“Beyond Cultural Sensitivity”: Service Providers’ Perspectives on Muslim Women Experiences of Intimate Partner Violence

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Abstract

This qualitative study examined frontline service providers’ perspectives on Muslim women’s experiences of intimate partner violence (IPV). Participants shared their knowledge and practical experiences in working with Muslim women IPV survivors. Themes emerged in discussions with service providers included: Immigration, Collectivist and Authoritarian Culture, Patriarchy, Honour and Shame, and Faith. These findings revealed the multiple cultural elements that mutually intersect and interact within the broader cultural values that drive IPV resources. These results add to the body of research in support of infusing additional cross-cultural training in service providers’ education and developing culturally informed interventions.

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

Introduction

The effects of intimate partner violence (IPV) on women are devastating. Its outcomes are reflected in high rates of physical injury and mortality, mental health problems, suicidality, loss of employment and possessions, isolation from family and friends, lowered self-esteem, depression, and even the loss of their children (McCue, 2008; Zhang, Hoddenbagh, McDonald, & Scrim, 2012). The impacts are far-reaching, as violent behavioral patterns tend to be transmitted across generations, creating circumstances in which abusive behaviors are deeply rooted within the histories of families (McCue, 2008; Keeling & Mason, 2008).

IPV reflects a pattern of coercive behaviors that has the explicit purpose of controlling one's partner through physical abuse, the threat of physical abuse, psychological abuse, sexual violence, progressive social isolation, deprivation, intimidation and/or economic coercion (Danis & Bhandari, 2010). The World Health Organization (WHO) estimates that between 15% and 71% of women 15-49 years of age who are in a relationship have experienced physical and/or sexual violence by a partner at some point in their lifetime, with average prevalence rates ranging between 30% and 60% (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006). Although men can be the victims of IPV, the rate of occurrence and the severity of violence is much lower (Kimmel, 2008). Evidence shows that women are five times more likely to require medical attention and hospitalization (Statistics Canada, 2003). Also, 80% of domestic homicide victims are adult females (Domestic Violence Death Review Committee Report, 2012).

The primary IPV research has focused on the primacy of gender in examining IPV, disregarding other social identities that complicate abuse experiences (Sokoloff & Dupont, 2005). This gap led to the emerging body of literature that highlights IPV in the context of race, ethnicity, religion, class, and citizenship that intersects with gender oppression as well as the social structural underpinnings of IPV in diverse and underrepresented communities. Within this literature, research on immigrant Muslim women's experience of IPV is limited. The intervention and prevention of IPV requires services, programs, and policies that are culturally informed and responsive to the varied needs of minority women. Without such culturally informed practice, services will have either nonexistent or detrimental effects. This study explored through qualitative inquiry, experiences of intimate partner violence (IPV) from the viewpoint of frontline service providers who have worked with immigrant Muslim women in their respective anti-violence agencies. This study examined the sociocultural context of IPV and the ways in which these contextual factors intersect with the structural system of oppression and marginalization experiences of immigrant Muslim women.

Muslim Women's Experiences of Intimate Partner Violence

For the purpose of this study, the term *Muslim women* represents immigrant women who have migrated from a country of origin where the predominant religion and culture is vested in the Muslim faith. The intent in the use of the term Muslim women is not meant to categorize all women of Muslim faith and culture without also acknowledging there is considerable variation reflected in the racial and ethnic differences as well as the extent and degree of immersion in the faith and culture.

Among the largest and fastest growing group of minority women in Canada whose experiences of IPV have been left unexplored are Muslims. Statistics Canada (2011) indicates that over 1 million individuals identified themselves as Muslim, representing 3.2% of the nation's total population. The number and the percentage of Muslims are projected to significantly rise in Europe, North America, New Zealand and Australia; *The Future of the Global Muslim Population Report* (2011) estimates the number of Muslims in Canada is expected to nearly triple in the next 20 years, to 2.7 million in 2030. As Canada's demographics are changing rapidly, there is an immediate need for expanding multi-cultural services addressing the needs of this fast-growing population.

