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# Service Providers' Perspectives on Muslim Women's Experiences of Intimate Partner Violence

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## Abstract

This study explored service providers' perspectives on Muslim women experiences of intimate partner violence (IPV) and their domestic violence service utilization. The aim of this study was to have participants share their knowledge and practical experiences in working with Muslim women IPV survivors, what they perceived to be effective interventions, the service gaps and how they envision the advancement of culturally-informed services. Eight service providers from two domestic violence agency settings were recruited and series of semi-structured interviews were conducted. A thematic content analysis was conducted and eight themes were identified: Immigration, Collectivist and Authoritative Culture, Patriarchy, Honour and Shame, Faith, Risk and Protective Factors, Current and Suggestive Services, Service Barriers. While the first six themes related to women's abuse experiences, the last two themes solely explored the existing and suggestive services in light of women's social and cultural contexts. These results add to the body of research in support of infusing additional cross-cultural trainings in service providers' education and developing culturally informed interventions.

*Keywords:* intimate partner violence, service utilization, Muslim women, social and cultural context, cultural competency

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## Table of Content

Abstract.....	ii
Acknowledgement.....	iii
Table of Content.....	iv
List of Tables.....	vi
List of Appendices.....	vii
<b>Chapter 1: Introduction.....</b>	<b>1</b>
<b>Chapter 2: Literature Review.....</b>	<b>4</b>
Cultural Context.....	4
Domestic Violence in the Muslim Community.....	9
Culturally Competent Service Delivery.....	15
Theoretical Framework.....	19
The Present Study.....	23
<b>Chapter 3: Method.....</b>	<b>25</b>
Phenomenological Research Design.....	26
Participants.....	26
Design.....	27
Procedure.....	27
Data Analysis.....	28
Inter-Rater Reliability.....	29
<b>Chapter 4: Results.....</b>	<b>30</b>
Theme 1: Immigration.....	36
Theme 2: Collectivist and Authoritarian Culture.....	41
Theme 3: Patriarchy.....	45

Theme 4: Honour and Shame.....	48
Theme 5: Faith.....	50
Theme 6: Risk and Protective Factors.....	52
Theme 7: Current and Suggestive Services.....	57
Theme 8: Barrier to Service Utilization.....	65
Summary.....	71
<b>Chapter 5: Discussion.....</b>	<b>73</b>
Relevance to Previous Research.....	74
Relevance to Counselling Practice.....	85
Research Limitations.....	89
Future Research.....	90
Concluding Thoughts.....	91
<b>References.....</b>	<b>93</b>
<b>Curriculum Vitae.....</b>	<b>109</b>

## List of Tables

**Table 1: Participants Demographics.....32**

**Table 2: Interview Themes.....35**

## List of Appendices

<b>Appendix A: Ethic Approval.....</b>	<b>103</b>
<b>Appendix B: Information Letter.....</b>	<b>104</b>
<b>Appendix C: Consent Form.....</b>	<b>106</b>
<b>Appendix D: Interview Questions.....</b>	<b>107</b>
<b>Appendix E: Background Information Questionnaire.....</b>	<b>108</b>

## Chapter 1: Introduction

The victimization of women who experience Intimate Partner Violence (IPV) is a global phenomenon. The World Health Organization (WHO) survey estimated that between 15% and 71% of women 15–49 years of age in a relationship have experienced physical and/or sexual violence by a partner in their lifetime, with average prevalence rates between 30% and 60% (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006). Although men can be the victims of domestic violence, the rate of occurrence and the severity of violence is much lower among men when compared to women (Kimmel, 2008).

The term “Intimate Partner Violence”, which itself has no single agreed-upon definition, is used to refer to “a pattern of coercive behaviours to control one’s partner through physical abuse, the threat of physical abuse, repeated psychological abuse, sexual assault, progressive social isolation, deprivation, intimidation or economic coercion” (Danis & Bhandari, 2010, p. 30).

The data from the National Violence against Women Survey identified two major intimate partner violence typologies (Johnson, 1995). The first is the well-known pattern of violence referred to as *intimate terrorism* that is embedded within a general pattern of controlling behaviours in which the perpetrator attempts to exert pervasive control over his partner. In contrast, the second is violence referred to as *common couple violence* or *situational violence*, which implies that violence involving specific arguments escalates to physical violence (Johnson & Leone, 2005).

Research on the perpetration of domestic violence reveals a wide array of influences, ranging from neurology to patriarchal culture. Notable examples include developmental



exposure and social learning, gender-based expressions of power and control, problems with impulse control and cognitive functions, histories of antisocial behaviours, emotional dysregulation, attachment insecurity, deficits in relationship communication and conflict-resolution skills (Murphy, 2013).

Beyond the high actual financial cost of domestic violence that impacts society, the effects of domestic violence on women are devastating. These include high rates of physical injury and mortality, mental health problems, suicidality, loss of employment and possessions, isolation from family and friends, lowered self-esteem, learned helplessness, and even the loss of their children (McCue, 2008; Zhang, Hoddenbagh, McDonald & Scrim, 2013). These impacts are far-reaching as violent behavioural patterns tend to be transmitted across generations, creating circumstances in which abusive behaviours are deeply rooted within the histories of families (McCue, 2008; Keeling & Mason, 2008).

The intervention and prevention of domestic violence requires a multi-disciplinary approach that addresses the full range of concerns facing victims, perpetrators, their families and the community at large (Kurst-Swanger, 2008). Although there is an ongoing debate in the field of IPV regarding how to best address and manage the problem legally, socially and therapeutically, the dominant conceptual framework has been within a feminist paradigm. This includes the provision of shelter and crisis centres for women and children, with offenders receiving rehabilitation services in the form of counselling for battering spouses and self-help groups for violent men (Aguirre, Lehmann, and Patton, 2011).

In Canada, there are commonalities in approaches across the provinces and territories, and there is a convergence of shared practices and beliefs in addressing IPV. Yet, there remains

widespread debate and disagreement regarding the ways in which IPV should be regarded and treated (Aguirre et al., 2011). This debate arises partially from the advancement of knowledge regarding IPV as a complex and multidimensional phenomenon that is understood in the intersecting multiple contextual layers that include race, ethnicity, religion, sexual orientation, disability, and citizenship status (Lockhart & Danis, 2010).

The aim of this study was to document the perspectives of frontline service providers within domestic violence agency settings regarding Muslim women's intimate partner violence experiences and ways these experiences shape women's service utilization in response to violence.

## Chapter 2: Literature Review

### Cultural Context

Among the most significant advances in the field of IPV has been the acknowledgment of cultural contexts in which violence is experienced (Yoshioka & Choi, 2005). Historically, the feminist movement from the late 1960s created opportunities for women to share their personal life stories of abuse. The “personal” became “political”, and feminist activists opened crisis hotlines and shelters for women who had been physically, sexually, and/or emotionally abused (Danis & Bhandari, 2010). The notion of a “universal woman” was primarily implemented to help with developing empathy for women who had been blamed for the violence. However, this notion has resulted in a pervasive barrier in addressing how a woman’s culture of origin, and her relationship with society’s dominant culture come together to influence their abuse experiences and the feasible options available to them as a result of the violence (Danis & Lockhart, 2010).

Culture is defined as “the attitudes, habits, norms, beliefs, behaviours, customs, rituals, styles and artifacts that express a group’s adaptation to its environment; that is, ways that are shared by group members and passed on over time” (McAuliffe, 2013, p. 8). Culture, similar to an iceberg, represents external and internal dimensions. More obvious is the external expressions reflected in customs, rituals, and styles. But the internal dimensions, which are the focus of mental health practitioners, include attitudes, habits, norms, and both spoken and unspoken rules within a particular culture (McAuliffe, 2013). Understanding the sociocultural context is critical in working with minoritized women, because it is the lens through which violence is defined, and perceived options are evaluated (Yoshioka, 2008).

Building upon years of qualitative and quantitative research, Yoshioka (2008) provided a framework to understand the impact of culture on IPV. This framework identifies three contextual factors as vital in understanding how abuse experiences vary across women of colour. These factors include: (a) individual versus collectivist orientation; (b) relationship with host society; (c) social tradition.

**Individualism and collectivism.** Among the most salient cultural constructs is the worldview of individualism and collectivism by which social behaviour is determined (McAuliff, 2013, Yoshioka & Choi, 2005, Yoshioka, 2008). Collectivist cultures emphasize the value of interdependent relationships and group loyalty. The goals and desires of the collective take precedence over individual goals and behaviours, and individual behaviours are shaped largely by group norms (Yoshioka, 2008). Within individualist cultures, the needs and rights of the autonomous self are greatly valued and high personal costs justify breaking the collective relationship (McAuliff, 2013).

Consistent with the individualist versus collectivist orientation, cultures vary in the degree of “tightness” and “looseness” that refers to the level of tolerance for diverse behaviours and deviation from prescribed cultural norms (Yoshioka & Choi, 2005). Individualist cultures tend to be looser and there is more acceptance of personal choice reflected in behaviours that address an individual's needs (Yoshioka, 2008). In contrast, in tight collectivist cultures, there are clearly defined norms, rules and obligations that regulate social interactions. Moreover, there are negative consequences such as a “loss of face” for one's self and one's collective when an individual's behaviours do not correspond to the expectations of the collective (Yoshioka & Choi, 2005). Interwoven within these cultural concepts, collectivist cultures tend to be more hierarchical whereas individualist cultures tend to be more egalitarian in structure (Al-Krenawi

& Graham, 2005). This implies to a degree that collectivist cultures place a high value on adherence to authority, such as elders, parents, husbands, teachers and religious figures (McAuliffe, 2013).

**Immigration and acculturation.** According to Yoshioka (2008), the second major way that cultural context shapes women's abuse experiences is in their relationship to the host society that includes immigration and acculturation. Immigration by itself is a distress-provoking process that is often complicated by financial instability, unemployment, the loss of accessible social support network, language and cultural barriers, perceived discrimination and anti-immigrant sentiments that come together to tax immigrant's resources to adapt in the new society (Baucom, Epstein, La Taillade & Kirby, 2008). The immigration-specific factors exacerbate the vulnerable position of immigrant women in domestic violence situations. While there is a tendency to form stereotypes toward a minority's cultural background, and consider domestic violence as an inherent part of their cultural manifestations, Menjivar and Salcedo's review (2002) showed that the incidence of domestic violence is no higher than it is in the native population. Rather, the experiences of immigrant women in IPV situations, their help-seeking behaviours, and their available alternatives are different from the mainstream population.

Toward this end, McCue (2008) argued that intimate partner violence continues to be a problem in all parts of world, but its manifestations vary across cultures. While the expressions of violence are different, the universal element is power and control, and the result is too often death or serious injury (McCue, 2008).

Stereotyping IPV may create the conditions for immigrant women to experience dual oppression with IPV and societal phobia, especially when they originate from communities that

have been overwhelmingly marginalized by the mainstream culture. As a result, they may also be concerned that reporting IPV may unfairly stigmatize their community (White, Yuan, Cook & Abbey, 2013).

Interwoven within the concept of immigration, acculturation involves “a process of adaptation and change whereby a person or an ethnic, social, religious, language, or national group integrates with or adapts to the cultural values and patterns of the majority group” (Henry, Tator, Mattis, & Rees, 1995, p. 325). The level of acculturation impacts the immigrant woman's experience of violence and her options if she is a highly acculturated citizen, or if she is a recent refugee who has relocated into a small cultural community with no connection to the broader society (Yoshioka, 2008). Battered immigrant women may benefit from a heightened level of acculturation because it might be related to a higher level of education in the host country as well as a higher employability, greater financial independence and increased access to mainstream services (Bui, 2003).

Nonetheless, studies on the relationship between acculturation and intimate partner violence have yielded mixed findings. A higher level of acculturation may be related to higher levels of physical and mental health issues due to the loss of social support, alienation from traditional culture, discrimination from the dominant culture, and conflicting values between the culture of origin and the dominant culture. These experiences may increase levels of stress for more acculturated individuals (Kasturiranjana, Krishnan & Riger, 2004). Kasturiranjana et al. (2004) argued that values such as family harmony or unity may decrease the stresses associated with IPV. Also culturally congruent strategies for dealing with abuse may also be effective.

**Social tradition.** The third way to understand the impact of culture on women's abuse experiences is to explore specific cultural protocols, traditions, and attitudes (Yoshioka, 2008). An understanding of culturally informed social traditions, rules and obligations can facilitate the identification of culturally specific forms of abuse and the ways they facilitate or hinder violence (Yoshioka, 2008).

Vandello and Cohen (2003) examined how domestic violence may be implicitly or explicitly sanctioned and reinforced in cultures where honour is a salient organizing theme. Cultures around the world vary in the degree of adherence to the construct of honour. Honour norms within culture apply to females as well as males. Whereas the social code highlights precedence and toughness for males, norms for females stress modesty, shame, and the avoidance of behaviors that might threaten the "good name" of the family (e.g., adultery or sexual immodesty). Adultery is discouraged and stigmatized in many cultures around the world, but an additional significance is placed in honour cultures. A man who allows his partner to "stray" may be seen as less of a man. He may be perceived as weak and vulnerable and someone who can be taken advantage of in other situations, as well (Schneider, 1971 as cited in Vandello and Cohen, 2003).

Thus, the universal power and control dynamic manifests in the form of honour-related violence. Honour may be used as a justification for violence; in most extreme circumstances, it is used as a justification for the homicide of spouses. In addition, honour-related cultures shed a light on women's help-seeking behaviours. For females, ideals of family sacrifice, loyalty, family cohesion, and traditional gender roles complicate the situation and induce women to remain in relationships despite danger or harm (Vandello & Cohen, 2003).

Another example of the impact of social protocol is reflected in cultures where extended family members play a significant role in the lives of married couples. The hierarchical social structure of Eastern cultures place elders in a high position of power and authority over their offspring. Yoshioka (2001) found in a series of interviews with 110 South Asian women that 25 percent reported experiencing severe forms of psychological assaults by their spouse's parents. Parent-in-law's high authority over their sons may directly or indirectly induce husbands to batter their wives, especially when a woman deviates from her traditional gender roles as defined by the extended family's traditions and rules.

A deep understanding of the social rules, cultural protocols and expectations for personal conduct by which women experience their lives can help practitioners view domestic violence from a multi-cultural perspective, and in turn be suggestive of options that are compatible with woman's sociocultural realities.

### **Domestic Violence in the Muslim Community**

Canadian Muslims are a growing population. Yet, very little psychological research and literature has focused on Muslim women and their experiences of IPV. Although there is no evidence indicating that IPV is greater in religious-affiliated groups, and in particular in the Muslim community than the rest of the population, the experiences of Muslim women are often exacerbated by their specific position as determined by the intersection of multiple variables such as race, gender, culture, religion, immigration and socioeconomic status (Abugideiri, 2012).

Studies on the Muslim experience of IPV has focused on Muslim women's unique vulnerabilities, which can increase the likelihood of IPV without appropriate services that meet the needs of this population. The example of these vulnerabilities include collectivist versus



individualistic cultural structure; immigration and pre-immigration stressors; patriarchal ideology; and misinterpretation of Islamic doctrines. It is noteworthy that these variables may not be causal factors in and of themselves (Abugideiri, 2012).

**Collectivist versus individualist orientation.** There are no absolute collectivist versus individualist cultural scripts. Instead, what exists is a continuum of collectivist and individualist values, which form various cultures. Muslim immigrants in Canada originate from cultures marked by collectivity (Baobaid & Hamed, 2010). In addition, Islam itself encourages a sense of community amongst people, inviting them to put their ethnic, racial, and national differences aside and become involved in the community of believers, the “ummah” (Springer, Abbott & Reisbig, 2009). Islam teaches that all Muslims are brothers and sisters who should help one another and aid those in distress as a result of famine, war, or any type of religious oppression. “The ummah includes first and foremost one’s extended family, followed by friends from the mosque, local religious leaders, merchants, teachers, bankers, and health care providers” (Springer et al., 2009, p. 231).

For immigrant Muslim women living in the West, the divergence between collectivist and individualist cultures can be quite difficult to navigate in domestic violence situations. Existing options that arise from individualist cultures may not coincide with the woman survivor’s collectivist values that instruct her to place priority on goals and needs of the collective over her own needs and desires (Baobaid, Kovacs, McDiarmid & Tremblay, 2015).

