitoring, a total of 34 exploratory studies with various thematic focuses were published between 2020 and 2021, the results of which have already been published for the most part. A significant milestone was the publication of the initial study, *Racist Realities. How does Germany deal with racism?* in May 2022.

This monitoring report follows on from the initial study. It addresses the experiences of people in Germany regarding discrimination and racism. In the process, it considers both the perspectives of the population as a whole and those of the people directly affected by racism. The focus is on the topic of **health and healthcare**. The COVID-19 pandemic showed clearly that healthcare is not guaranteed equally for all. The distribution of resources and polarising discussions in the public sphere reflected social conditions that revealed dynamics beyond just new forms of opposition between groups. Racist sentiments also became obvious, even leading to violence, particularly in the case of racism towards Asian people. In light of this, this report illustrates both subjective experiences of discrimination and racism, and structural obstacles in society. Furthermore, the report maps out racist knowledge bases and stereotyping in healthcare.

## **The NaDiRa: Background and political relevance**

In July 2020, the German Bundestag – the national parliament of the Federal Republic of Germany – provided, for the first time, resources to establish the German National Monitoring of Discrimination and Racism at the German Centre for Integration and Migration Research (DeZIM).

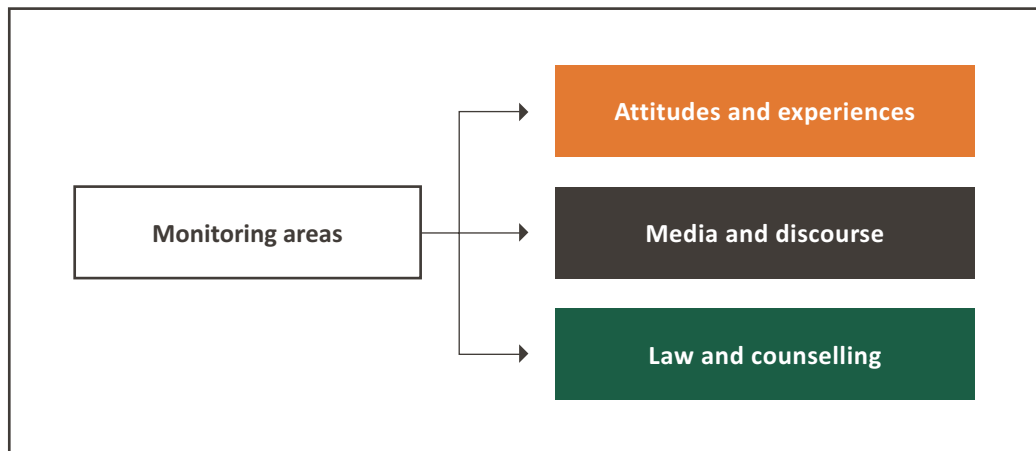
Between German reunification and 2020, at least 200 people were murdered with racist motives in Germany. A series of anti-immigrant, racist and antisemitic murders between 2000 and 2020 in Germany (NSU 2000–2007, Kassel 2019, Halle 2019, Hanau 2020) as well as George Floyd’s murder by the police in the USA – which also triggered a widespread movement in Germany protesting against racist violence – led to the establishment in March 2020 by the then federal government of a cabinet committee to combat right-wing extremism and racism.

The cabinet committee’s catalogue of measures included supporting ‘long-term funding of monitoring of racism and anti-discrimination, with a perspective to transferral into the institutional funding of the DeZIM Institute’ (Presse- und Informationsamt der Bundesregierung [Press and Information Office of the Federal Government] 2020: 7). The responsibility for this measure lies with the German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (BMFSFJ), which funds the DeZIM as a research institution with a departmental character. The current federal government, formed at the end of 2021, very clearly addresses the fight against racism in its coalition agreement: here, the coalition parties once again supported establishing the Monitoring of Racism permanently.

## **Focuses of the NaDiRa**

The NaDiRa examines three areas in order to systematically record the causes, extent and consequences of racism, and to map them over time.

**Figure 1. Monitoring areas**



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### **Attitudes and experiences – both of the general public and of those affected**

In a Germany-wide, randomised panel study, approximately 13,000 people – including members of racially labelled groups – were regularly surveyed on their individual attitudes regarding racist prejudices, experiences of discrimination and racism, and their subjective perceptions and the reality of their lives. The NaDiRa Online Access Panel (NaDiRa.panel) makes it possible both to obtain representative results as a snapshot and to record short- and long-term trends over time.

### **Media and discourse**

Longitudinal analyses of media data (such as national newspapers) are used to conduct quantitative and qualitative investigations regarding how racism is addressed in public discourse and media reports, as well as which changes can be seen over time. Furthermore, available social media data are evaluated for various target groups to describe the mobilisation and dynamics of racist discourse.