Trauma Linked to Immigration

According to Yoshioka (2008), a primary means regarding how 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 an accessible social support network, language and cultural barriers, perceived discrimination that come together in challenging an immigrant's resources to adapt in the new society (Baucom, Epstein, La Taillade, & Kirby, 2008).

The majority of Muslims in Canada are immigrants who have arrived in the past decade (Survey of Muslims in Canada, 2016). Pre- and post-migration stresses can compound the already vulnerable position of women who are in abusive relationships. Zakar and colleagues (2012) found that the process of immigration exacerbated tensions among Pakistani Muslim spouses due to various immigration stressors such as threats to cultural identity and acculturation distress, cross-cultural parenting, poverty and social isolation. Kulwicki and colleagues (2010) also showed that abused partners' economic and immigration status dictated their decisions to stay in an abusive relationship. For example, the fear of losing immigration status can cause women to endure abuse in silence. Furthermore, it is difficult for many immigrants including Muslims to navigate the differing perspectives regarding IPV within both a tra-

ditional cultural context of their home country and the sociopolitical systems in the host societies. A violent act against a spouse may be considered a family matter which is juxtaposed to North American cultures where it is viewed as a crime that is the basis of an assault charge against the perpetrator.

The impact of migration on women can be best understood in relation to structural violence and the systems of oppression. Further, IPV is not the sole type of violence experienced by Muslim women. Instead, these women may experience other forms of violence that are embedded within the social system. These include racial discrimination, Islamophobia, and waves of xenophobic rhetoric and policies. (Oyewuwo-Gassikia, 2016; Riley, 2011). The structural violence within pre- and post-migration settings can increase the risk for IPV. This risk increases through the transmission of structural violence across socio-ecological contexts, from the societal to the family system level (Catani, 2010). The perpetrator of violence can be a survivor of war and torture prior to migration as well as a victim of discrimination and marginalization upon migration. The structural violence toward Muslim communities reflects a fear and misunderstanding of Muslims and the religion of Islam, and has implications for service delivery and for women's help-seeking behaviors.

Research on Muslim women's IPV experience remains an emerging field, and only a few studies have explored the issue. The themes of past studies revolve around three dimensions: culture, religion, and migration. A vast majority of Muslims originate from cultures marked by collectivist orientation (Baobaid & Hamed, 2010) as opposed to an individualist orientation that is salient in the mainstream North American cultures.

The Present Study

The current study was premised on three fundamental perspectives: 1) Muslims are a heterogeneous group holding various ethnic and racial identities whose IPV experiences are similar or different to one another based on shared and non-shared cultural and religious scripts; 2) There is a difference between Islam as a religion and Muslims' cultural practices as well as the ways in which Islam is interpreted and practiced through various cultural lenses; 3) There is no assumption that IPV is greater in religious-affiliated groups, and in particular in the Muslim community compared to the general population; however it is important to give voice to members of a wide range of formerly excluded and ignored communities whose experiences of IPV are understudied.

Collectivist Culture

Collectivist cultures emphasize the value of interdependent relationships and group loyalty. The goals and desires of the collective take precedence over in-

dividual goals and behaviors, and individual behaviors are shaped largely by group norms (Yoshioka, 2008). Within individualist cultures, the needs and rights of the autonomous self are highly valued, and personal choice and individual freedom are emphasized (McAuliff, 2013). In addition, Islam itself encourages a sense of community among people with the invitation to put ethnic, racial, and national differences aside and become involved in the Muslim community, what is referred to as the *ummah* (Springer, Abbott, & Reisbig, 2009). The *ummah* in this study may refer to first the extended family, followed by friends from the mosque and local religious leaders that provide support and guidance for the Muslim communities. The salience of collectivist values has a considerable impact on women's decisions to stay or leave abusive marriages.

Hassounah-Phillips (2001) explored American Muslim women's experiences of leaving abusive relationships. She found that participants' collectivist orientation shaped their thoughts, perceptions, and interactions. These women decided to leave their relationships only after severe physical and psychological sequelae, what is referred to as *the point of saturation*. As they moved toward the point of saturation, participants' anticipation of family and community disapproval shaped their decision-making. The collectivist values also guide women's decisions to seek formal and informal support. Findings from a survey of 202 Arab Muslim women suggested that a woman's reluctance to seek help emerged from fear of family and community blame and judgment (Kulwicki & Miller, 1999).