In highly collectivist cultures, upholding the family’s reputation often encourages women to stay with the abuser despite the threats to her safety. The stigma of divorce is inherently related to the cultural notion of the family as being central to society, and the individual as

subordinate to both family and society (Hassouneh-Phillips, 2001). Thus, “women who leave abusive partners may be socially ostracized and labeled ‘loose,’ ‘rebellious,’ ‘disrespectful,’ ‘selfish,’ ” (Haj-Yahia, 2000, p. 240). More importantly, the intersection of immigration and collectivist culture places a woman in a position where she may not have the same level of access to services as a highly acculturated woman in individualistic culture, and she may refrain from utilizing services that emphasize divorce, independent living, or single parenthood as among possible solutions (Yoshioka & Choi, 2005).

**Patriarchy.** Patriarchal beliefs and attitudes are the other cultural variables that increase the likelihood of domestic violence (Haj-Yahia, 2003). While patriarchy is a universal issue, patriarchal values and rigid gender roles are deeply rooted in cultures such as South Asian and Arab cultures, where the notion of father and brother are prevalent such as in the dominance of men over women (Abugideiri, 2012).

According to these notions, male dominance supports the hierarchal structure, which indeed keeps men in the position of power, authority and control (Haj-Yahia, 1998). As a result, the husband is culturally accepted as a ruler of the family and regarded as the formal authority to whom the wife and children must ultimately respond. Such ideology presumably leads men to feel responsible for maintaining the family institution and honour through whatever means including resorting to domestic violence (Haj-Yahia, 1998). Empirical support for this argument has already been cited in previous studies. According to Haj-Yahia's findings (1991, 1997, 1998 & 2003), patriarchal ideology regarding gender role, marital relationship and family life is the most significant predictor of men's belief about domestic violence. Consistent results from these studies underscore the importance of considering patriarchal ideology in research regarding Muslim's experience of domestic violence. These findings indicate that the tendency to justify

wife beating and blaming wives for violence against them is stronger among men with patriarchal beliefs.

In light of collective and patriarchal culture, family honour and reputation are significant. The actions of the family members may bring satisfaction when they are congruent with the family values, thereby contributing to the family's coherence (Daneshpour, 1998). For Muslims with a collectivist background, the self is not often differentiated from the family's identity. Thus, a family member's response against the family values may bring shame and failure for the entire family system (Daneshpour, 1998). Toward this end, honour related violence is perceived as a woman's deviation from prescribed cultural norms in a way that demolishes the honour of the family, the extended family, and the broad collective (Haj-Yahia, 1998).

The 2000 United Nations Population Fund report estimated at least 5,000 women are killed in the name of honour each year. In Canada, recent media and policy reports estimate that twelve cases have occurred since 2002 (Jiwani & Hoodfar, 2012). However, some Canadian commentators believe that this number will continue to rise (D'Amato, 2012; Keeping, 2012). Moreover, the shame associated with honour-related violence encourages women to endure abuse in silence. As a result, various forms of violence against women are underreported, making the true impact of gender-based violence difficult to accurately measure and assess (Aujla & Gill, 2014).

**Stressors related to immigration and acculturation.** Immigration and acculturation-related stressors exacerbate the likelihood of domestic violence among immigrant Muslim families. The process of immigration places people to totally different socio-cultural and economic systems (Zakar, Zakar, Faist & Kraemer, 2012). Almost all types of immigrants face

some difficulties in settlement and adjustment processes, but the undocumented refugees or those who are less educated, poorly trained or lack proper competencies to understand the host country's social or economic system are likely to face more difficulties and settlement challenges (Samuel, 2009).

Muslim immigrants may encounter various stressful situations due to language barriers, limited economic resources, discrimination and racism, clashing cultural values, and social isolation (Bui, 2003). All of these factors create a stressful situation for immigrant families, which may in turn increase the family's vulnerability for IPV. Previous findings endorsed immigration as a pre-stressor for domestic violence. Zakar et al. (2012) found that the process of immigration exacerbated tensions between Pakistani Muslim immigrant spouses due to various immigration stressors such as threats to cultural identity, children's socialization, poverty and social isolation. In addition, immigrant Muslims may come from oppressive regimes, colonization experiences, or the African American Muslim's experiences of slavery and societal oppression (Abugideiri, 2012). The intersection of multiple oppressions complicates the abuse experiences for Muslim women. For example, an African-American Muslim woman is not only a woman, black, immigrant, and Muslim but she has also been placed at the intersection of these contexts that makes her abuse experience unique from the other abused women's experiences.

Many Canadian Muslims are refugees coming from the war zones who have been formerly affected by violence, living in refugee camps and who have experienced a loss of their socioeconomic status. These experiences can increase the stress level in the family, blur the lines of abusive behaviours and interfere with help-seeking behaviours (Abugeidiri, 2012). Toward this end, Baobaid et al. (2015) notes "one other area where there is a lack of research is the intersection of pre-migration trauma and violence against women and children. Immigrants may

face adjustment challenges that prevent them from integrating into the new society, while others may live with post-traumatic stressor disorder (PTSD)” (p. 156). Lorenzetty (2006) examined the dual impact of war trauma and domestic violence on refugee women in Calgary. These results showed that the fear and loss of surviving war, coupled with the disappointment and betrayal of being abused by their partner, created two sets of trauma in women's lives.

**The role of faith.** The role of one's religiosity and misinterpretation of religious teachings in the prevalence of IPV is a complex relationship. Religion is often interpreted through cultural and historical lenses (Abugideiri, 2012). It is important to distinguish between the current culture of Muslims and religious teachings of Islam (Hassuneh-phillips, 2003). Islam is a comprehensive theological system, which includes cosmological beliefs, values, principles, and sets of associated political, economic, and social practices that may or may not be applied accordingly (Beshai, Clark & Dobson, 2013). As Hodge and Nadir (2008) indicated, “No single Islamic narrative exists, just as no single Western narrative exists. Rather, a multiplicity of narratives exist, each shaped by local cultures, race and ethnicity, political realities, degree of spirituality and other contextual factors” (p. 32). Thus, any attempt to suggest a single definition of Islam or to determine a set of Islamic values is insufficient, and even misleading (Beshai et al., 2013).

The interpretation of some religious teachings serves as a means to maintain the abuse, although others are viewed as a source of liberation from abuse (Ayyob, 2000). Amar's findings (2007) revealed a set of Islamic interpretations from the Qur'an and *hadith* ranging from severe patriarchal to feminist approaches regarding IPV, with each having different implications. According to verses from the Qur'an, men and women were created from a single soul (Qur'an 4:1; 49:13), suggesting an inherent equality in their nature. In Islam, all people are equal

regardless of their race, gender and ethnicity. The sole discriminating factor is one's good character: "O mankind, indeed we have created you from male and female and made you nations and tribes that you may know one another. Indeed, the most noble of you in the sight of Allah is the most righteous of you. Indeed, Allah is knowing and acquainted" (Qur'an 49:13). Marriage is based on love and compassion (*Mawaddah*) and mercy (*Rahmah*), with mutual tranquility (*Sakeenah*) being the desired outcome (Qur'an; 30:21).

One of the features of the Qur'an includes ambiguous and metaphorical verses endorsed by the Qur'an itself. According to Islam, these verses can only be interpreted by people who have the knowledge to interpret them. The literal translation by people of these verses leads to error and confusion (Hewer, 2013). The Qur'an (2:7) notes that "...As for those in whose hearts is deviance, they pursue what is metaphorical in it, courting temptation, and seeking its interpretation. But no one knows its interpretation except Allah (God)..." While there is no justification of abuse in Islam, these verses are often manipulated as means for some Muslim men to justify abuse and violence (Barlas, 2013).

### **Culturally Competent Service Delivery**

Cultural competency in the field of IPV continues to be met with resistance from service providers and researchers (Bent-Goodley, 2005). Over the past two decades, IPV research has focused on "culturally neutral service delivery" as opposed to "culturally competent service delivery" (Bent-Goodley, 2005). However, advances in domestic violence research and practice have acknowledged the substantial role of race, culture, and ethnicity in assessing and intervening within IPV (Lockhart & Mitchel, 2010). Yoshioka and Choi (2005) indicated that while the majority of research has focused on the ways that a woman's cultural practices and

beliefs may place her at risk, there has been a lack of discussion about how culture can facilitate unique solutions. Current service response is focused on helping a woman to leave an abusive relationship and live independently within a well-developed system of services for women from western individualist culture that can assist in the accomplishment of this goal. However, service providers have become aware of the fact that these services may not be appropriate for women from collectivist cultures. This difficulty lies in the gap between the women's perceptions of desirable gender and marital roles and those that are implicit within the service options (Hassuneh-phillips, 2001; Yoshioka and Choi, 2005)

To provide meaningful options to all women, we need to focus on the alternative frameworks that will allow the development of a full continuum of services. Yoshioka and Choi (2005) recommended the development of a full range of nonjudgmental options that would lower a woman's risk for violence that includes those women who are not likely to leave their relationship. Service providers and researchers are required to reconsider how they think about the cultural factors. Rather than seeing cultural values or norms as "barriers" to the dominant model, they must view them as "resources" for change (Yoshioka and Choi, 2005).

Following this research, Kulwicki, Aswad, Carmona and Ballout (2010) examined the barriers to the utilization of domestic violence services among American Arab Muslim women in the United States. This study was based on the perceptions of professionals, service providers and community leaders. According to the findings by Kulwicki et al. (2010), several themes were identified using qualitative data. The most relevant theme is reflected in an inadequate continuum of domestic violence prevention and intervention services which results in problematic service delivery. Another theme was associated with confidentiality, with the inherent fear about disclosure when a woman is dealing with service providers from her own

community. Also, a lack of culturally meaningful services for batterers significantly increases the inefficiency of support services. Furthermore, victims' economic level and immigration status dictate their decision to stay in an abusive relationship. Cultural norms towards family honour and shame force many victims of abuse to hide and/or accept abuse and reject the alternative for divorce. Finally, the conservative response of religious leaders hinders the help-seeking behavior of battered Arab women. Proper training of religious leaders would maximize their influence towards creating a more supportive environment for women survivors.

Kiely-Freude and Abdulkaring (2009) also conducted research to address how counsellors can support African American Muslim women in the prevention of spousal abuse. They proposed a culturally-adapted version of the transtheoretical model incorporating racial and religious identity factors into the treatment modality. Although the revised model has yet to be implemented in real-world settings and its effectiveness is yet to be assessed, this research is considered a step forward in adapting current intervention models that best suit Muslim clients.

In order to address IPV in the Muslim community, Baobaid and Hamed (2010) initiated the *Muslim Family Safety Project* (MFSP) in 2004 in Southwestern Ontario. The primary objective of MSFP includes "promoting dialogue between the Muslim community and mainstream anti-violence agencies through facilitating an environment of mutual understanding and respect" that can function as a platform for knowledge exchange on anti-violence strategies (Baobaid & Hamed, 2010, p. 47). Baobaid & Hamed (2010) noted that it is important to engage a diversity of voices from the Muslim community and the local service provider community in the process in order to integrate the expertise and knowledge of both sectors. Throughout this project, key individuals in the Muslim community and the anti-violence service community were identified to collaborate in developing strategies to address domestic violence. Key themes of the



discussion included a consensus that the preferred model would be collaborative in providing a process of two-way education. Collaboration can help mainstream agencies to learn about the Muslim community and to develop sensitive and appropriate responses; for Muslims, it is an opportunity to benefit from an increased awareness and understanding of mainstream culture, laws and services.

According to Baobaid and Hamed (2010), the primary challenge of MFSP includes integrating differing conceptual approaches of the Muslim community and feminist oriented anti-violence agencies regarding the issue of woman abuse. These authors suggested that the work of developing meaningful services requires flexibility in relationships regarding service delivery to encourage the voices of minority cultural communities to be heard in the development of services. This process certainly requires an examination of key concepts and practices in existing mainstream services in order to address barriers of access and gaps in service. As well, it is important to integrate an intersectional understanding of the dynamics of woman abuse in its specific social, cultural, and psychological contexts as experienced by women and families in Muslim communities.

Recently, Baobaid et al. (2015) developed a *Culturally Integrative Family Service Response* (CIFSR) model in order to address domestic violence in immigrant and newcomer families from a collectivist background in general, and immigrants and refugees from conflict zone countries in particular. This model depicts four stages of service provision: (a) *Family screening*: Newcomer families attend an orientation session within days of arriving in Canada; (b) *Early identification*: Families are assessed for participation in Safe Integration Program (SIP) utilizing Four Aspect Screening Tool (FAST) that assesses four sources of risk in ethno-cultural, migration experience, religious and universal aspects; (c) *Early intervention*: SIP assessment is

completed, case is conferenced utilizing the Coordinated Organizational Response Team (CORT) process; (d) *Partnership*: CORT team partners that include representatives of service organization, family member, ethnic community and coordinating organization are engaged.

This model is recommended as it recognizes and identifies early warning signs and provides support for those who have experienced IPV and migration trauma. Baobaid et al. (2015) also indicated that this model has been implemented as a pilot project within the Muslim community. The project is in its early stages of development, and the validity of the tools used within this model and consistency of the outcomes are yet to be confirmed. In addition, limitations associated with qualitative methodology and clinical data has been identified. Therefore, more research is required to determine the impact this model is having for Muslim immigrant and newcomer families.

The experience of IPV is complex. Culturally based beliefs, behaviours and preferences can further complicate the abusive situation. Research on how cultural contexts influence the behavioural and mental health outcomes of Muslim women living with violence is limited. Having cultural competency and familiarity with the intersection of race, religion, ethnicity, immigration, and societal oppression among other factors can help to guide the development of effective assessment and intervention strategies to address cultural differences.

### **Theoretical Framework**

Relational-Cultural Theory (RCT) highlights the importance of growth-fostering relationships in people's lives (Jordan, 2010). Walker (2002) notes that the connections and disconnections that characterize a relationship occurs in the context of race and gender, that has been sexualized and stratified along dimensions of class, physical ability, and religion among

other cultural constructs. As such, exploring culture-based relational disconnections is one way to promote service providers' relational, multicultural, and social justice competencies (Comstock et al., 2008). These competencies are grounded in an awareness and knowledge of the ways in which cultural oppression, marginalization, and various forms of social injustice lead to feelings of isolation, shame, and humiliation among people of color (Comstock et al., 2008).

According to RCT, the dynamic of controlling images and shame creates a pattern of relational disconnection, isolation, and disempowerment. The stereotypical images of people of colour attempts to hold people in their "place" and induce the notion that change cannot happen (Collins, 2000). "It is hard for people to stay with their own truth when they are immersed in the sea of distorting and controlling images" (Jordan, 2010, p. 29). Shame is a principal factor in the process of disconnection and insolation. "In shame, one feels disconnected, that one's being is at fault that one is unworthy of empathic response, or that one is unlovable. Often in shame people move out of connection, lose their sense of efficacy and lose their ability to authentically represent their experience" (Jordan, 2000, p. 1008). Shaming marginalized groups by using stereotypical images plays a significant role in silencing and disempowering them in order to reinforce their subordination (Jordan, 2010). Thus, a dominant group's authority can be maintained by a prevalent power tactic of silencing those who present different views of reality (Jordan, 2010).

Social service provisions that are not guided by relational, multicultural, or social justice ideology have the potential to further preserve the silencing and oppression that marginalized individuals experience in the larger culture (Comstock et al., 2008). Walker (2008) highlights the notion of multicultural counselling within a culture of fear and violence. Walker notes the force expressed in counselling as emerging from a culture that is frequently traumatized and

overwhelmed with fear and conflict arising from international violence that affects the lives of millions of people from marginalized and devalued racial and cultural groups.

In light of RCT, El-Amin and Nadir (2014) explained the social work practice with Muslim clients. They noted that Muslim clients often come to clinical attention on a mandatory basis, which may already be influenced by conflict with Western social standards. The clinical social work orientation, as opposed to concrete services on demand, can be experienced as hostile. Muslims in the West continue to be the most misunderstood community who are significantly represented in hate crime statistics. Helping professionals have not been immune to commonplace negative stereotypes of Muslims, and most have had little experience or training to prepare them for their work with the growing Muslim community (Hodge, 2005). Muslim clients demonstrate the degree of uncertainty or suspicion in an intimate process with a practitioner. Muslims in need of mental health services may be reluctant not only to seek services, but to express fears and problems in their lives created by Islamophobia (Abu-Ras, Gheith, & Cournois 2008).