### **Law and counselling**

Political documents, laws, regulations and other relevant sources are examined to research how courts handle racism. This process includes reconstructing how racism as a prejudice, a knowledge base and an implicit legal practice can lead to discrimination in the German legal system. This contrasts with a systematic examination of consulting structures that advise victims of racist violence and people affected by discrimination, support them socially, and empower them regarding legal enforcement.

## **Regularly rotating focuses: ‘Health’, ‘Housing’, ‘Education’ and ‘Work’**

In the population surveys and in further studies, the focus is placed alternately on the central spheres of health, housing, education and work. The objective is to make statements on how and with what consequences racism affects these areas. In the long term, indicators are to be developed for these central spheres in order to identify structural discrimination and inequalities and to analyse them in in-depth studies.

### **➔ The NaDiRa’s approach: Research design and civil society participation**

The NaDiRa combines various fields of research: social attitude research, sociopsychological and experimental prejudice research, ethnic discrimination research, and economic discrimination research. The combination of different methodological approaches enables qualitatively extensive, validated, and statistically robust data collection. The NaDiRa continuously provides new study results and makes a relevant contribution to the incipient institutionalisation of German-language research into racism and discrimination.

Alongside scientific, theoretical expertise and empirical data integrity, the accompanying process in civil society is of vital importance to the NaDiRa’s recording of discrimination and racism. The process ensures that the perspectives of individuals affected by racism are taken into account. This includes representatives of communities affected by racism, initiatives, organisations, and associations. In order to guarantee high quality control, the research questions and methods are regularly presented to and reflected upon with renowned scientific experts.

## Summary of key results

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### **I. Experiences of discrimination are generally widespread: large sections of the population in Germany report that they have experienced it. However, these vary in type, frequency, between different groups, and depending on discrimination characteristics and social spaces.**

**1. Overt discrimination** affects Black people the most, from the groups examined here. For example, almost one in five Black women (19%) stated that they experience threats or harassment repeatedly (several times a year or more often); for Black men, this number was 18%. For Asian men, it was 12%, and 13% for Asian women. For Muslim men and women, the percentages were 13% and 14% respectively. Among non-racially labelled women, this figure was 11%, and it was only 6% of men. Experiences of subtle discrimination are more frequent overall, and the differences between racially labelled and non-racially labelled people are even more pronounced. Black people also have these experiences more frequently. For example, 37% of all Black men stated that they are regularly met with fear. This is four times as frequently as is the case for non-racially labelled men (9%). One in five Black women (20%) stated that they were repeatedly met with fear, in comparison to approximately one in thirty non-racially labelled women (4%). Among Muslim men, more than one in four (28%) stated that they are repeatedly met with fear. For Muslim women, this number is 15%. In comparison, one in five Asian men (20%) stated that they have had this experience, while for Asian women, this is one in ten (10%).

**2. Discrimination characteristics:** Discrimination is experienced for various reasons: for example, people are discriminated against because of age, disability or chronic illness (*ability*); a lack of German language skills, migration status, a name that does not sound German, religious affiliation, skin colour (*'race'*); gender or sexual orientation (*gender*); or because of social class affiliation, income or lack of employment (*class*).

Racially labelled people trace their experiences of discrimination mainly to racism and less to sexism and classism. The following information relates to those who reported having experienced discrimination. While 68% of Black men named their skin colour as the reason for the discrimination, this number was only 6% for gender, and 20% for income. Among Black women, 61% named their skin colour as the reason for discrimination, 25% stated it was their gender, and 15% linked it to their income. Among Muslim men, 54% indicated that their religion was the main reason for the discrimination, 63% stated that it was because of their country of origin, while gender



was only mentioned by 4% and income by 14%. 24% of Muslims stated that it was linked to their skin colour. Among Muslim women, on the other hand, 61% named their religion as the most frequently mentioned reason, followed by their country of origin (56%), their name (37%) and their own knowledge of German (32%). Gender was mentioned by 21%. Among Asian men, too, country of origin (58%), language (38%) and skin colour (32%) represented more frequent reasons for experiences of discrimination and racism than gender (4%) and income (10%). Among Asian women, the main reasons for discrimination were considered country of origin (60%) and knowledge of German (45%). Gender (30%), age (18%) and income (13%) were also cited as reasons.

Gender, age and weight were the three most commonly named discrimination characteristics for non-racially labelled women. For these women, 58% of discrimination experiences were ascribed to their gender, 38% to their age and 19% to their weight. Language and religion are negligible with regard to experiences of discrimination for this group. Age, weight and income were the three most common discrimination characteristics for non-racially labelled men. 42% of men with no racial markings gave their age as a reason for discrimination, 19% their weight and 17% their income. Lack of employment was only mentioned by 4%.