The collectivist nature of the culture is well understood with respect to common cultural values of honor, integrity, and dignity, where a 'good' name and reputation of the family in the community may be contingent on the behaviors of the individual members. Ayyub (2000) described how South Asian Muslim women maintain a family's honor if they comply and maintain their prescribed roles as a daughter, wife, and mother; any deviation from this standard can not only bring individual dishonor, but also disparage the entire family system. Given the stigma associated with divorce, upholding a family's reputation leads some women to maintain the relationship despite the risk for safety and harm (Ammar, 2007; Hassounah-Phillips, 2001). The stigma of divorce is related to the cultural notion of family as being central to society, and individuals are subordinates to both family and society (Hassounah-Phillips, 2001). Therefore, members of the family, particularly women, are socialized to make all the necessary sacrifices to maintain family cohesiveness in protecting it from dissolution (Ayyub, 2000; Haj-Yahia, 2011). Taken together, the collectivist concepts are tied to notions of family privacy and secrecy which may lead women to keep family matters private. This can have implications for low levels of interest in seeking formal support from local agencies. Kulwicki and colleagues (2010) showed that IPV is regarded and treated as a private issue among their studied set of Arab Muslim women, reporting shame in bring-

ing it into public view. This view contrasts with the mainstream perspective in Canada that emphasizes IPV as a public health issues that requires legal, social, and psychological remedies.

Faith and Religious Belief

The third theme of this study explores IPV in relation to faith and religious belief. For many women including Muslims, religion and faith are important aspects of personal identity. Individuals often turn to their religious beliefs and leaders for guidance when they are faced with IPV (Fortune, Abugideiri, & Dratch, 2010). Religion can provide a source of support, liberation, and healing. Yet, it may also jeopardize the vulnerable position of women in the context of IPV.

A belief system that condemns violence and oppression, and reinforces justice and liberation from abuse can increase a woman's willingness to seek help and promote healing following IPV trauma. Conversely, belief systems that blame survivors, support abusers, and compromise the safety of women and children in the name of family cohesiveness create additional trauma, and inflict secondary wounds, the "secondary victimization" (Hassouneh-Phillips, 2003; Holtmann, 2016). Hassouneh-Phillips (2003) explored the role of spirituality in the lives of Muslim women IPV survivors. These findings underscored the complex role of religiosity as both a source of strength, but also an increase in vulnerability. Religion can provide Muslim women with an important means of coping with ongoing violence, while in other instances, it can also create barriers to safety.

Holtmann (2016) explored Muslim and Christian immigrant women's IPV experiences in revealing that women's religious beliefs which reinforce their responsibility for their partner's violent behavior compromise immigrant women's safety. Furthermore, the trauma of IPV challenges fundamental assumptions about self, others, and one's relationship with God. Hassouneh-Phillips' findings (2003) presented a continuum of spiritual pathways Muslim women may pursue following IPV traumatization. On this continuum there were two opposite endpoints—those who retained their original belief systems, and those who rejected them. In the middle were those who remained Muslim but chose to reinterpret doctrine that was already being manipulated to justify the violence. It is crucial that service providers and faith leaders understand the significant influence that belief systems have on women, abusers, and their faith communities.

Drawing on an intersectional lens, this study presents qualitative findings regarding intimate partner violence in the lives of some Muslim women. According to Lockhart and Mitchell (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 its parts. The intersectionality framework emphasizes that people have multiple and converging identities drawn from race, age, social class, sexual orientation, abilities, religion, spirituality, ethnicity, nationality, citizenship status, physical characteristics, culture, history, geographical location, and language, and should be seen as uniquely whole (Lockhart & Mitchell, 2010). An individual’s identity can best be understood through exploring the unique place that emerges at the intersection of these multiple contributors (Collins, 2010). Our understanding of female survivors of intimate partner violence are viewed as displaying compound sociocultural identities and group memberships that are significant in shaping their abuse experiences and their help-seeking behaviors (Lockhart & Mitchell, 2010).