The Muslims' silence and reluctance to seek help and utilize services regarding their mental health issues may arise from "controlling images" suggested by RCT, which refer to the distorted images of various minority groups depicted in a society at large. These images serve as creating maladaptive disconnections and a sense of disempowerment that may be experienced by non-dominant cultural groups (Rosenberg, 2014). The kinds of violence that Muslim girls and women may face – whether in Canada or elsewhere – are often portrayed in Western media with images of honour killings, forced veiling and other forms of violence committed by their male family and community members. These stereotypes do not represent the complex reality of domestic violence (Riley, 2011; Ammar, 2000). Examining an incident out of its sociocultural

context and considering mainstream cultural criteria as a sole frame of reference (McCue, 2008) may not result in either a sound or fair judgment. The possibility of unfair judgment may lead to “race anxiety” about the generalization of their issues onto the Muslim community and the religion of Islam. Ahmed (2012) noted that Muslim converts in particular fear the clinician will attribute the presenting problem to conversion. As a result, professional clinical treatment with a non-Muslim has been ranked as the least acceptable choice for services (Carolan, Bagherina, Juhari, Himelright, & Mouton-Sanders, 2000). Therefore, the relational practitioner focuses not only on a client's intrapsychic status, but also the salience of cultural and religious identity. This is especially true when establishing a therapeutic relationship with the marginalized population of Muslims in the west (El-Amin & Nadir, 2014).

Intersectionality is another theoretical framework used in this research. According to Lockhart and Mitchel (2010), intersectionality is a “theoretical framework, a methodology for practice and research, and a catalyst for a social and economic justice agenda to address social justice issues such as those affecting women in our society who experience intimate partner violence” (p. 17). Intersectionality is based on the well-known principle that *the whole is greater than the sum of the parts*. The intersectionality framework emphasizes that women have multiple and converging identities drawn from race, colour, age, social class, sexual orientation, abilities, religion, spirituality, ethnicity, nationality, citizenship status, physical characteristics, culture, history, geographical location and language and still be seen as uniquely whole (Lockhart and Mitchel, 2010). An individual's identity can only be understood through exploring the unique place that emerges at the intersection of these multiple identities (Collins, 2010). Therefore, female survivors of intimate partner violence must be viewed as displaying compound,

sociocultural identities and group memberships that are significant in shaping women's abuse experiences and their help-seeking behaviours (Lockhart and Mitchel, 2010).

### **The Present Study**

Regarding the contributing variables and existing state of anti-violence service delivery in Canada, the aim of this project was to explore the perspectives of domestic violence service providers who have largely dealt with Muslim woman survivors regarding the issue of IPV in the Muslim community as it relates to women's domestic violence service utilization. The research took place in an urban southwestern Ontario community that is home to approximately 375,000 residents, of whom approximately 21% are immigrants and refugees (Statistics Canada, 2011). The community that took part in this study has a growing Muslim population, the third largest in Canada (Baobaid & Hamed, 2010). With the community involved in this study, the anti-violence service delivery community is robust and pervasive and includes an agency that is one of Canada's largest high-security shelters, a major research centre focusing on violence against women and children, a community-based violence against women service, and a Muslim community-based family support organization. The conclusion was that this community provides a convenient setting for the research on domestic violence in the Muslim community to take place. Through communication with service providers we explored, perspectives regarding Muslim women survivor's experiences and their utilization of service given the cultural contexts.

The questions that focused the data collection included: What do the service providers know about Muslim women's experiences of IPV? How does the sociocultural context influence Muslim women's utilization of anti-violence services? What is the current state of service delivery, and how do these services meet the needs of Muslim women given the real and

perceived cultural barriers? What types of professional challenges do the service providers face in addressing domestic violence among Muslims? What lessons have they learned throughout their professional work with Muslim women? What strategies do they find effective versus ineffective? What are their recommendations for the improvement of domestic violence services and current intervention models for Muslim clients affected by domestic violence?

### Chapter 3: Method

While each of the previously cited studies advances our understanding of the abuse experiences of Muslim woman survivors along with the critical need for meaningful and culturally-informed service delivery, a number of areas of inquiry remain open for exploration.

Several modalities of assessment and intervention for IPV have been developed over the past three decades (Haj-Yahia, 2011). More recently, the applicability and effectiveness of these modalities for women of colour have been called into the question. Many domestic violence experts believe current instruments, interventions and service methods as well as the definitions, principles and philosophies that underlie them are insufficient in detecting the nature and scope of violence against all women (White et al., 2012; Haj-Yahia, 2011). Despite the significance of culturally-competent service provision, there is a scarcity of research examining the perspectives and experiences of front-line anti-violence service providers, even though they may have ongoing exposure to cases of Muslim women who are affected by violence.

Toward this end, exploring the attitudes of front-line service providers through qualitative methods allows for an in-depth knowledge of prevailing anti-violence service provision, and how this knowledge is adopted in addressing the needs of Muslim women survivors in Canadian agency settings. Although previous studies explored Muslim women's experiences of IPV from their own perspectives, there is a dearth of studies exploring these experiences from the front-line service providers' perspectives as they relate to culturally-competent service delivery. In an effort to address some of these gaps in the research identified by previous studies in this area, this study employed a qualitative research design to explore the perspectives of front-line anti-violence service providers working at two large anti-violence agency settings in London with respect to their knowledge and experiences in working with Muslim women.



### **Phenomenological Research Design**

The goal of this study was to explore the perspectives and experiences of anti-violence service providers regarding Muslim woman survivors of IPV, and factors related to their utilization of services. A phenomenological design was employed. A phenomenological design is appropriate when the purpose of the research is to reduce the personal experiences of a phenomenon as described by participants, and collect these experiences through an in-depth exploration of that phenomenon to focus on the universal essence of the problem (Creswell, Hanson, Plano Clark & Morales, 2007).

### **Participants**

Eight participants working in front-line services from a mainstream shelter and a Muslim oriented service as two large urban-based social service agency settings, were recruited. Social service providers at the mainstream shelter provide crisis response, 24-hour help line, emergency shelter, second stage housing, family court advocacy and counselling for all woman survivors. The Muslim Centre focuses on the provision of advocacy, counselling and support services in a safe, non-crisis, non-residential setting, collaborating and partnership with mainstream organizations to build a bridge between Muslim community and mainstream service organizations.

Participant recruitment was conducted through convenience sampling, considering the knowledge and willingness to take part in the project. Convenience sampling is the best-suited for this project in achieving as many responses as possible. In addition, the logic of the study demands volunteering and pre-screening to ensure eligibility of participants based on their previous experiences in working within anti-violence settings. The inclusion criteria included adequate experience in working with Muslim women survivors which enables the participants to

reflect on their experiences, even though the levels of experience and contact would vary among the participants. All potential participants were sent a letter of information regarding the purpose, the risks and benefits of the study. Final participation in the study required signing a consent form evidencing their consent and willingness to participate in the study.

### **Design**

The design was centred on qualitative research methods. Since the field of IPV in the Muslim community has only been recently initiated in the literature, the majority of research studies have been designed based on qualitative methods. In addition, qualitative research methods mesh with the nature of this project. The primary research questions of this project were to reflect the perspectives of front-line social service providers regarding Muslim women's experience of IPV and women's utilization of services. Hence, implementation of a qualitative method with the intent of studying the complexity of service provider's perspective in the natural environment such as in a social service agency setting was chosen. In light of the modest research on the topic that examines the cultural-competency of domestic violence services for Muslim women survivors, primary concern was with stories, opinions and beliefs, which were gathered through words or expressions from the participants. Since the current project was characterized by investigations that do not employ experimental control and manipulation, this study is considered to be a descriptive field study.

### **Procedure**

Ethical approval for the study was obtained by the University Research Ethics Board (see Appendix A). Prior to collecting the research data, the thematic questionnaire was reviewed by a non-participating clinical psychologist to ensure the clarity of the probe questions. The data for this study was collected through eight semi-structured interviews consisting of approximately six

to eight probing questions regarding the general perceptions of the impact of Muslim women's cultural context on their abuse experiences and their service utilization (see Appendix D). These prompts included: 1) The Muslim woman survivor's experience of intimate partner violence; 2) The appropriateness of current services; 3) The barriers to service utilization; 4) The experience of cultural gaps in knowledge; 5) The helpful and less helpful responses from the service delivery system; 6) The impact of personal biases if any, and; 7) Their recommendations for possible service improvements. These questions have been drawn according to the extensive literature review on the topic that aimed to identify the key areas of the subject that have not been previously explored in research of domestic violence in Muslim community.

The duration of each interview was 60-90 minutes. Each potential participant was contacted via phone to confirm knowledge of the subject matter and willingness to participate in the study. An invitation letter containing an explanation of the study's purpose, a notice of the voluntary participation guidelines, an audiotape permission form, and an informed consent was sent to all willing participants (see Appendix B & C). These interviews were recorded and transcribed producing a complete and accurate record of the participant's responses. Follow up questions were asked where needed.

### **Data Analysis**

The audiotapes were transcribed into texts or transcripts. The transcripts were coded using *Content analysis*. Content analysis is often applied to "textual" data. It is an appropriate method for this project with qualitative data derived from interviews. According to Ellison (2012), content analysis looks for the presence of words, phrases or concepts in the text and endeavours to understand their meaning and relationship to each other. The interest is in the

frequency with which certain words occur in the text which are most likely to be significant. Toward this end, all transcripts were primarily read to provide an overall picture of the data. Next, meaning units which reflected direct quotes of the participants were grouped with related meaning units and assigned descriptive “meaning codes”, which were in turn used to generate descriptions. These descriptions were then organized into themes (Creswell et al., 2007).

**Inter-rater reliability.**

Following the analysis of the data and the identification of themes, inter-rater reliability was conducted by an impartial coder to review the emerging thematic analysis at multiple stages in the research process and to test coding consistency. Sixteen participant quotes coded by the impartial coder were assigned different themes, for an inter-rater reliability value of 87.5%. The process of data collection and analysis was undertaken during summer and fall 2015.

## Chapter 4: Results

Eight frontline service providers participated in semi-structure interviews to share their perspectives and lived experiences in working with Muslim women survivors of intimate partner violence. Service providers were recruited from two different sources, a mainstream shelter and a dedicated Muslim centre. While the mainstream shelter provides housing, counselling, advocacy and support for women, the Muslim centre provides counselling and social support network for women as well as case consultation and partnership with mainstream services. Recruitment was conducted via sending mass email to these agencies, presenting research in staff team meetings and referrals.

This was a purposeful and convenience method of sampling, reflecting the experiences of service workers whose work focused on Muslim IPV survivors. These professionals came from a variety of professional backgrounds including a Clinical Program Director, Relief/Mental Health Worker, Outreach Counsellor, Shelter Residential Counsellor and Social Worker. The quantity and quality of the experience varied across participants ranging from 1 year to 32 years of experience. Participants' exposure to Muslim women survivors of IPV varied from 5 to 200 clients. Among the eight participants, five indicated that they had received relevant and special training on Muslim women's experience of domestic violence. The sample was heterogeneous, selected from two different agencies in gathering diverse perspectives. Participants were grouped into two subgroups: Group A 'Mainstream Shelter' that included 5 participants, and group B from the 'Muslim Centre' included 3 participants. As per different agency settings, the division of participants was solely for understanding various services and exploring the topic from different angles. See Appendix E for the form of demographic questionnaire completed by all

participants prior to their interviews. See Table 1 below for a summary of participant demographics. A summary of participants' demographics is shown in Table 1.

Table 1: *Participants Demographics*

Participants	Gender	Age Range	Education	Position Title	Years Experience	Number of Muslim Clients	Relevant Training	Client's Age Range	Client's Predominant Ethnicity	Client's Predominant Socioeconomic Status
SP-1	F	27-35	Social Work	Residential Counsellor	1	5	No	30-40	Arabs, Syrian	Low
SP-2	F	27-35	PhD Student	Residential Counsellor	6	50	Yes	16-55	Iraqi, Syrian	Mid
SP-3	F	27-35	Social Work	Transitional Outreach Counsellor	13	130	No	17-70	Various	Low
SP-4	F	> 36	Social Work	Residential Counsellor	18	10	No	18-60	Various	Various
SP-5	F	> 36	Social Work	Outreach Counsellor	23	100	Yes	14-70	Various	Low
SP-6	F	27-35	Social Work	Social Worker	6	140	Yes	Various	Arabs	Mid-Low
SP-7	F	> 36	MS.CMHC	Relief/Mental Health Worker	5	60	Yes	35-47	Arabs	Mid-Low
SP-8	M	> 36	Master's Social Work	Program Director	35	200	Yes	0-70	Various	Various

Group A Group B

This study attempted to be inclusive of intimate partner violence as experienced by Muslim identified women, and explored via service providers' unique lenses. The aim of this study was to explore social and cultural determinants of IPV in the Muslim community, and how they impact women's abuse experiences and in turn patterns to their service utilization in address violence experiences. Eight theme areas were identified through interview content analysis. They were categorized as: Immigration, Collectivist and Authoritarian Culture, Patriarchy, Honour and Shame, Faith, Risk and Protective Factors, Current and Suggestive Services and Barriers to Service Utilization. The first six theme areas reflect social and cultural determinants of intimate partner violence. The latter two areas are highly focused on services provided and received for IPV.

In determining which items were to be grouped together to arrive at the eight themes, the narrative content was examined for commonalities. The first criterion for viewing the interview content was characterized as the focus on women's experiences of IPV, or women's experience of utilizing services for IPV and the ways in which they intersect. Hence, topics such as women's experiences being in a shelter, supported by the Muslim centre, existing services, providers' experience of providing service, service blind spots and recommendations for the improvement of services were deemed as service utilization notion, while all other factors related to social and cultural issues that influence or complicate abuse experiences, and in turn use of service, were deemed as women's experience of IPV. The second criterion for viewing the interview content was whether the social and cultural factors discussed were exclusively related to Muslim identified women or could be experienced by non-Muslim women as well. This aided the understanding of how various covert and overt factors contributed to women's experience of abuse. This led to the next premise that if the goal of this research was to illuminate the lived



experiences to better understand how to respond to these women, then knowing what is perceived as effective, as well ineffective, is critical. As per the intersectionality framework, various themes intersected across the interview content. In a few cases, items fit more than one theme. When possible, efforts were made to assign a single thematic rating.

The total number of coded ratings for the ten themes across all seven participants was 858. The total number of ratings per participant varied from 50 to 110 with the mean being 73.12 and standard deviation  $SD = 24.30$ . Across themes, the total number of ratings per theme ranged from 23 to 168. This data is summarized in Table 2: Matrix of Interview Themes.

Table 2: Interview themes

Participant	Theme 1		Theme 2		Theme 3		Theme 4		Theme 5		Theme 6		Theme 7		Theme 8		Total Rating
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	
SP-1	7	13.20	2	3.77	4	7.54	2	3.77	3	5.66	4	7.54	16	30.18	15	28.30	53
SP-2	9	15.78	4	7.01	0	0	4	7.01	3	5.26	4	7.01	15	26.31	18	31.57	57
SP-3	12	17.91	3	4.47	5	7.46	3	4.47	1	1.49	10	14.92	27	40.29	6	8.95	67
SP-4	8	16	3	6	1	2	2	4	2	4	12	24	14	28	8	16	50
SP-5	16	15.84	15	14.85	2	1.98	7	6.93	4	3.96	8	7.92	40	39.60	9	8.91	101
SP-6	15	13.63	8	7.27	10	9.09	5	4.54	8	7.27	19	17.27	25	22.72	20	18.18	110
SP-7	20	21.50	4	4.30	7	7.52	8	8.60	2	2.15	14	15.05	15	16.12	23	24.73	93
SP-8	6	11.11	3	5.55	2	3.70	1	1.85	0	0	6	11.11	16	29.62	20	37.03	54
The total N for theme	93		42		31		32		23		77		168		119		585
Mean	11.62		5.25		3.87		3.75		2.87		9.62		21		14.87		73.12
Standard deviation	4.9		4.33		3.35		2.50		2.41		5.23		9.13		6.42		24.30
Theme percentile	16%		7.24%		5.2%		5.47%		3.93%		13.27%		28.71%		20.34%		100%

Theme 1	Immigration
Theme 2	Collectivist and Authoritarian Culture
Theme 3	Patriarchy
Theme 4	Honour and Shame
Theme 5	Faith
Theme 6	Risk and Protective Factors
Theme 7	Current and Suggestive Services
Theme 8	Barriers to Service utilization

Group A	Group B
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### Theme 1: Immigration

Immigration status relates to five concepts. The first is a language barrier as experienced by immigrant Muslim women. The language barrier not only influences a woman's decision to leave the abusive relationship, but also their access to relevant services. The language barrier also relates to the limited nature of the community by which a woman reports feeling understood. The second issue is the challenge of understanding how the social system operates and the way a woman reports the violence in the family while being knowledgeable about the law. The third is the cultural contrast between the home and host countries, particularly in regards to gender roles and expectations, which can result in acculturation stress, and in turn, the potential for violence. The fourth is family stress due to the demands of cross-cultural parenting, especially when it is represented at the shelter and perceived as problematic by service providers. The last is the citizenship status of being in a new country, fear of deportation and sponsorship issues when it comes to reporting or leaving the violence.