**3. Social spaces:** People experience (racist) discrimination in various social spaces. This can be in public spaces generally, such as in the street or on public transport, or in one's free time, like when entering clubs or gyms, as well as when in contact with banks and public authorities such as the police. Patients may also experience discrimination or racism in the field of healthcare, for example in hospitals or doctors' practices. Black people experience (racist) discrimination disproportionately in public and by the police. One in every two Black people reports experiencing discrimination and racism in public. Two in five Black men (41%) stated that they had often experienced (racist) discrimination from the police. A third of Black women reported the same (34%). Muslims experience discrimination particularly often in contact with public authorities, the police and in healthcare. More than a third of Muslim men (39%) reported frequent experiences of discrimination and racism by the police, 51% by public authorities and 36% in healthcare. Among Muslim women, 46% reported that it was not uncommon for them to experience discrimination from authorities. The proportion who had these experiences when in contact with the police was 25%, and 35% in healthcare. Asian people reported experiencing discrimination and/or racism primarily from authorities and in public. Almost 40% of Asian men and women reported frequent experiences of discrimination and/or racism from public authorities. In public spaces, this applied to 36% of Asian men and 43% of Asian women.

## **II. People regularly experience discrimination and racism in healthcare – this also applies to non-racially labelled people.**

**1. Women more frequently reported having had negative experiences in the field of healthcare.** For example, over two-thirds of Muslim women reported having been treated ‘unfairly or worse than others’ by doctors or other medical personnel. 35% even reported that they regularly experienced this, i.e. ‘very frequently’, ‘frequently’ or ‘sometimes’. 61% of non-racially labelled women reported experiencing unfair and worse treatment than others. Of these, 26% regularly experienced this. More than two-thirds of Black women (67%) reported having been treated unfairly or worse than others in the healthcare sector. Of these Black women, 39% regularly experienced this. Among Asian women, 61% reported having experienced unfair and poor treatment in healthcare, 29% of these regularly. 60% of Black men also reported having experienced discrimination in healthcare, 25% of these regularly.

**2. Representative data shows that experiencing discrimination has consequences for the doctor-patient relationship and for healthcare as a whole.** More than one in three people from racially labelled groups reported having changed their doctor because their complaints were not taken seriously (34%). Among non-racially labelled people, this was reported by just below one in four people (24%). This affects women in particular. Muslim (39%) and Asian women (37%) more frequently find that their complaints are not taken seriously. Among non-racially labelled women, this figure was around 29%. Racially labelled men are also affected. Muslim (27%) and Asian men (25%) reported more often than non-racially labelled men (19%) that their complaints were not taken seriously. ‘Morbus mediterraneus’ – the racist assumption that ‘southerners’, above all those from Italy, the Mediterranean region or the Balkans, are particularly sensitive to pain – therefore applies to all racially labelled groups and would be better described as ‘Morbus aliorum’. Beyond just the group of racially labelled people, there is evidently also a tendency to assume that all patients – except non-racially labelled men – are exaggerating their pain. In addition, people avoid visiting the doctor when they fear experiencing discrimination there. For example, one in seven Black women (14%) reported having delayed or avoided medical treatment in the last 12 months due to fear of being taken less seriously or treated worse than others. One in eight Muslim (13%) and Asian women (13%) also reported having delayed treatment for this reason. Among Black men, this figure was one in twelve (8%), and the figures were similar for Muslim (7%) and Asian men (7%). For non-racially labelled men, around one in thirty people (4%) had delayed or avoided treatment for fear of discrimination.

**3. Access to healthcare is also limited by appointment allocation in medical practices, which was proven with an experiment.** The probability of men and women with a name that is common in Nigeria or Turkey receiving a positive answer to their appointment request is clearly and significantly lower than for men and women with

a name that is widespread in Germany. These differences appear to be the most pronounced for appointments with psychotherapists.

**4. Qualitative and participative findings show that racist knowledge bases are also present in healthcare and can have diagnostic consequences.** An overrepresentation of racially labelled groups in connection with derogatory depictions can be found in teaching materials. For example, these groups are linked to ‘excessive consumption of alcohol and drugs’ or ‘increased risk of sexually transmitted diseases’. Black women report being hypersexualised in healthcare. Consequently, tests for sexually transmitted diseases or HIV infections are often offered to Black women. Women who appear Muslim report being denied any independent sexuality. Accordingly, they reported that medical staff did not see any reason to provide certain healthcare services (for example, STD testing) to Muslim women.

### **III. Discrimination and racism also indirectly damage society as a whole.**

**1. Experiencing (racist) discrimination** damages the general and mental well-being of those affected. Frequent experiences of discrimination are linked to an increased likelihood of anxiety disorders or symptoms of depression. At the same time, access to healthcare is restricted for these people, meaning that they are directly affected by constraints and deficits that can be traced back to discrimination and racism. Alongside the individuals affected, (racist) discrimination can also affect society as a whole, for example through increased healthcare costs and work absences.

**2. On average, people affected by racism actually trust institutions more** than those not affected by racism. Differences are only negligible regarding the police and the judicial system. However: a loss of trust is linked to experiences of (racist) discrimination. This means that concrete experiences of racist discrimination, independent of discrimination context and characteristics, may be accompanied by a serious loss of trust in concrete institutional sectors.

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