Multicultural research on IPV is an emerging field, and there is relatively little research that pays particular attention to Muslim women IPV survivors. Social media has largely depicted violence against Muslim women through narratives of forced veilings and marriages and domestic homicides; these place Muslim cultures as inherently oppressive toward women. These fixed images further marginalize Muslim communities, discouraging them from societal involvement and impeding access to formal services.

The traditional feminist approach to intimate partner violence has largely emphasized the common experiences of women survivors in the interests of forging a strong movement to end violence. However, this approach has increasingly been questioned by scholars and activists who recognize the need to give voice to women whose experiences of abuse are underrepresented in the current IPV literature.

Service providers are at the forefront of support to survivors, and have invaluable knowledge regarding the variety of ways in which women generally, and Muslim women in particular, present to their communities. The aim of this study was to draw from the information offered by frontline service providers within domestic violence agency settings on Muslim women’s intimate partner violence experiences, and the ways in which these experiences shape women’s service utilization in response to the violence.

Method

The study’s design uses qualitative research methods. Earlier research studies on the subject have drawn on qualitative methods in furthering an appreciation of the nature of the challenges in providing service and support to these women. The primary research questions of this study were focused on the per-

spectives of social service providers regarding Muslim women's experiences of IPV and their utilization of services as a result of these experiences. In light of the modest amount of research in the field, the primary concern was with stories, opinions, and beliefs, which were gathered from the narratives provided by these participants.

Phenomenological Research Design

A phenomenological design was employed to explore the perspectives and experiences of frontline anti-violence service providers regarding Muslim woman survivors of IPV. Phenomenology is both a philosophy and a research methodology used to study the nature of lived experiences (Arminio, 2001). Creswell and colleagues (2007) indicate that 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. The essential question asked in this research was "what is at the essence that all service providers understand about Muslim women's experiences of intimate partner violence?"

In contrast to generating a theoretical model, phenomenologists describe what participants have in common as they experience a phenomenon (Creswell et al., 2007). Creswell and colleagues (2007) explain that, in phenomenology, rather than abstracting from it, data is taken from the participants' specific statements and experiences. Through phenomenology, aspects of individual experience are formed based on perceptions. In the current context, this would include service provider's perceptions of Muslim women's experiences of intimate partner violence. Data in the form of narratives from persons who have experience working with the phenomenon (service providers) are elicited, from which composite descriptions of the experience are formed. Standards for interpretive research require that the participants confirm the researchers' interpretations. Steps for conducting a phenomenological study include (a) identifying a phenomenon to which a researcher is committed; (b) investigating the phenomenon as it is experienced rather than conceptualized; (c) reflecting on the essential themes that characterize the phenomenon; (d) describing the phenomenon through the art of writing and re-writing; (e) maintaining a strong and pedagogical relation to the phenomenon; and (f) balancing research context by considering the parts within the whole (Van Manen, 2016).

Participants

Eight front-line service providers, drawn from both a mainstream women's shelter and a Muslim-oriented service organization in an urban-based social

service agency sector, were recruited. Among the services the mainstream women's shelter offer are crisis response, a 24-hour help line, emergency shelter, second-stage housing, family court advocacy, and counseling for all woman survivors. The Muslim Centre focuses on the provision of advocacy, counseling, and support services in a safe, non-crisis, non-residential setting, as well as collaboration and partnerships with mainstream organizations to build a bridge between Muslim-specific and mainstream service organizations.

These professionals came from a variety of professional titles, including a clinical program director, relief/mental health worker, outreach counselor, shelter residential counselor, and social worker. The quantity and quality of experience in working with Muslim women 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 specialized training on Muslim women's experiences of domestic violence.

Participant recruitment was conducted through purposive sampling that sought participants who possessed knowledge and experience regarding Muslim women and IPV. Purposive sampling was aligned with the primary research questions (i.e., what front-line service providers know about Muslim women's experiences of intimate partner violence). Purposive sampling is appropriate for small, in-depth studies with a research design that is based on the gathering of qualitative data focused on the exploration and interpretation of experiences and perceptions (Ellison, 2012). In addition, this study required prescreening of participants based on their prior experience in working within antiviolence settings with Muslim women survivors; the participants could reflect and draw on their experiences, though the levels of experience and contact would vary among them. All potential participants were sent a letter of information regarding the purpose, risks, and benefits of the study. Final participation in the study required participants to sign a consent form reflecting their willingness to participate in the study.