The total number of ratings for this theme was 93, which represents 16% of the overall responses ( $M = 11.42$ ,  $SD = 4.9$ ). All eight participants acknowledged the impact of immigration issues on women's abuse experiences and their service utilization. While the Muslim Centre participants' average response rate was 13.66, the mainstream shelter participant's average response was 10.4 for this theme. Both groups similarly reflected on the experience of intimate partner violence in the context of migration. Examples from the narrative of five meaning codes are listed below:

**Meaning code 1: Language barrier.**

“Most of these women come here are newcomers and their husbands are the ones who speak the language and all that so they are dependent on them, how they are going to be able to be independent of that so that’s the thing and we need to be aware of right?”

“It is not easy you know to go to school and learn the language and deal with the immigration stuff and deal with the Revenue Canada and all of those things that all the support lacks because those agencies do not get it that someone’s English is as a second language or there is no language. Sometime they just speak one language, so you know how are you going to deal...to talk to Revenue Canada on the phone something so simple that we take for granted, a new comer struggles with that so they are going without child tax benefit.”

“I think I mean there are the structure of the services and shelters for Muslim women to come. The difficulty is the language barrier, so getting cultural interpreter who speaks Arabic, who speaks you know Urdu, so what happens is that the women’s voice lost immediately and there are...may be three times a week when we get somebody to come in and interpret. And that’s why women’s voice is not heard and the rest of the time that voice is gone again which you prefer to be home in an abusive situation versus in a place your voice is not heard, so I think that can be very...it can increase struggle so that piece of language barrier”

**Meaning code 2: Lack of social system familiarity.** The meaning code reflects how immigrant Muslim women’s lack of knowledge on how to navigate the social system influences their abuse experiences.

“You know when you have kids, she stays home for so many years, not going outside of her environment, and now she is released to the larger population, community. Do you know she has a social skills as someone who has no exposure to the larger community?! She does not. She wants to leave. She is going to basically live on her own. She needs lots of assistance to adapt, to learn the skills, to integrate, to be 100% independent. This is not the case. That’s not something she does not use to. She needs lots of preparation, training and education to make that decision to leave their homes or accept help to make that decision to leave that relationship. In her mind, Yes, there is abuse, But, unfamiliar with the environment. At least now I know what is going to happen and what to expect.”

“They are now even more confused when they are at the shelter because they do not know about the child tax benefit and resources even if workers are providing resources still understanding what it means because we do not have these back home. What is child benefit? If this is money, someone brings money and give it to you. You do not have to write papers and filling out the forms!”

**Meaning code 3: Cultural contrast/Acculturation stress.** This meaning code reflects the extent to which cultural norms and expectations differ between home and host countries. Acculturation stress happens when the demands of a new culture exceed family’s coping resources and disturb adaptive family functioning.

“So I think there is a lot of extra barriers in seeking services because of that... You know there is a lot of fear of losing culture and values and belief system that come with being a Muslim and that come with culture as well and that can also play a part being careful with seeking resources out in the community as well.”

“And as a community, we kind of worship the family. The family ties and connection is very important; getting family together, providing, maintaining, supporting as family as unit. She no longer sees that. Her son wants to have her cloths. So, he wants to be identified as individual instead of sharing and eating from the same plate now everyone wants her or her portion of the food. Maybe it is simple but the meaning behind it is corrupted. Yeah...and how much it is important for her to keep the family united and looked as one, now instead of one there are 2-3-5 members each one has different needs and even different views on how to accept the new culture. Some of them integrate faster than others and some of them, they do not. It is very complicated situation when you put it all together.”

**Meaning code 4: Cross-cultural parenting.** This meaning code reflects family distress due to the demands of cross-cultural parenting, and women’s experience of cross-cultural parenting while at the shelter.

“A lot of women have children and they are interpreting for moms and they are the ones that talk to maybe give information to the service providers depending on the age. So I think that can also create intergenerational conflicts when all the sudden mom...because children realize that mom are dependent on them. I think it is a natural as a teenager they want to gain control because and there is always struggle until you are becoming an adult and then what you were struggling becoming...When sense of control is lost for mom, now mom is left, now mom does not have control because they rely on children. That is an extra barrier. Do we have services that help with that?”

“The other thing, my kids they are not going to get along with the other kids. Why? Our discipline system and our parenting style is different than the Canadian. I know inside my heart

they are going to judge me based on my kid's behaviour in the shelter if I am a good mother or not and watching my kids 24/7, then they are going to call CAS. They can look at me as a stressed woman, and not able to take care of my children. It is easy the children will be removed from their mothers.”

“You know most of us are aware of the difference and the way the government runs compare to a Muslim family used to back in their own countries. For example, the way the Muslim family raise their 16 year old is different than the laws here. The laws here is that if you are 16 you can do what you want, mean that you can leave the house, you can be with whom you want you have those choices. Whereas a Muslim family say ,no, you cannot leave the house. That's not your culture people are going to talk about us. It is going to be shameful. So how do you work with that? How do you work with the family to say she is allowed and the family say ‘no’ she is not allowed? But really she is.”

**Meaning code 5: Citizenship status.** This meaning code reflects immigration-related abusive behaviour such as threatening the women for deportation or to withdraw residency application.

“I think some work should be done, because we do see women who does not have paper. Maybe some of them are invited by their husbands so they are very dependent on their husbands. So if there is abuse, even if they call police, what they do is later on, they want to change their statement because they are afraid, because they might be deported. They might lose their child if they have their child because if there is abuse they would prefer to say, no, there is no abuse I said this because I have some clients.”

“So, they do not have really a choice. They feel like they do not really have a choice, but to stay because of their citizenship, because of their sponsorship. So, they are constantly being

threatened. You know you want to go with the Western law, I will send you back home so you know the children are here and children are Canadian. They fear that they are going to be sent back home and the children will stay and they do not see children anymore. So that has a huge impact.”

In sum, a woman's immigration status is a key issue that shapes her experience of intimate partner violence. The experience of IPV is often complicated by immigration stressors such as language abilities, familiarity with the social and cultural system, citizenship status, cross-cultural experiences and social integration.

## **Theme 2: Collectivist and authoritarian culture**

This theme is focused on the impact of Muslim women's collectivist orientation on their abuse experiences and help-seeking behaviours. The collectivist and authoritarian culture places a high value on collective needs and obligations as opposed to individual needs and desires. A woman's collective is defined as her immediate family, family of origin, extended family and cultural or faith community, where they prioritize their children's needs and their family of origin's demands over their own wishes. This belief is translated into a woman's decision to remain in a violent relationship for the sake of the collective. The manifestation of collectivist culture on abuse would result in the notion of “multiple perpetrator” where women experience violence not only from an intimate partner, but also from the collective. In the worst cases, the husband and wife's collectives engage in conflict on behalf of the couple. Women do decide to leave, but only when their families support them or when children are at a high risk for safety.

This theme encompasses two meaning codes: (1) Extended family and community impacts; (2) Familial and parental values. Across participants the total number of ratings for this theme was  $N = 42$



representing 7.24% ( $M = 5.25$ ,  $SD = 4.33$ ). Both the Muslim centre's group and the mainstream shelter group endorsed this theme equally (Group A mean: 5, Group B mean: 5.4).

**Meaning code 1: Extended family and community impact.** This meaning code reflects a woman's inclination to meet and prioritize her family of origin's expectations, and the real and perceived loss of family support if she leaves abuse. The meaning code also implies the impact of *collective abuse* and the perpetrator's allies to put pressure on the victim.

“The other piece that we are trying to be mindful it is not just their intimate partner who is abusive. If they are leaving with his family, as happens with some of the women that I have worked with, is that they are living with his family here. So, there are abuse coming from other people in his family. It is not just a man. It can be a woman in the family as well. So, we are always mindful of that. So, if a woman coming to us looking for someone or trying to get information from someone so there could be ‘multiple perpetrators’ or multiple people who can help him find her, get information to her, to scare her, to change her mind.”

“Part of it, also depending on the cultural factors, might result on a woman not wanting to place her family at risk back home in situation of arrange marriages and marriages by love. Both families, her husband families have to have some understanding, some agreement around this relationship and be able to kind of supported. So when there is conflict in the couple in North America, there might be conflict in the families across the world, mother or father in West Asia and South Asia. Sometimes this is family's responsibility to keep the couple together and both families have the responsibility to try to resolve that conflict.”

“And I found that happens too with a lot of women, like before they have children, like if their partners brought them here and then partners end up being abusive. Men just start telling the

family, 'she sees Western culture and she just wants to go off on her own and that's why she is doing this'. So there is the blame so there is the family that turns on the woman and says, 'you know you need to stay with your husband and that stuff'. And then she has the pressure of the family, so many barriers for a woman to leave an abusive relationship..."

"Yeah, the loyalty to their family when they are told to go back. You know, not going to against what their family says is risk sometimes depending how influence they have on someone. And they will go back to their husbands because this is what their family told them to do, so that loyalty and commitment to your family even at the expense of your own safety and your children's safety."

**Meaning code 2: Familial and motherhood values.** This meaning code refers to the value placed on family bonding and prioritising children's needs as it dictates a woman's response to an abusive relationship.

"I think the piece that brings women to our service is when they see it is directed to their children or if their children are impacted by it. So for example the kids are crying once the incident is happening, the kids had been in bed. So, I think it is a common theme for many women who are mothers and who are being abused by their partners. As soon as they start to see the impact on their children then they say 'I get to do something about it' even though we know that children are impacted by stress and violence that happens around them, but as soon as the mom see the children are targeted or see them impacted by it, then they tend to seek out our services."

"We are here, we can help you, support you, find you a place, and take you to a lawyer.

We can try to keep the children but that's not her priority. Her priority as a Muslim

woman is keeping family together. She does not want to see herself as a single mother or as a widow or divorced woman living on her own and taking all these responsibility by herself.”

“I am just trying to think of what else to say. So a lot of women that I see too common say, ‘you know what I can do to make my life my family better’. They feel they are responsible they are the women they are responsible to keep the family together. So they just want to do anything to keep the family together.”

“I think just another risk factor is something that we have seen a lot among women that they would not leave if the children would not come. And if the children get older, they can become more allied with their fathers, especially boys around not wanting to leave, or their families say, ‘you cannot go to the shelter because this is what’s is like’. So for some women who come to the shelter, if their children won’t come, so I think that’s a risk factor, maybe sort of the age of the children so as they get older because they do not want to leave their kids. So lots of women would not leave for that reason.”

In light of collectivist culture, a woman’s response to intimate partner violence is shaped by her collective’s expectations of her as a member of the collective. The fear of losing social support due to violation of these expectations directly and indirectly impacts a woman’s decision. Marriage and motherhood occupy a central focus in a woman’s mindset, and her role and status in the community. Finally, abuse experiences are complicated through multiple perpetrators which creates a systemic coercion.

### Theme 3: Patriarchy

Patriarchy holds two concepts within the theme. The first relates to normalizing the nature of the hierarchy of dominance with the male as the primary decision maker and caregiver to the family. This reflects the normalization of the view that males dominate within a patriarchal culture. This fact has the intrinsic belief that when it comes to violence, women are too often desensitized to its impact, normalize both its prevalence and impact. This sets up a cycle of instigation and violence followed by apology, which recycles in subsequent violence experiences.

The second theme within patriarchy focuses on the fixed gender roles ascribed to men and women. In over-patriarchal settings, men are considered as an authoritarian figure in women's lives. Violence is as a result of learned behaviours rooted in gender inequality that dictates for men to exert power and control and women to accept and normalize violence. Women are suppressed in their orientation to want to achieve independence and assertiveness, and men are not interested in seeking help external to the family as it is viewed as shameful to masculinity. Violence is still too often viewed as "keeping a woman in line" thereby continuing the feelings of repression and suppression. In the other end, women who have lived with well-defined gender roles for years may experience identity confusion and acclimatization while at the shelter.

Across participants the total number of ratings for this theme was  $N = 32$  representing 5.75% of the overall endorsements ( $M = 3.75$ ,  $SD = 2.50$ ). The theme includes two meaning codes: (1) Normalizing and accepting violence; (2) gender roles. Examples of items from this theme area are shown below:

**Meaning code: Normalizing and accepting violence.**

“They are being by their parents as authority figures. If the father is not around, then who steps in always is the brother and when she gets married, then the husband will take care of her life and running and deciding which way to go, even choosing her interests, her friends.”

“The term [IPV] itself is a new in their culture. It is very new like domestic violence, abuse,...some of them understand that hitting is not acceptable and that is considered abuse. Emotional abuse, financial abuse, those different kind of abuse, assault, and insult is not in her dictionary and as soon as they recognize and understand, you see all those different types of abuse being in her life for years and she does not recognize it as abuse and even rape among the relationship between husband and wife, yeah...but it is abuse. It is against their wishes, but the husband is doing so that's ok. So as soon as she recognizes that it is not ok, then how she can feel about that? But the culture kind of or where she grow and that is not considered rape because that's husband's needs and a wife's duty is toward his husband. So, it is a duty so she needs to provide it whenever he asks for it. But it has more meaning into it, there is no feeling, there is no emotions, and there is no intimacy. So, it is like a job and deal with it.”

“When a person is coming from very oppressive culture then that can physical abuse, not that it is not understood, but as it is Ok you know you if you perceive to see yourself 'less' than having to or be second to a man then that's a normal day to day life.”

**Meaning code 2: Gender role.**

“Well the risks so I think the power differential that exist between man and woman in the culture or the perceived inequality is a huge risk because lots of women feel that they are not worthy to

or capable of living on their own. They are coming from the countries where their beliefs around men are superior and men are superior here in Western society. We still have differences in pay scale between men and women I think that's a big piece."

"Basically from my observation, those kind of women grew up accepting they are female and female should behave in certain way and this is your role in life and that's man and his role in life. You know the differentiation of as a female what you are capable of doing and what's here and the purpose of being here in life, they are kind of dictated in their mind. They are here to grow up as a woman, and get married and have children, be a good wife and a good mother, be a good support to their husband. So, coming from that mentality, they do not see the abuse. So, in their mind that's a norm, because she sees her mother her sister going through this, so there is no difference. So, everyone is treated in a similar way and they do not understand the fact that they are being abused by their males in their families."

"Sometimes I see that if there are children, they [women] delegate a lot on the children even if the children. They are young they put a lot of... and also belief that now he is the 'man' of the house and even if the boy 13-14 years old, they see him as now you are the man. You have to help me with the children and children in small age because they need to take that role of the man again that can be in other culture to somehow."

"The man do not reach out to the Imams or to any other services because they think you know they are right and they do not need anyone to help and support. So, it ends up no changes ever end up being made unless the man is willing on reaching out and talking to someone in the community."

“When she is at home has the formal responsibility of providing education for children up to certain age. Her role is very well defined and when you take it out of there, it is like you pull fish out of water right and put her in [a mainstream shelter] or in the shelters who does not understand that cultural context.”

To sum, participants agreed that IPV can be due to patriarchy and is rooted in gender inequality where masculine power is encouraged and transmitted across generations. Patriarchy leads men to justify abuse and not to be willing to seek help, and for women to normalize and accept violence.

#### **Theme 4: Honour and shame**

Honour and shame represent the duality of the concern for the privacy and loss of face in a broader community. The collectivist cultural orientation directs that families place a high value on saving face and the family's reputation. Given the stigma attached to getting divorced, leaving a house, family break-up, and living as a single parent, the disclosure of abuse leads to a dishonour of the family which in turn results in the loss of social support for women. This theme had the least number of endorsements with the total rating being 23 representing 3.93% of overall ratings, ( $M = 2.87$ ,  $SD = 2.41$ ). The meaning codes within the theme honour and shame include: (1) Loss of face; (2) family privacy.

##### **Meaning code 1: Loss of face.**

“They might really keep accepting abuse just to keep their family honour because they do not want to be divorced because this might affect their reputation because culturally divorce is not as much acceptable even though they know abuse is not a good thing. They might just staying in an abusive relationship because they want to protect their family honour, because it is also honour

issue for the family and especially for the collectivist culture. This is very unacceptable to report your husband to the police and charges him. So, she may lose all the support from her family, not only from him, but her family, her community. And when you remove all of this from a woman this is more problem for her.”