Procedure

Research ethics approval for the study was obtained through the Research Ethics Board of the University of Western Ontario. Prior to collecting 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 semi-structured interviews consisting of two broad probing questions regarding the service providers' general perceptions of the impact of Muslim women's cultural context on their abuse experiences. The questions were as follows: (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 Muslim women in Canada influence their abuse experiences?

Each interview was between 60 and 90 minutes in length. Each participant was contacted via phone to confirm knowledge of the subject matter and willingness to participate in the study. Letters of invitation containing an explanation of the study's purpose, notice of the voluntary participation guidelines, audiotape permission form, and informed consent were sent to all willing participants. These interviews were recorded and transcribed producing a complete and accurate record of participant responses; follow-up questions were asked where needed.

Data Analysis

The audiotapes were transcribed into text and content analysis was employed to code the transcripts. According to Ellison (2012), content analysis looks for the presence of words, phrases, or concepts in the text and endeavors to understand their meanings and relationships to each other. This study had particular interest in the frequency with which certain words occur in the texts, indicating what is most likely to be significant; data were collected and analyzed simultaneously through qualitative content analysis using the five-step method proposed by Graneheim and Lundman (2004). In the first step, the recorded interviews were immediately transcribed and used as the main data for the study. In the second step, the recorded voices were listened to several times, handwritten texts were frequently reviewed, and a decision was made to divide the text into meaningful units. In the third step, the meaningful units were abstracted and coded. Considering the participants' experiences, explicit and implicit concepts were specified in the form of sentences or paragraphs from the words and signifier codes. The outputs were then coded and summarized. In the fourth step, the codes were classified into subthemes based on comparisons regarding their similarities and differences. In the final step, themes were formulated as the expression of the latent content of the text (Graneheim & Lundman, 2004).

The accuracy of the interview, data collection, and analysis based on the systematic methodology of research were confirmed by the research supervisor. 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 themes, for an inter-rater reliability of 87.5%.

Findings

The Service Providers

Eight frontline service providers participated in semi-structured interviews to share their perspectives and lived experiences in working with Muslim women survivors of intimate partner violence. Participants constituted two subgroups: Group A ‘Mainstream Shelter’ with 5 participants, and group B from the ‘Muslim Centre’ had 3 participants. The division of participants was made solely for understanding various services and exploring the topic from different perspectives. Table 1 summarizes participant demographics.

Table 1

Participants	Gender	Age Range	Education	Position Title	Years Experience	Number of Muslim Clients	Relevant Training	Client's Age Range	Client's Pre-dominant Ethnicity	Client's Predominant Socio-economic 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

Qualitative Themes

Five thematic areas were identified through interview content analysis. These themes were categorized as: Immigration, Collectivist and Authoritarian Culture, Patriarchy, Honor and Shame, and Faith. While these themes emerged from conversations with service workers based on their work with Muslim-identified clients, there was also a degree of within-group variability. The Muslim community is not homogeneous. Rather, it is comprised of members from

various races, religious sects, and ethnicities. In the context of an intersectionality framework analysis, various themes intersected across the interview content. In several cases, item content fit more than one theme. When possible, efforts were made to assign a single thematic rating.

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 being understood, as evidenced by the participants' comments:

Residential counselor (Group A):

Most of these women come as newcomers and their husbands are the ones who speak the language so they are dependent on them, so that's the thing and we need to be aware of it.

Residential outreach counselor (Group A):

It is not easy to go to school and learn the language and deal with the immigration stuff and deal with Revenue Canada and all of those things.

Residential counselor (Group A):

The structures of the services and shelters for Muslim women is difficult. The difficulty is the language barrier. For example, three times a week we get somebody to come in and interpret. And the rest of the time that voice is gone.

Participants also discussed 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. This was supported by participant comments like the following:

Relief/mental health worker (Group B):

You know when you have kids, the mother stays home for so many years not going outside of her environment, and now she is released to the larger community. Do you know if she has social skills? 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. She needs lots of preparation, training and education to make that decision to leave the home or accept help, and to make that decision to leave that relationship.