“So if she had few friends and she might be worried about what other people will say about her as someone as a divorced woman or separated woman or a single mom. She left her husband because there are always the blame on woman always...’if she has not done anything wrong or her husband won’t let her go’ and you know sometimes the community pressure, ‘I cannot leave because what other people might say, what other kids come and say my children if they knew they are living separate from their parents or fathers what community might say’. If the woman has daughter now the daughters would lose the chance of getting married.”

**Meaning code 2: Family privacy.**

“I have worked with families who are very resistant to be engaged in outside agencies because police had been called or the Children’s Aid Society and often we are called in to attend a meeting to help and do some safety planning because of the cultural piece around sharing the secrets of the family or talking to outside about what is going on and what is in the family put them at risk.”

“The other experience that I have is they are afraid to reach out because of the community because of their children. They do not want a bad name on their kids coming from a broken family so they just want to keep things between them.”



The themes honour, shame and collectivist culture are very much intertwined across the data. A high value is placed on family honour because of the collectivist cultural orientation, where people in the community are very much interconnected, and saving face is used as a means to receive community acceptance and support. Personal identity is not completely differentiated from family identity. Thus, a failure in a marital relationship is a failure of the entire immediate and extended family system.

### **Theme 5: Faith**

Two major themes emerged in regards to the overall influence of faith. The first is the understanding of faith and the meaning of the Muslim religion in the context of intimate partner violence. Misunderstanding emerges in part due to the complexity of not only the diversity in interpretation of the Quran as it relates to hierarchy and male dominance, but also the intersection of faith interpretation in the context of the country of origin and cultural context which derives different interpretations. It is also determined by the interpretation of the local Imams who may hold a fundamentalist view of interpretation in their guidance, which prevents women from leaving an abusive relationship. The fundamentalist view remains within certain understanding of faith that interprets the cultural imperative of male dominance and violence. The fundamentalist interpretation is adopted not only by the perpetrator to excuse violence, but also by women to accept and normalize abuse in their lives. The second major part of this thematic analysis relates to the diversity within the Muslim community, and the ways in which culture and religion are intermingled.

Across participants the total number of ratings for this theme was  $N = 31$  representing 5.2% of the overall ratings, ( $M = 3.87$ ,  $SD = 5.23$ ). The two meaning codes include: (1) Understanding of religion; (2) Religion and culture intermingled. Examples of items from this theme area are shown below:

**Meaning code: Understanding of religion.**

“Well I think there is...like I'm not an expert like in Islam, I grow up in the Christian family. I am not religious anymore, but I grew up, so I...there is sometime similarities a little bit and I wonder...It does not mean that everyone practices the religion the same way of course. There are different sects and interpretations and ways of living so I wonder if there is much more fundamentalist interpretations. I think that that makes it...because then probably they may be taught they might serve the husbands, so they feel like their abuses are acceptable.”

“But I have worked with woman who have been told by their imams throughout the years or by the religious people through the mosque that they need to go back, that they need to be a better wife, they need to do what they are told. And so, when someone that powerful tells that to you, you know you are pretty strong person to go against it.”

“In one case in particular when she came, she shocked me when she mentioned Islam abuses women. I said ‘in what way?’ she said ‘yeah God said women was created from rape, Adam’s rape, Eve was created from Adam’s rape so basically she is not a full person’. I said ‘but she is a person’, she said ‘in the Qur’an God speaks to a man he put them in power and he created us weak as a woman’. I said ‘how you interpret that into accepting abuse ok I understand women is created biologically differently and psychologically different than men but why you are blaming God and you are blaming religion? and did you read the Qur’an yourself?’ She said ‘no’, ‘so where you had your education about the religion?’ She said ‘from my father and the religious school’, she went to a religious school. You know sometimes women interpretation of things they kind of blame their situation on something else she said ‘I am in a miserable situation and I am taking all the hitting and being treated badly’ because who is the blame in her mind? It is her

religion or her father's interpretation of the religion or culture and expectation what women should be. So that was unique case for me..."

### **Meaning code 2: Culture and religion intermingled**

"But also in some...first of all for Muslim women are very diverse. Sometime what happens is religion and culture are mixed up in many places. Sometime people who come from Africa or Pakistan or other countries, they might have a different understanding on religion because sometimes what happens is that religion and culture are mixed up and they do not know what is what. They just go with what they know."

To sum, the inferences drawn from religion can be used for men to justify abuse and for women to accept the violence. The blame is placed on women through the interpretation of religion using patriarchal, fundamentalist and various cultural lenses in interpretation. Participants agreed that the Muslim community is very diverse and religious teachings and cultural practices often times are not properly distinguished.

### **Theme 6: Risk and protective factors**

This section of thematic analysis reflects both risk and protective factors. Risk factors relate to pre-migration trauma, social isolation and socioeconomic status related to poverty. Pre-migration trauma reflects how immediate circumstance such as trauma, torture and being forced to leave a country increases the family distress and destabilizes the family structure. This can relate to witnessing death and severe trauma as a result of immigrating from war torn countries, which can lead to the desensitization and transmission of violence in the family. Frequent response to traumatic contexts such as coming from a war-torn country can itself reflect symptoms of PTSD such as flashbacks, anxiety and emotional

arousal. Mental health status can in turn impact roles and functions within the family and in themselves become a basis for violence.

The second risk factor relates to social isolation and the inability to relate meaningfully to individuals within the supportive network that can be drawn into the ability of women to leave a violent relationship.

The third risk factor relates to socioeconomic status and poverty, which translates into unemployment as a result of migration and financial dependency that women have on their male partner. Loss of both career and status increases the stress level within the family and results in family conflict that can escalate into violence. In addition, the decision of the woman to remain in a violent relationship for the welfare of the children is predicated on her decision to be safe but poor, or to be victimized but financially supported. The fear of poverty intersects with their immigration status as it relates to their employability and financial stability.

Protective factors can enable women to leave a violent relationship. This reflects the degree of social support, familial support and educational attainment. Social support will enable women to experience being supported in an effort for her to remain safe and to keep her children safe. The second protective factor includes family upbringing that would be translated as having an understanding of a woman's family of origin who share a zero tolerance for abuse in relationships that allows a woman to choose to leave violence without the loss of face or compromising the family's values. The third is education attainment that implies that a woman's ability to draw on her own attainment through educational achievement and social skills development in being able to develop a sense of her own self and identification she has with her male partner. These three protective factors would promote resiliency in women surviving a violent relationship.

Across participants the total number of ratings for this theme was  $N = 77$  representing 13.27% of the overall responses, ( $M = 9.72$ ,  $SD = 5.23$ ). The participants from the Muslim centre had the higher number of ratings than the participants from mainstream shelter for this theme ( $M = 13$  versus  $M = 7.6$ ). Examples of items from risk factors are shown below:

**Meaning code 1: Pre-migration trauma.**

“When you are coming from war zone, what you see every day is violence. If a soldier come from war zone, you see trauma and traumatic experiences and if someone comes from war zone, it is hard to expect them behave good and to integrate in a Canadian society safely because they do not get counselling when they come here. The only thing they get is like settlement. What kind of resources do we have for mental health?”

“Especially if they come from another country, like refugee camp or they have been abused while they were there and war displacement from place to place, so when they come here they just want to be free and they may tolerate the abuse because they had been through more than what they are going through. Some people even say that, I rather stay with him.”

“I think especially if somebody coming from war torn, you know if a woman coming from Syria, if she has been in a refugee's camps, if a woman coming from Palestine which obviously...if you are coming from a situation where there is camps or you have been forced to leave, I think that creates a lot of stress in the family. It makes a difference from somebody who just came from Egypt or Iraq for education. The stressors are not there. The violence of war and corruptions as much I think that does not let abuse flourish as much versus the situations there are higher stress levels.”

**Meaning code 2: Social isolation.**

“And I think if you are coming from another country or if you are a new comer or even if your parents are not from here, for example, you do not have the family here, you do not have the social support to go to which I think it is difficult. How do you when you are feeling alone and maybe you are in a country that does not necessarily accept or understand your lifestyle? Do you then rescue yourself from the person that understand aspect of yourself and who you are?”

“A lot of families that I have worked with these days are new comers so the woman has no support whatsoever, no other family here, no friends.”

**Meaning code 3: Unemployment, underemployment and poverty**

“I think that family who arrives here, you know you have a person in your family who is qualified and who are not able to provide for their family because their credentials are not recognized. As a general rule, men who are providers and who are coming from collectivist society that is more defined in terms of the collective and more defined as providing for the family and they cannot provide for the family and the climate in Canada places, so all of that interacting those multiple factors interacting causing lots of stress on the family.”

“And I think when that happens sometimes it is economic factors. So they became dependent. You may lose your self-confidence to do anything by yourself. So, you end up staying in an abusive relationship because you do not know what to do and maybe your husband came earlier than you and he can work, but for you, if you are wearing hijab, there is also discrimination.”

**Protective factors include:****Meaning code 1: Social Support.**

“I found the women who end up leaving are the women who have the support, who have the connection, who have the family here, that have friends, that have the support the social support, and that’s not just a Muslim community, but all the communities. They feel like they have backbone that they find they do leave.”

**Meaning code 2: Family of Origin Upbringing.**

“It is all different with every woman and their situation. For a woman growing up watching her mom being physically abused by her dad every single day yelled at she does not have anything to eat, just depending on her upbringing and her childhood so you know, to her calling her names and yelling at her, once in while slapping her in the face might not be a big deal. Whereas to another woman who has not even been there, had a healthy childhood raised in a loving home, and partner slaps her, she says it is not ok. So it is just all depends on the family they are both Muslim, right? But it is all about the childhood and upbringing and all that stuff.”

**Meaning code 3: Education attainment.**

“But also keep in mind the level of education. It plays a huge factor whether she is highly educated or she finishes the high school or she has a bachelor degree. It is different. You cannot compare her to someone by grade 2 or 3 because from my experience working as Muslim family support worker, most of the cases I came across the woman has a minimum education, the highest maybe grade 6. The higher education she has, the better she can handle herself even with the understanding of the religion and the culture.”

These risk and protective factors are universal factors across different populations. These factors are not determinants of abuse, but can predispose families towards intimate partner violence. The risks such as pre-migration trauma, social isolation, unemployment and poverty can cause family distress that escalates into violence. The protective factors such as strong social support, familial upbringing and education prevent IPV from occurring, eliminate risk of IPV and increase health and well-being.

### **Theme 7: Current and suggestive services**

This theme is distinguished from the previous themes. It is focused on existing services being provided and recommended by participants. There are seven commonalities across the theme related to current and suggestive services: (1) Collaboration and partnership; (2) Collectivist response and community support (3) Diversity; (4) culturally competent education and practices; (5) Shelter culture-sensitive accommodation; (6) Prevention and early identification; (7) Muslim shelter.

This theme had the highest number of endorsements and is broadest and most varied in the subjective responses between the two groups. Across participants, the total number of ratings for this theme was  $N = 168$  representing 28.51% of the ratings, ( $M = 21$ ,  $SD = 9.13$ ). As per the heterogeneity of the research sample, the Muslim centre participants' responses differed from mainstream shelter participants in terms of the services provided and recommended given the difference in settings. The quantity of responses was slightly higher for mainstream shelter than the Muslim centre ( $M = 22.4$ ,  $M = 18.66$ ).

**Meaning code 1: Collaboration and partnership.** The first theme reflects the importance of collaboration within existing resources; collaboration relates as much to a partnership with Muslim centre services as it does with mainstream domestic violence organizations such as shelters and child welfare agencies, as both possess knowledge and awareness to share with one another. Amongst these



themes generated are reflected in advocacy and service coordination, which includes multiagency involvement that women survivors of violence need to draw on. The involvement of multiple agencies in IPV can also increase a woman's confusion on how to navigate services. Thus, a "link figure" across services to whom the woman can attach to was recommended. Both acknowledged their adherence to collaboration and partnership. While mainstream shelter receives support and refers women to the Muslim centre, the Muslim centre collaborates with mainstream organizations through case management and makes referrals to the mainstream shelters.

#### Group A: Mainstream shelter example

"I think (Group B service) we are very lucky to have that organization and the work that they have done, the research they have done, and the service that they have provided. So some of our referrals come through them."

"If they get connected with services that are Muslim oriented then they might feel it is ok they are leaving their abusive situation and reaching out for help. So, it might let them feel comfortable."

#### Group B: Muslim centre example:

"What we are doing is we work...for example if a woman involved with police maybe she is in shelter or maybe she is involved in CAS and if there is domestic violence issues in general we provide case management and case coordination. What we do is we case ordinate with other mainstream organizations or whoever is involved and also we involve the Imams, if needed. For example, if husband or her is highly educated or highly religious, we involve whoever is needed in that conference. So, we provide a CORT [Coordinated Organizational Response Team]

meeting. We gather together as a collective and try to work with the client how we can provide support.”

“She wants the “link figure” or a comfortable person or a case worker that she handle all her areas of needs; either legal, social, financial, housing, schooling for children. And if there is an application, I need you to fill it out. I need to work with one person. She knows my story and she can share all my need and stuff that I need with that person and that person can navigate or can advocate on behalf and be my support, all this not just with that little thing.”

**Meaning code 2: Collectivist response and community support.** The second theme that emerges from current and suggestive services relates to the understanding and possession of a deep appreciation for a collectivist culture that demands broad community support in engaging extended family members such as elders in the family, and / or imams or community leaders within the Muslim community to support a woman in the context of intimate partner violence. There were some discrepancies in participants’ perception of community support. While some participants believed that engaging a woman’s collective is beneficial, the other expressed a woman’s concern regarding privacy and confidentiality. Engaging community leaders is predicated on their knowledge and perspective toward IPV issues. Overall, participants agreed that collective support should be provided upon a woman’s discretion and her best interest. This also relates to services needing to be aware of the broad spectrum of systems within which violence experience is not limited to immediate family.

Group A: Mainstream shelter example

“It is just depend on the specific family. There is the family that feels like there is the responsibility of the family to help keep the family all together to be involved. The brother feels like he needs to be involved to help his brother stay with his wife and keep the family together

and some families do not share any information outside of their immediate in home family and some will share information. Some families cause damage and you know the mom come and want to be with his son's side and woman just ends up leaving. I cannot deal with that but some involved to keep it together. It just depends you know. I work with some families that welcome other involvements and we had meetings with CAS, immediate families as well as brothers and uncles parents you know because that's what they want it and there is families that say, 'I don't want anyone to know I just want to do this on my own I don't want to tell my family back home'"

"I cannot speak for all of them [Imams], I know the new imam in (the community) mosque is amazing Imam (name). He is amazing. I have referred a lot of women to him and they are so comfortable speaking to him and they got amazing guidance and support. So, it just depends and this is our responsibility, to get to know the community leaders and educate them and the responsibility to receive the education and the Imam here does and he is amazing."

#### Group B: Muslim centre

"We work collectively because we need a lot of collective way of intervening, not like the same form for everybody. I said earlier we involve Imams and extended family members. Even we are dealing with people back home sometimes, someone who is decision making."

"Many women find it very difficult to leave the relationship because what is happening is that the community itself and the community unless the community is worked with in the context of including them in the process. Even the mosque itself has to engage more effectively with newcomers, I think even it has become out of the loop also."

**Meaning code 3: Diversity.** Third is the recognition of diversity within the Muslim centre agencies and mainstream organizations so they can understand the Muslim women's experience and the complexity of her life as she experiences violence.

“If you are not Muslim you cannot identify the same way with someone with the services that they need, where they are coming from. As a non-Muslim counsellor could I think... there is just a level of understanding, I never understand how it feels to be a black woman, so I go the same way of Muslim; so I may have done some studies, I might have a lot of Muslim friends and I might have been to Islamic countries, but I don't understand what it is like to be a Muslim because I am not a Muslim. So, I think that creates a barrier when we do not have as diverse counselling staff which I think a lot of services especially in London are concerned about diversity.”

“Maybe I mentioned if there is a familiar face if there is someone to connect with, yes, they are willing to use that service or at least someone. If they had an experience with that agency and it went successful it encourages them to come back, if there is someone knows the language.”

**Meaning code 4: Culturally competent education and practices.** Fourth is the necessity of cultural competency education for frontline service workers, reducing culture-blindness in services and promoting culturally competent practices within mainstream organizations.

“Before I start any of my work, before I even start call to Ontario Work and any of the service and resources I have provided for her, I want to let her know that I get it and I know where she is coming from. And if she does not feel that, she does not accept my services. If she feels just I am getting information because and she is like every other woman that I meet with, I do not think she will be open to accepting the resources and following through what she needs to do.”

“I think that service provider has the responsibility to really get the culture and let the client, you know, show the client you are invested in the training to learn the culture and you are interested in learning the religion to know where her perception are coming from. Just like I said earlier, you need to get the women and what is happening with her and what is her perception of the religion and family dynamic.”

“The concept is not creating a safe space for women, but creating a safe place of the familiarity, creating a safe place of the familiarity that’s the intersect that has to occur in formal organization in understanding as well as within the Muslim community, too, creating that place, inclusive and feels comfortable where you could take risk and where you could talk. You could be understood and not misinterpreted.”

**Meaning code 5: Culture-sensitive accommodations.** The fifth is the necessity of safety planning in ensuring that there is a culturally sensitive response system that can accommodate the variety of needs of Muslim women. Some of these relate specifically to shelters such as diet restrictions, hijab, and praying space as well as providing options and not just advice for women and the necessity of an outreach program that can connect meaningfully with women in the community who may not be able to seek shelter. This theme was endorsed by mainstream shelter participants as part of their current services for Muslim women. They indicated that the general structure of services is similar across various populations with the exception of certain culturally-sensitive accommodations for Muslim women’s comfort while they are at the shelter.

“What we also do like the women who wear the hijab, we know that because sometimes we have men who come in to the shelter to fix things, so we inform them ahead of time that males are coming. So, they wear hijab because in general mainly women do not wear it. So, we tried to

incorporate that understanding and respect for their culture and women felt really happy about that because then they feel like they are being respected.”

“We do have a food budget to accommodate food needs. So, if it is halal meat, whether it is for health reasons or religious reasons we accommodate food needs.”

“My role, I do not work in the shelter. I used to work in the shelter, but I work in the community. So, I have worked with lots of families who are not at the shelter because they cannot get into the shelter. So, they do not want shelter. So I can do all of the same things with them in the community so I can go to women's home and I have gone into Muslim families home through CAS. You know to help them what their rights are.”

“I do not give advice and I do not advise a woman to leave a relationship I don't advise them to move out or any of those, I give a woman her choices and she makes the decision and I support any decision that she makes whether she stays in a relationship or not. The most important work that I do is safety so as long as I gain a woman's trust and I give her the safety and she is safe that's my main purpose and then to give her choices and give her the options and she is to choose.”

**Meaning code 6: Prevention and early identification.** Sixth is the importance of prevention and early identification in raising awareness of violence not only within the Muslim community, but also within refugee and immigrant communities where pre-existing trauma is a fact of life that can increase the likelihood of family violence. This meaning code was endorsed by the Muslim centre participants, as their current services through which they collaborate with immigration agencies is to identify potential risk for violence and implement preventive plans.

“All of those factors are risk factors and should be taken into consideration. So, when we go through our SIP [Safe Integration Program], when we screen people for early risk factors for family violence by going through by what I just told you. And you know trauma is important to talk about and to help them shape their understanding of trauma and to work with all the service providers to help them understand how they need to intervene with the family, engage the family from the beginning of coming to Canada in a very different space that have been after the critical events they report the child protection or police or anything like that.”

“I think it is important that mainstream organization should collaborate with other cultural groups to prevent from happening. Because we have a lot of funding after what happened, but we do not have for prevention.”

**Meaning code 7: Muslim shelter.** The seventh and final meaning code reflects participants' discussion on having a Muslim shelter where women's cultural needs can be addressed. Discrepancies were found among participants' responses about having a Muslim shelter or improving current services within mainstream shelters. Although women may recognize a Muslim shelter as a convenient and familiar setting, the concern for confidentiality might hinder them to stay in the shelter.

“I think it make a greater sense if Muslim community can have a shelter for Muslim women. I know there is a shelter for native women and native people understand that they also have shelter for men, you know, because they understand the context. I am not saying that women abuses as man, but there is that potential. It shows more and openness to engage the family. There is a need for Muslim community to develop their own resources.”

“I am not the advocate opening up shelters for Muslim women or Jewish women. I know how much it costs to run these agencies. I think we could just take a look at what can be done

differently and go from there. But I am one person. So, lots of people out there that they think that it is and I would support whatever would work. But we have to continue responding to the needs and as population increase immigrants to Canada, they bring with them whatever they have left. We need to be able to respond to that. It is a big job ahead of us.”

“You know some women may choose not to go there [Muslim shelter] because of confidentiality yeah and they fear that and they choose to go somewhere more general. It all depends, but to have it available is very important.”

The services offered and recommended were discussed throughout this theme. Collaboration and partnerships among various organizations were identified as key strategies to provide appropriate services. Engaging members of the extended family and community, particularly Imams, was identified as helpful. However, it was encouraged to be available upon a woman's request out of her best interests. Promoting cultural competency training and practices within mainstream organizations was recommended as a pathway to gain a woman's trust.

### **Theme 8: Barrier to Service Utilization**

This theme relates to the barriers to accessing services that reflected a wide range of concerns expressed by service providers. This theme was the second largest theme representing the total of 119 endorsements which is 20.34% of the overall ratings ( $M = 14.87$ ,  $SD = 6.42$ ). Muslim centre participants had the higher number of ratings than mainstream shelter participants ( $M = 21$ ,  $M = 11.2$ ). Concepts associated with this theme include: (1) marginalization; (2) women's perception of services; (3) service variety and flexibility.



**Meaning code: Marginalization.** The first relates to prejudices and biases in a broader community and agency settings that either implicitly or explicitly expressed the concern for further marginalization and isolation of women who are reaching out for help. The culture-blaming approach and lack of understanding of the cultural context drives certain service providers to act as “saviour” which further isolates the individual; the impact of being a saviour is perceived as overly intrusive and in some extent re-victimizes women by degrading their ability to act independently and make decisions with respect to their best interest.

“I think among both staff and residents there is that prejudice that...umm...even like not maybe intentionally, but often a lot of people that unconsciously ingrained that may impact the way they interact or view that person. And I think even misconception about like Islam...I think...we...there is a lot of biases against that they might view someone less favourably or kind of demonize culture more...so I think...that lack of understanding can really impact the way the women experiences the services there...”

“Well, I think that what happens is our culture, sometimes women in feminism adopt saviour complex...They feel like they need to rescue the Muslim women from their situations. But I think that it might be alienating themselves further because of that deeper understanding of their faith and their religion. And if service providers are just demonising their culture and trying to save them that might...that’s not really going to benefit them in a long-term and it just going to push them away further, I think.”

“I combat that “othering” [notion] I think that’s why I was really drawn to this [research]. And I just I think it really needs to be a more of acceptance, like it is global citizenship. So, when a Muslim woman or Muslim child raised here, there is no segregation because there is an idea that

Muslims equal to terrorists, Islam equaling violence, and there has been always 'other' and we always search for it and it is unfortunate”

“There are some people they understand the challenges that a Muslim woman goes through. And some people, yes, they understand it, but 'you need to be Canadian now, you are in Canada you need to be Canadian, you have to change your life, you need to think in our way'. Maybe these questions are not put on the table. That's the interpretation behind the body language. So, she is going to feel it and the work the interpreters do so 'No no no, I am going back to my husband, I cannot be Canadian, what's Canadian mean? What is Canadian culture?' She does not know. So, it is a huge topic, yes, Islamophobia does exist.”

“I think also mainstream organizations might be overly sensitive and in a prejudice type of way judge the culture itself as more violent with the whole situation in Canada and with the whole niqabi phobic. Women within Muslim cultures are seen as oppressed, so the tendency to want to rescue them.”

“She was terrified when she got to this room and see all these strangers who are trying to help her, but she hadn't ask for this help. She was not at the place where she wanted, it was a horrible horrible experience for me. So, I could imagine for her how it was like for her if her husband is going to find out and what that would mean. I think he was a child soldier he had his own experience of trauma and then they came as refugees. So, I mean that messes you up I don't know I have never stayed involved with that family. That was just such a mistake from the perspective of CAS who was trying to help her and to get her information. But she was not ready for, or prepared for, so I think it is terrifying.”

“You are more willing to stay in it [IPV] if you feel the environment around you is not accepting. And when you hear about constant comments. It is not even niqab it is not even hijab just the whole vision of the threat that Muslims present, the whole concept of terrorism and the way it is painted and experiences of people might feel in the community just like shelters will be oversensitive and probably will be more critical toward and misjudge their reactions toward different things. The community itself or any episode that might happen will also share info that will create a phobia at the end, the phobia of the Canadian culture.”

**Meaning code 2: Women's perception of services.** Second is the women's perception of what the services are and how they can help a woman in an abusive situation and the degree to which they are culturally sensitive. Pre-existing perceptions about services that are shaped by women's experience of services in their home countries may influence women's service utilization in their host countries. The women's belief was that service providers do not adequately understand what the cultural complexities are in a violent relationship and this can hinder them in approaching services. Both Muslim centre and mainstream shelter participants expressed concerns that women do not understand what the services are, and the extent to which confidentiality is insured.

“What I experienced in a lot of Islamic countries (Muslim family resource centre) is not really something exist it can add the fear of not understanding what the services are you know what happens they get involved what does that look like?”

“You know some women come here with the fear of police huge because of what is happening in their countries so they are fearful of the police. In this culture people are not fearful of police you know they call police they welcome police they know that police is safe and they are the people that mean to keep them safe so just the fear of the police can really change the situation.”

“Well I think the message that a man put on woman’s head saying that this is Western culture this is not our culture they think different, they want to separate the family or they want to divide us, it is normal for them it is not normal for us that has a huge impact on accepting services.”

“that’s what some people believe that we brain wash women so men believes that we are the ones that we put those ideas on his wife’s head and they believe we brain wash women we break families apart some people believe and that’s not a bad thing but they think that we are all lesbians so to be accused of being a lesbian in some cultures is criminal so when people know about the organization and they believe those mess it can create safety concerns not just for women but for us as well.”

**Meaning code 3: Service variety and flexibility.** Third is the belief in the high-risk and high demand nature of Muslim women emerging from violence where the level of assistance needs to respond at multiple levels with flexibility in interventions in a variety of need areas. The ongoing issue of the language barrier that prevents service providers from actively understanding due not to an unwillingness but an inability to comprehend the nature of the circumstances of Muslim women.

“Not knowing language and asking for everything someone to assist you with no enough staff when the clients have high needs they even become more isolated oh no she is coming, every minute she might ask, but do they have resource? Do they have someone who speaks Arabic, or that language? Assisting them every minute, no.”

“Yes I have seen the women wearing the veil and the hijab in the shelter and being helped by the service provider but not all their needs are met yes the food, the respect of her hijab but her priority and her needs are new to service provider which is a new way of looking on how doing things and her requests are different than the women at the shelter, she needs more support than

average Canadian woman using the shelter. There is lots of social skills she cannot and she does not know what she is expected to do. There is always expectation of doing things from her and does not match with the service providers expectations.”

“But what I know from the tradition thing is that police intervened. They impose the restraining order. The woman has to no contact. They move into a shelter. She now has responsibility for her children. She is misunderstood by the system around her and misinterpreted her trigger type of responses. When you do not understand the language and emotions are coming out in certain ways within a women shelter going to interpret that meaning something different than what there might be for sure you keep the women safe. But the machine is the police press charges, there is a restraint. The father attend 16 sessions at some (community) program, take responsibility and then the family reunited but the cost the issues of court and the loss of face in the community and all those things that kind of happen throughout this process, you see there is no differential. We do things in a same way. You know we talk about the danger of process. This is the danger of process.”

“So there is whole process there if charges that are not laid, if charges are laid and people come to us [Muslim centre] then we are trying very hard to include ourselves in the process. But often times mainstream organizations they have to go through a lot of protocols and the law does not say that they have to involve the (Muslim centre) and machine operates in a certain way. But if we become involved in situations like I talked about like we go through all that process and then it is still had the critical path and the critical event because we have been involved, continue to kind of be engaged because we have the history or able to kind of engage service organizations and legal in a very different way.”

This theme indicates both internal and external barriers for women to receive services related to IPV. The intersection of being an immigrant and Muslim, a lack of language and, therefore, a lack of voice to advocate for personal rights and a lack of social skills to combat Islamophobia and anti-immigrant perspectives hinders a woman to seek appropriate services. Women's lack of knowledge about what the community services are, a fear of not being understood and the potential breach of confidentiality discourages them to approach the services they need. Women's variety of needs and the lack of flexibility in interventions that are offered given the cultural context may lead to service ineffectiveness and even harm.

### **Summary**

Eight thematic areas were identified throughout the interview content. While the first six themes related to women's abuse experiences, the last two themes solely explored the existing and suggested services in light of social and cultural contexts. This research focused on Muslim women who immigrated to, or live in Canada, and it may not be applicable to Muslim women in other settings. It is important to highlight that Muslim women do not only belong to their faith community, but also to their cultural and immigrant communities at large. As such, some themes that were identified were not exclusively related to Muslim women, but also women of colour who are immigrants and who have collectivist and similar cultural backgrounds.

Various themes heavily intersected and interlocked with one another across the interview content. Therefore, exploring different factors separately may not lead to a clear picture of a woman's abuse experiences. Indeed various intersecting factors contribute to the complexity of these experiences.

All eight participants acknowledged the complexity of intimate partner violence and the diversity of the Muslim community as it relates to the development of effective interventions. Although this

research focused on the commonalities of IPV experiences within the Muslim community, participants also emphasized the uniqueness of experiences that highlighted the significance of intrapsychic and behavioural causes of IPV. One participant made the point that *“It is just very hard to say she is Muslim, so this is the box that I have to work with and that I can go with it”*. This would explain in large part that attaining cultural competency implies that we are building tentative hypotheses that are drawn from knowledge about Muslim women abuse experiences, and testing these hypotheses while maintaining open-mindedness to receive new information and alter these hypotheses is equally important.

## Chapter 5: Discussion

There has been an increasing emphasis on cultural variations in the experience of intimate partner violence. As Muslim women are a growing population within Canada among other minoritized women, the purpose of this research was to gain a holistic understanding of the ways in which sociocultural contexts influence their experiences with intimate partner violence and their social service utilization in response to violence through the lens of frontline service providers. Service providers shared their knowledge and hands-on experiences working with Muslim women of different backgrounds, the existing services, service strengths and areas for improvement.

Understanding the ways in which culture shapes a woman's abuse experiences required the adoption of both Relational-Cultural and Intersectionality frameworks. Guided by Miller's Relational-Cultural Theory (RCT) (1976), this research advocates for expanding the multicultural/social justice competencies beyond the domains of self-awareness, cultural education and practices. According to RCT, the lack of understanding of contextual and relational experiences of women of colour leads to a practitioner's inability for growth-fostering relationships by misunderstanding and disregarding these important contributing factors in women's lives. Using an intersectionality framework also helps recognize women's multilayered identities as they intersect together and shape women's experiences and their access to opportunities. Therefore, service providers were probed to consider social and cultural determinants of IPV while acknowledging intrapsychic and behavioural indicators, and how they envision advancement of services.

A series of in-depth interviews with eight frontline service providers from two varied agency settings were conducted in order to gather and assimilate their perspectives regarding Muslim women's IPV experiences. Eight themes across eight participants were identified: (1) Immigration; (2)



Collectivist and Authoritarian Culture; (2) Patriarchy; (3) Honour and Shame; (4) Faith; (5) Risk and Protective Factors; (6) Current and Suggestive Services; (7) Barriers to Service Utilization. This discussion explores the content of these themes in relation to previous research, and the theoretical frameworks used in this study including Relational-Cultural Theory and Intersectionality theory. Ways in which various social and cultural contexts interact on multiple levels and how these interactions contribute to unique experiences of oppression and marginalization based on race, religion, ethnicity, immigration and class privileges were illuminated throughout the themes.

In light of RCT, the impact of a Muslim woman's converging identities on her "connection" with mainstream organizations and the broader society was explored and identified. This section also provides an overview of this study's strengths and limitations before concluding with implications and areas for future research.

### **Relevance to Previous Research**

**Women's experiences of IPV.** Women's experiences of IPV outlines six interconnecting themes. The theme immigration was identified as the most pressing issue impacting women's experiences. Although not all Muslims are immigrants and not all immigrants are Muslims, Muslims comprise a large and growing population residing in Canada, particularly due to recent political unrest in the Middle-East. Previous research documented the voice of immigrant battered women through which IPV experiences are exacerbated by their specific position as immigrants that reflect limited language skills, social isolation, unemployment, acculturation stress and citizenship status (Menjivar & Salcido, 2002; Kasturiranjana Krishnan & Riger, 2004; Erez, Adelman & Gregory, 2009; Paat, 2014). Current findings on immigration are aligned with Yoshioka's (2008) IPV framework, emphasizing immigration as a key cultural context that shapes a woman's experience of IPV.

Immigration was recognized as a powerful and long-term experience that not only impacts the prevalence and type of IPV experienced, but also women's help-seeking behaviours, along with their real and perceived options for change. Immigration-related factors such as language and cultural barriers, lack of social support and unemployment status dictate a woman's decision whether to stay or leave an abusive relationship. Immigration is not only defined by a physical presence in a host society, but one's psychological changes that occur over time. Cultural contrast between home and host societies particularly regarding the belief about gender and marriage can lead to family conflict that can escalate into IPV. In addition, the demands of parenting within two cultures can exceed a couple's coping resources and increase family malfunctioning. In line with Yoshika (2008) IPV manifests differently within specific immigration contexts, inducing immigration abusive behaviours such as: threatening the woman for deportation, threatening to take the children away and withdrawing an application for residency.

Participants reflected on the notion of "Individualist" versus "Collectivist" and "Egalitarian" versus "Authoritarian" culture. While individualist and egalitarian are deemed as the predominant cultures in Canada, the collectivist and authoritarian were deemed as the predominant Muslim culture. Although the salience of collectivity varies among Muslims, for newcomer women, the contrast between individualist and collectivist cultures can be quite difficult to navigate (Abugideiri, 2012). Haj-Yahia (2000) notes that collectivist values instruct women to prioritize the needs of their children and their extended family members over their own needs and desires. As per the degree and nature of social interaction among people from collectivist culture, there is extra emphasis on the notion of "saving face" and "family honour" within their social network. Maintaining family secrecy is encouraged in attempting to avoid the episodes of family dishonour and shame in the community. "Personal identity" is not completely differentiated from "collective identity", and a person's failure to fulfill prescribed norms

and rules is viewed as a reflection on the entire family system (Daneshpour, 1998). Given the stigma attached to divorce, the disclosure of IPV requires the woman to place herself, her immediate and extended family outside normative roles and behaviours (Yishioka, 2008) which in turn may result in her being rejected and socially isolated.

The review of the findings indicated a strong interconnection between the concepts of “collectivist” and “honour”. Collectivist and honour impact a woman’s decision to leave or stay in an abusive relationship via different ways. A woman’s decision to stay or leave is guided by respecting and prioritizing the extended family wishes that include her parents and elders in the family over her own desires. This fact places a high value on collectivist values such as family ties and bonding, considering children’s needs and the impact of divorce on them. In addition, IPV is manifested differently in collectivist culture in which a woman may experience abuse, not only from an abusive partner, but from her partner’s family who abuse a woman or support the abuser. Therefore, participants acknowledged the notion of “multiple perpetrators” as presented in collectivist cultures. These findings are aligned with previous research that documented the collectivist culture of South Asian battered women who reported abuse from their partner’s family (Yoshioka, 2001).

Patriarchy within various cultures around the world, including Muslim culture, was identified as a theme among participants’ responses. This social structure supports gender inequality, which is rooted in the history and traditions of Western as well as Eastern societies (Haj-Yahia, 2003). Patriarchal ideology reinforces the endurance and acceptance of patriarchal structures, which support gender inequality and the dominant male perspective. Stereotypical gender roles are developed in early childhood through which the subordinate position of women in relation to men are emphasized (Haj-Yahia et al., 2012). Although prescribed gender roles are perceived as complementary given the biological and psychological gender differences which does not overtly imply to one’s superiority over

another, the inherent power given to men in the family and broader systems, as well as women's financial dependence on men, can contribute to IPV (Ayyub, 2000).

Participants emphasized that how a woman's low self-esteem and self-image as being "less" than a man, along with their appraisal of their own capabilities, impacts their normalizing and accepting IPV in their lives. While men are taught to be in charge, and are the head decision maker and bread winner of the family, women are instructed to take care of the husband and children, maintain the household and obey a husband's needs (Haj-Yahia, 2003). Patriarchy that instructs men not to seek help, nor offer regret or apologize, makes the cycle of abuse continue and worsen over time.

Participants expressed the impact of faith on men to induce violence, and on women to endure abuse in their lives. They shared how fundamentalist and patriarchal interpretation of the religion leads women to accept violence. Participants also signified the distinction between religious and cultural practices. When religious people experience IPV, many rely on religious doctrines that they receive within a faith community (Fortune et al, 2010). Similar to other abusive behaviours, IPV can manifest in the context of religion resulting in faith-related abusive behaviours.

Although the question that "Whether religion by itself tolerates abuse or not?" is far beyond this research and requires precise theological investigations, literature documented the impact of understanding of a religious text and verses of the Qur'an on IPV experiences. In the case of IPV, perpetrators often distort or manipulate religious doctrines to rationalize or justify their behaviours. Fortune et al. (2010) discussed that Qur'an affirms an inherent equity of men and women, and reminds each gender to fulfill their mutual rights. The Qur'an says: "He created for your mates from among yourself that you may dwell in tranquility with them, and he has put love and mercy between your (hearts)" (30:21). It also prescribes a process for men to use with a wife who compromises the integrity

in a relationship. In a situation where there has been a serious breach, a hierarchy of actions has been prescribed including conversing about the issue, then to sleep separately, and finally to chastise her if she does not change her behaviours. This chastisement has been the subject of controversy with various interpretations of the Arabic term “Daraba” that literally means “chastisement”. A wide range of interpretations of the verse have been provided from a symbolic punishment to abandonment.

Fortune et al. (2010) discussed that the verses of the Qur'an and Islamic teachings on marriage cannot be taken in isolation; rather the holistic approach should be used to view the interconnections between the verses that were revealed within a particular social and historical context. Ayyub (2007) also indicates that abusers have a selective preference of one verse over all the other verses that emphasize kindness and justice in order to manipulate religion and maintain the abusive behaviours.

Participants shared their knowledge about relevant risk and protective factors in IPV. The risk for IPV includes pre-migration trauma, social isolation and socioeconomic status related to poverty. Literature suggests a relationship between war traumatization and IPV experiences. Clark et al. (2010) found a strong relationship between exposure to political violence and an increasing likelihood of intimate partner violence in the occupied Palestinian territory. In explaining ways that traumatization leads to IPV, Catani (2010) proposed that the pathway consists of the transmission of violence across socio-ecological contexts from a societal to a family system level whereby posttraumatic psychopathological symptoms such as depression and PTSD mediate the relationship between war-related traumatic exposure and family violence. Toward this end, participants recognized that witnessing war torture in day to day life can induce IPV episodes. Women who come from war torn countries witnessed war-related crimes, experienced camp and resettlement as a refuge in Canada, may normalize IPV and become desensitized to its impact, and are less engaged in self-care behaviours given what they have already gone through in the past.

Social isolation and the lack of social support due to migration dictate a woman's decision to stay in an abusive relationship. Options of leaving an abusive relationship are often viewed as the most desirable decision by those who work in the domestic violence field, may seem irrational to a woman who depends on her spouse to provide companionship and a connection to her country of origin (Kasturiragan et al., 2004).

In addition, unemployment, socioeconomic status and poverty produce distress in families, particularly for those who had previously a more secure and stable career in their home countries and where their credentials are not recognized in their host country. Men's masculine identity as a bread winner and provider for the family is challenged and can lead to feelings of inferiority and a loss of entitlement. For women, a lack of language skills and visible minority status influence their employability, and in turn their financial independence, both of which have been identified as key barriers to leaving an abusive relationship.

Participants' responses suggest that the existence of solid social support, family of origin upbringing and educational attainment can serve as protective factors. Participants agreed that strong social support where a woman is encouraged to engage in help-seeking behaviours, safety planning and leaving the relationship is important. Since both inducing and enduring abuse are learned behaviours, women who witnessed violence in their childhood are more likely to normalize and accept violence in their adulthood as well. Another protective factor is educational attainment as it relates to a woman's social skills, her understanding of her culture and religion as well as her preparation to depart from violence and live as an independent and self-sufficient woman.

**Women's service utilization.** The last two themes focused on women's service utilization in light of the sociocultural context that impacts their abuse experiences. The theme Current and

Suggestive Services reflected that existing services provided by service providers' and their affiliated organizations, preferred strategies and recommendations for the improvement of services. The theme Barriers to Service Utilization is related to service gaps, given women's special needs. Participants from both the mainstream shelter and the Muslim centre were probed to identify their culture-specific services and effective strategies used to address IPV in working with a Muslim woman survivor.

Although the first six themes described above impact a woman's service utilization in response to abuse, community factors including the availability of social services in her first language, the level of privacy within the community that she can expect when seeking assistance, the types of services that she can receive, and the historical relationship between her community and the helping professions such as law enforcement and faith-based organizations shape her decision to seek external assistance (Yoshioka & Choi, 2005). Toward this end, participants from both the mainstream shelter and the Muslim centre acknowledged the notion of multiagency response to IPV, and collaboration and partnership among involved organizations.

Participants reflected that the mainstream shelter receives assistance from the Muslim Centre to respond to the needs of their Muslim residents upon a woman's request. At the same time, the Muslim Centre collaborates with mainstream organizations, conducts case coordination, and facilitates meetings together with all representatives of organizations involved in order to assimilate the varied perspectives in resolving the case. However, some participants expressed confidentiality as a concern when several service providers and stakeholders are involved in a case.

In order to address domestic violence in immigrant and newcomer families from collectivist backgrounds, Baobaid et al. (2015) suggested a Culturally Integrative Family Service Response (CIFSR) model that engages a woman's collective in the process. Therefore, participants were probed if engaging

a woman's collective such as a member of the extended family, Muslim community and leaders including Imams is beneficial. The topic appeared controversial among participants. While all participants agreed that such involvement that is under the woman's discretion and her best interests is constructive, the significance of family privacy within collectivist communities as well as family members and community leaders' lack of knowledge and sensitivity regarding IPV can raise concerns.

Abugideiri (2012) argued that community leadership responses can be inconsistent due to insufficient training and a lack of shared policy of relevant regulatory bodies on how to deal with IPV. Unhelpful responses from relatives and religious leaders range from revictimization by blaming the victim, denying or minimizing the abuse (Abugideiri, 2012). On the other hand, promoting awareness in a local community and providing education and training for community leaders would maximize their impacts on ending the violence.

The imams who have no idea about the dynamics of an abusive relationship will often send a victim back to the marriage with instructions to pray, be patient, and try to please the spouse to avoid being hit or insulted (Abugideiri, 2010). However, the impact that one informed imam can have is extremely significant because Muslims will often turn to their local imam as the first point of contact when there is some sort of family or emotional problem (Abugideiri, 2010). Therefore, there are a growing number of Imams in the United States who are becoming educated on IPV and who intervene effectively by recognizing the severity of the problem, prioritizing the safety of the victim and making referrals as appropriate (Abugideiri, 2012). In Canada, Baobaid & Hamed (2010) explained how educating religious leaders via the Muslim Family Safety Program led the imams to actively engage in the issue as an opportunity to dispel the myths on the position of Islam towards domestic violence against women that some Muslim men and women wrongly believed.



Participants also highlighted a need for raising awareness on the issue of IPV within the Muslim community, but also a need for culturally-informed education and practices for frontline service providers. As such, service workers should invest in gaining cultural knowledge in working with women of colour, suspend their assumptions and actively listen to each clients' pre- and post-migration journey.

Cultural competency in IPV continues to experience resistance from service providers and researchers (Bent-Goodley, 2005). Culturally-neutral service delivery in working with women of colour and proposing insensitive options may trigger resistance in a woman survivor and hinder her utilization of services. A participant's quote illuminated the notion of culturally-informed practice as opposed to culture-blindness *"I want to let her [woman survivor] know that I get it and I know where she is coming from. And if she does not feel that, then she does not accept my services. If she feels just I am getting information because and she is like every other woman that I meet with, I don't think she will be open to accepting the resources and following through what she needs"*.

Furthermore, the system of services rests on premises that (a) adult women have the right to live as single women independent from families of origin, and (b) it is better to be divorced than to live in an abusive marriage. These assumptions are a reflection of the range of gender and marital roles available to women in a loose individualist society and there is a well-developed system of services that can help her accomplish this (Yoshioka & Choi, 2005). However, these options are not conceivable for an immigrant Muslim woman with a collectivist background who needs a wide range of preparations in order to depart an abusive relationship. As one participant from the mainstream shelter indicated: *"for many woman, they are not ready for services, and we do provide a good service for those who are ready for it"*.

Participants also shared their perspectives on barriers to accessing services including Marginalization, Women's Perception of Services, and lack of Service Variability and Flexibility. Participants reflected on ways in which personal and institutional racism and prejudices discourage Muslim women to reach out for help. Muslims and Islam have been misunderstood and even propagated by mainstream culture, in news media, and in public policy for many generations. Service providers are not impervious to the stereotyping that surrounds Muslims and may approach their clients with a biased view that women are oppressed as a result of their religious beliefs and practices or that Islam encourages men to abuse women (Abugeideri, 2010).

This literature review has discussed how overemphasizing the notion of "Culture" can function as a barrier to service provision and delivery for minority women (Burman, Smailes, & Chantler 2004; Montoya & Agustin, 2013). Montoya and Agustin (2013) argued that articulating culture as the only explanation behind certain forms of violence creates a dichotomy between insiders (non-violent people) and outsiders (violent people). The "othering" notion appears to further marginalize women, encourage them to maintain "cultural privacy" and live with abuse in the name of cultural unity against a hostile mainstream society (Ammar, 2000). As accounts of domestic violence have moved away from "woman blaming", it has become increasingly important to avoid "culture-blaming" (Burman et al., 2004). IPV has been recognized as a worldwide issue, yet it manifests differently across cultures. Therefore, an inclusionary intersectional approach to intervening that avoids stigmatization of specific groups and framing particular problem holders in a negative way is necessary (Montoya & Agustin, 2013).

The findings also illuminated how "culture blaming" leads some service providers to act as a "saviour" whose aim is rescuing Muslim women from their culture. Although the literature on the impact of culture on IPV is growing, there has been more interest in the ways that a woman's cultural

practices and beliefs may place her at risk, and there has been a lack of discussion about how culture can facilitate unique solutions (Yoshioka & Choi, 2005).

There should be more emphasis in providing significant opportunities for minoritized and marginalized communities to become key players in the design and delivery of services to their own communities (Burman et al., 2004). Toward this end, it is recommended that cultural communities are empowered to promote culturally-adaptive interventions that are either built upon current models or are based on indigenous knowledge to address IPV in their communities.

The other barrier to utilizing domestic violence services relies on women's perceptions of services. It is complicated for newly arrived immigrants to access and utilize social services that are foreign to them. The real and perceived fear of cultural insensitivity within mainstream services preclude Muslim women to approach people outside of her local community.

Finally, a lack of service variety and flexibility for women leads to service underutilization. Service providers must be willing to look at alternative frameworks in delivering a full continuum of the services to provide meaningful options to all women, particularly for women where leaving an abusive relationship comes at a great cost. Yoshioka & Choi (2005) suggested that service providers must continue to educate clients and their communities about their options to address IPV that include leaving abusive relationships, but also honour their decisions by giving them the type of help they are asking for, which may include helping them to stay. As one participant's quote that validates the literature stated:

"I give a woman her choices and she makes the decision and I support any decision that she makes; whether she stays in a relationship [or not]. The most important work that I do is safety. So as long as I gain a woman's trust and I give her the safety and she is safe, that's my main purpose and then to give her choices and give her the options and she is to choose."

### Relevance to Counselling Practice

The findings from the current study point to the continuum of culture-blindness ranging from viewing and treating all people as the same to culture-blaming, reflected in articulating culture as the only explanation behind certain form of violence in counselling interventions. The desired goal, however, is culturally-informed intervention that implements a holistic view in understanding a client's behaviour. Toward this end, D.W. Sue & Sue (2001) proposed a Tripartite Framework for understanding a person's converging identities. As per the application of this model in IPV situation, the three identity domains include individual, group and universal; "All women survivors are, in some respects, like no other women survivor (e.g., genetics, non-shared experience)" and "All women survivors are, in some respects, like some other women survivors (e.g., race, ethnicity, religion)" and "All women survivors are, in some respects, like all other women survivors (e.g., common experience)".

In line with this model, Baobaid et al. (2015) developed the FAST model as a screening tool to determine the characteristics and realities of the immigrant family, including potential risk factors for IPV. The four aspects of FAST model include: Universal aspects, migration experience aspects, ethnocultural and faith aspects.

Universal aspects refer to common IPV causes and effects such as power and control, difficulty with controlling impulses and violence as a learned behaviour. Migration aspects apply to information about pre-migration experiences and post-migration difficulties, acculturation experience and the challenges members of the identified community have faced in their integration process. Ethnocultural aspects include client's customs and traditions, spoken and unspoken rules and obligations about gender and marital relationship. Faith applies to the degree of religiosity and client's understanding of religion. It is crucial to get accurate information about how the community defines for itself the role that is played

by religion in IPV situations. While some participants in this research emphasized a uniqueness of every survivor's abuse experience as opposed to its universality, it is important to acknowledge a woman's sociocultural realities within the universality and uniqueness of her experience.

A discussion on the sociocultural realities of women is significant because it sheds a light into the applicability and effectiveness of our standard of clinical interventions for racial/ethnic minority population. If the origin, process and manifestation of IPV vary across cultures, so too do our interventions need to match this variability. As such, culturally-informed practice is defined as:

“A helping role and process that uses modalities and defines goals consistent with the life experiences and cultural values of clients, recognizes client identities to include individual, group, and universal dimensions, advocates the use of universal and culture specific strategies and roles in the healing process, and balances the importance of individualism and collectivism in the assessment, diagnosis, and treatment of client and client systems” (Sue & Torino, 2005).

The three core cultural competencies include: (a) counsellor's awareness of own assumptions, values and biases; (b) understanding the worldviews of the culturally different client; and (c) developing appropriate intervention strategies and techniques (D. W. Sue & Sue, 2008).

The findings of this research underlined the detrimental impact of counsellors' biases not only on the women's willingness for service utilization, but also on the treatment outcomes. The key point here is to avoid viewing diverse cultures through the same assumptions of one's own cultural lens.

Suspending one's cultural assumptions and favouring a curious stance of genuine not-knowing is a critical step for practitioners in working Muslim clients (Springer et al., 2009). Implementing intervention modalities that impose mainstream-cultural values on women and are insensitive to

woman's real life experience can elevate client's resistance, preclude possible options and may lead to

premature termination of treatment. In worse situations, these interventions can have a harmful effect and come at greater costs for women.

Toward this end, Collins and Arthur (2010) suggest counsellors establish a trusting and respectful relationship with clients that takes into account a woman's cultural identities, established goals and tasks that are aligned with these identities, and engaged in social justice activities to directly influence the systems that negatively affect the lives of non-dominant populations.

In order to build the therapeutic relationship, a worker should convey a nonjudgmental stance in which they are open to learning, be curious about the clients' journey of where she came from, where she is now and where she wants to be, while actively searching for resources from within the client's cultural and religious worldviews that can be infused into the treatment (Abugeideri, 2012; Collins & Arthur, 2010).

Practitioners should assess the client's place in a collectivist-individualist and cultural tightness and looseness continuum. To do so, they need to listen to values and priorities embedded in a client's narratives. They should be mindful of a client's relationship to her cultural/faith community as well as to the society in large (Yoshioka, 2008). Finally, practitioners should be aware of numerous ways power and control may manifest themselves. Practitioners should be cautious in utilizing domestic violence assessments as they may not identify abusive behaviours that have a covert meaning within the cultural context, or they may identify behaviours as abusive that are not truly abusive. For example, a practitioner should not assume that a newly arrived Muslim client who has no idea about the family financial issues is experiencing financial violence. The Muslim client may not have needed that information because of being fully provided for, and may rather not to be burdened with this information (Abugeideri, 2012).

Yoshioka (2008) argued that there is the dilemma of dealing with clients' cultural differences as it relates to the decision of what should be done about them. "Do we seek cultural competency to help our clients fit into our systems?" or "do we change our systems to better meet our clients' needs?" Women from many cultural communities, undoubtedly, utilized mainstream services that help them save their lives, become independent and live a life without violence. Nonetheless, from a collectivist perspective, there are ways to address IPV that involve family and influential individuals in the community. If we embrace collectivist values, we may find other responses that ensure a women's safety while acknowledging her belonging and loyalty to collectivity (Yoshioka, 2008).

In addition to educating culturally competent practitioners, D. W. Sue and Sue (2008) suggested foci of cultural competence that promotes competency at the individual, professional, organizational and societal levels. At an individual level, we not only need to have culturally informed counsellors, but also culturally competent standards of practice in a professional level, and culturally-informed agencies in organizational level and ultimately a society that is willing to vocalize the voice and worldviews of non-dominant populations.

Cultural competence guidance for service organizations includes cultural proficiency and responsiveness by actively promoting culturally competent services based on research initiatives and disseminating the findings, fostering diversity relationships, and acting as an advocate for clientele (Lockhart & Mitchell, 2010). The literature reflected several core strategies that service providers within domestic violence organization may engage in to promote cultural proficiency in their organizations.

Examples of these strategies include:

Maintaining an atmosphere that welcomes women from diverse cultural backgrounds;  
conducting periodic self-assessments of cultural competency; developing an action plan for achieving

cultural competency with clearly defined goals; institutionalizing cultural competency knowledge and practices; developing participatory, collaborative partnership with cultural communities; utilizing various formal and informal mechanisms to facilitate community and consumer involvement in designing, implementing and planning service delivery systems and cultural competency standards; ensuring staff members of all levels and across all disciplines receive an ongoing cultural diversity education and training; exploring and adopting service delivery models that reflect a solid understanding and appreciation of cultural diversity so that service is responsive to clients' needs and are delivered in a manner that is compatible with their cultural beliefs and practices. (Lockhart & Mitchell, 2010, p. 14)

### **Research Limitations**

This study was primarily limited by its narrow participant demographics and agency settings to a particular geographic location in southwestern Ontario. Ideally, participants should have been more evenly distributed across diverse professions and organizations. Frontline service workers from a wide range of professional backgrounds and variety of domestic violence agency settings would provide various perspectives depending on the nature of the work and their areas of expertise. Therefore, the service providers' perspectives in this research may not be ideal representations of domestic violence frontline workers beyond the urban community used in this study. Also, this research focused on Muslim women who live in Canada. As such, the findings may not resemble Muslim women living in other Western countries, nor the experience of Muslim women who live in other countries such as in the Middle-East or Africa.

The dual role of the researcher being a visible member of the Muslim community interviewing frontline workers can increase the "experimenter effect" that reflects when a particular aspect of the experimenter affects how participants respond. This is an inevitable part of research, even though there



was the continuous efforts for setting the standard to administer research procedures and standardize all aspects of the researcher as much as possible. Nevertheless, this study is, to the knowledge of the author, the first phenomenological study exploring Muslim women's experience of IPV pertaining to service utilization in Canada. The use of such design allowed for an in-depth examination of the accumulated knowledge of service providers in working with abused Muslim women, service barriers and improvement of services.

### **Future Research**

Increasing consideration has been given to the sociocultural determinants of intimate partner violence over recent decades. This research adds to the body of literature on the variations regarding culturally unique experiences of Muslim women in IPV situations, and identifying cultural and systemic barriers in addressing violence through formal and informal sources of support. This research explored Muslim women's IPV experiences through the lenses of frontline service providers. Future research should focus on interviewing Muslim women survivors from a wide range of backgrounds to gather first-hand experiences of women who experience abuse in their lives, their help-seeking behaviours and use of services.

The findings reflect there is a strong influence of migration in the origin, development and type of women's IPV experiences. Therefore, particular attention should be given to risk factors such as pre-migration trauma and experiences from collective war and torture as risk factors for IPV. Therefore, future research should examine the complex pathways linking war, mental health and family violence, as they create the dual trauma of war and domestic violence for survivors. Identifying ways that violence is transmitted across different levels of socioecological contexts, and exploring how this relationship is mediated by war-related mental health outcomes that include symptoms of PTSD and depression should

also be explored. Toward this end, understanding how to educate helping professionals to respond to the needs of war survivors in host societies, using strategies such as mental health screening for prevention and early identification of mental disorders and risk for family violence is pivotal.

Since religion is a fact of life for the vast majority of people and many rely on religious doctrines in responding to their abuse experiences, exploring the role that the faith community plays in addressing violence and abuse is important. Therefore, further research is needed to explore the role of faith, the faith community and religious leaders in women survivors' lives. Research on the importance of developing shared understanding and collaboration between secular and religious helpers such as Imams for addressing intimate partner violence is highly emphasized.

Intimate partner violence is culturally bounded notion. More research is required for infusing culture into counselling education and practices. Future research should focus on developing culturally-competent assessment tools and intervention modalities that recognize and validate a woman's sociocultural realities and her multiple identities within her cultural context.

### **Concluding Thoughts**

The findings of this research assimilated some of the factors that shape a Muslim woman's abuse experiences in Canada. The research was a shift away from individual and internal approaches to social and cultural indicators of intimate partner violence experiences. These factors underscore the need for culturally-informed models of intervention and services that respond to the various needs of Muslim women. Immigration and collectivist cultural orientation accounted for many Muslim women's experiences of abuse. In addition, the complex nature of intimate partner violence, complicated by the within-group diversity in the Muslim community in Canada, necessitates a careful and patient stance in research and professional practice. In terms of themes for services, the notion of collaboration and

partnership among agencies, and an awareness of women's multiple and intersecting societal marginalization in providing the most effective services possible were highly acknowledged. Including further multiculturalism and social justice approaches in helping professions' education and professional practices is pivotal.

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## Appendix A: Ethic Approval



Research Ethics

### Western University Health Science Research Ethics Board NMREB Delegated Initial Approval Notice

**Principal Investigator:** Dr. Alan Leschied

**Department & Institution:** Education\Faculty of Education, Western University

**NMREB File Number:** 106786

**Study Title:** Muslim Survivors of Intimate Partner Violence: Service Providers' Perspectives

**Sponsor:**

**NMREB Initial Approval Date:** July 07, 2015

**NMREB Expiry Date:** July 07, 2016

#### Documents Approved and/or Received for Information:

Document Name	Comments	Version Date
Instruments		2015/05/23
Other	Recruitment email	2015/05/23
Revised Western University Protocol		2015/06/16
Revised Letter of Information & Consent	Letter of Information	2015/06/16

The Western University Non-Medical Research Ethics Board (NMREB) has reviewed and approved the above named study, as of the NMREB Initial Approval Date noted above.

NMREB approval for this study remains valid until the NMREB Expiry Date noted above, conditional to timely submission and acceptance of NMREB Continuing Ethics Review.

The Western University NMREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans (TCPS2), the Ontario Personal Health Information Protection Act (PHIPA, 2004), and the applicable laws and regulations of Ontario.

Members of the NMREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB.

The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 0000941.

## Appendix B: Letter of Information



VERSION DATE: July 30, 2015

**Project Title:** Muslim Survivors of Intimate Partner Violence: Service Providers' Perspectives

### Letter of Information

#### Introduction

My name is Asra Milani and I am a Master's student in Counselling Psychology at the Faculty of Education at Western University. As a research assistant for Dr. Alan Leschied and Dr. Susan Rodger, I am conducting a research exploring the perspectives of anti-violence front-line service providers regarding intimate partner violence in the Muslim community as it relates to service utilization. I would like to invite you to participate in this study. The purpose of this letter is to provide you with information required for you to make an informed decision regarding participation in this research.

#### Purpose of the Study

The aim of this study is twofold. First, the study explores the perspectives and experiences of front-line service providers in anti-violence agency settings regarding Muslim women's intimate partner violence experiences. Second, the study examines Muslim women's utilization of anti-violence services. I will be interviewing front-line service providers who have worked with a Muslim woman as part of their frontline services.

#### Participation

If you agree to participate in this study, I will conduct a one-on-one interview with you at a time and in a location that is convenient for you. The interview will take approximately 60 minutes to complete. The interview will be audio-recorded and transcribed into written format. If you do not wish to be audio-recorded you may still participate in the study. I may also contact you with any follow-up questions I may have regarding your interview responses if applicable. Following the completion of data analysis, I will also send you the preliminary results and set up a meeting to confirm the accuracy of the themes identified as a result of my analysis. It will take approximately 60 minutes to complete. Your participation in the study is not contingent on the completion of the follow up session.

**Confidentiality**

The information collected by me will be used in my thesis for research purposes only, and neither your name nor information which could identify you will be used in any presentation of the study results. If the results of the study are published, your name will not be used and no information that discloses your identity will be released or published without your specific consent to the disclosure. All information collected for the study will be kept confidential. Audio recordings of our interview and any follow-up interviews we may have will be destroyed following their transcription. However, an electronic copy of the written transcriptions of these interviews, which will not contain your name or other identifying information, will be retained in Dr. Leschied's secure files for 5 years.

**Publications**

If the results of the study are published, your name will not be used. If you would like to receive a copy of any potential study results, please provide your name and contact number on a piece of paper separate from the Consent Form.

**Risks & Benefits**

There are no known risks to participating in this study. This research provides an opportunity for you to reflect upon your perspectives and experiences. This research will help to identify the impact of culture on intimate partner violence experiences, and the current state of anti-violence service delivery. The research results will inform research and social work practice regarding intimate partner violence in the Muslim community.

**Voluntary Participation**

Participation in this study is voluntary. You may refuse to participate, refuse to be audiotaped, and refuse to answer any questions or withdraw from the study at any time.

**No Waiver of Rights**

You do not waive any legal rights by signing the attached consent form.

**Questions**

If you have any question about the conduct of this study or your rights as a research participant you may contact the Office of Research Ethics, Western University.



**Appendix C: Consent Form**



**MUSLIM SURVIVORS OF INTIMATE PARTNER VIOLENCE:  
SERVICE PROVIDERS' PERSPETIVES**

**CONSENT FORM**

I have read the Letter of Information, have had the nature of the study explained to me and I agree to participate in 60 minute interview. All questions have been answered to my satisfaction.

\_\_\_\_\_ I agree to participate in the study

\_\_\_\_\_ I agree to allow the interview to be audio-recorded

\_\_\_\_\_ I agree for the researchers to use direct quotes from the interview.

Following the first interview, I agree to participate in 60 minute follow up session:

Yes

No

Name (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Name of Person Obtaining

Informed Consent: \_\_\_\_\_ Signature of Person

Obtaining Informed Consent: \_\_\_\_\_ Date:

## **Appendix D: Interview questions**

### **Questions about Muslim women survivors' abuse experiences**

1. Could you please share your knowledge about Muslim clients' experience of intimate partner violence?
2. How do you think social and cultural contexts of Muslims influence their abuse experiences?
3. Have you noticed the intersectionality of multiple variables creating Muslim women abuse experiences? If so, can you elaborate on that and give an example?
4. What are the risk and protective factors contributing to, or protecting against intimate partner violence for a Muslim woman?

### **Questions about service utilization**

1. What has been the experience of Muslim women when using domestic violence service? How social and cultural factors impact their use of service?
2. What are the barriers of service utilization that prevent this population to access and receive services?
3. What are your recommendations regarding the improvement of service delivery for Muslim abused women? What would be the future direction of service-delivery?
4. How would you think about engaging family and community leaders while supporting the survivors?

## Appendix E: Background Information Questionnaire

### Demographic information of service provider

1. Age:\_\_\_\_\_ Gender:\_\_\_\_\_
2. Education Background:\_\_\_\_\_ Current position:\_\_\_\_\_
3. Number of years' experience in intimate partner violence:\_\_\_\_\_
4. Please indicate the approximate number of Muslim female clients you have worked with since working in this field\_\_\_\_\_
5. Have you received a special training for intimate partner violence in Muslim community?  
\_\_\_\_\_
6. If you answered "yes" to question 5, where and when did you receive this training?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Demographic information of service provider's clientele

1. Clients' age range? \_\_\_\_\_ Is there a predominant ethnicity/race? \_\_\_\_\_  
Is there a prominent socioeconomic status? \_\_\_\_\_

### Curriculum Vitae

- Name:** Asra Milani
- Post-secondary Education and Degrees:** Ferdowsi University of Mashhad  
Mashhad, Iran  
2006 – 2010 B.A.
- Western University  
London, Ontario, Canada  
2014 – 2016 M.A.
- Honours and Awards:** Entrance Scholarship  
Western University  
September 2014 & 2015
- Related Work Experience:** Career Counselling Intern  
The Student Success Centre  
Western University  
London, Ontario, Canada  
2015 - 2016
- Personal Counselling Intern  
Muslim Resource Centre for Social Support and Integration  
London, Ontario, Canada  
2015 – 2016
- Research Experience:** Research Assistant  
Centre for Research & Education on Violence Against Women & Children  
Western University  
London, Ontario, Canada  
2015 – 2016
- Research Assistant  
Dr. Nicole Coleman Laboratory  
University of Houston  
Houston, Texas, USA  
2014
- Publications:**  
Milani, A., Aghamohammadian, H. (Mar 2013). *The Relationship between Family Functioning and Adlerian Lifestyle Themes*. Poster presentation at the 3rd Annual Counselling Psychology Research Conference, Vancouver, Canada.