Acculturation stress occurs when the demands of a new culture exceed a family's coping resources. The cultural contrasts between the originating and settled countries, particularly in regards to gender roles and expectations, can result in acculturation stress, a contributing factor in the potential for violence. Service providers from both groups voiced this concern:

Residential counselor (Group A):

There are extra barriers in seeking services. You know there is a lot of fear of losing culture, values and a belief system that comes with being Muslim.

Relief/mental health worker (Group B):

As a community, we worship the family. The family ties and connections are very important; getting family together, providing, maintaining, and supporting the family as unit. How important it is for her to keep the family united.

Participants also discussed 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. Participants in both groups described experience with this matter:

Residential counselor (Group A):

A lot of women have children and these children are interpreting for their moms and they are the ones that give information to the service providers. That can create intergenerational conflicts. When the sense of control is lost for mom, mom does not have control because they rely so much on their children.

Relief/mental health worker (Group B):

As a woman in a shelter, I know they are going to judge me based on my kid's behavior in the shelter. If I am not a good mother, then they are going to call Child Protection Services. They can look at me as a stressed woman who is not able to take care of my children. It is too easy for the children to be removed from their mothers.

Transitional outreach counselor (Group A):

The way the Muslim family raise their 16-year-old is different than the laws here allow. The laws here state that if you are 16 you can do whatever you want. This means that you can leave the house, you can be with whom you want. Whereas a Muslim family says no, you cannot leave the house. So how do you work with that? How do you work with the family to say she is allowed and the family says 'no' she is not allowed?

Participants also talked about immigration-related abusive behavior such as threatening the women with deportation or withdrawal of a residency application. Barriers include 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 following are some provider comments:

Social worker (Group B):

I think some work should be done, because we do see women who do not have immigration papers. Some of them are sponsored by their husbands so they are very dependent on their husbands. If there is abuse, even if they call police, they often want to change their statement because they are afraid of deportation.

Transitional outreach counselor (Group A):

They feel like they do not really have a choice but to stay because of their citizenship, as they are constantly being threatened "If you want to go with the Western law, I will send you back home and 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 will not see their child anymore. This has a huge impact.

In summary, a woman's immigration status is a key issue that shapes her experience of IPV. 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 behaviors. 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 the priority is on their child's needs and their family's demands above 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 results in the notion of "multiple perpetrator," where women experience violence not only from intimate partners but also from the collective. In worse cases, the husband and wife's collectives engage in conflict on behalf of the couple. Typically, women who decide to leave will do so only at the point when their family's support is strong enough, or when their children are clearly no longer safe if the couple remain together.

Participants discussed the woman's decision to leave in the context of their family of origin's expectations and in balancing the real and perceived loss of family support if she leaves the abusive situation. The meaning code related to this theme also implies that the impact of collective abuse and the perpetrator's allies are part of the equation in deciding whether the woman is able to leave. Participant comments supporting these are as follows:

Outreach counselor (Group A):

It is not just their intimate partner who is abusive, there can be abuse coming from other people in his family. It is not just a man. It can be a woman in the family as well. We are always mindful of that. So, there could be multiple perpetrators or multiple people who can help him find her, get information to her, to scare her, or to change her mind.

Program director (Group B):

Part of it, also depends on the cultural forces on a woman to not place her family at risk back home. Both families have to have some understanding and agreement around this relationship and be able to be supportive. When there is conflict with the couple in North America, there might be conflict in the families across the world, mother or father in West Asia or South Asia. Sometimes this is a family's responsibility to keep the couple together so that the families have the responsibility to try to resolve that conflict.

Participants also discussed the value placed on family bonding and prioritizing children's needs, as this relates to a woman's response to the abusive relationship. Participant comments reflect the complicating presence of children:

I think the piece that brings women to our service is when they see the abuse is directed to their children. For example, the kids are crying once the incident is happening. Also, women feel they are responsible to keep the family together. As the children get older, they can become more allied with their fathers, especially boys who do not want to leave.

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 a violation of these expectations, both directly and indirectly, impacts a woman's decision. Finally, abuse experiences are complicated through multiple perpetrators which creates systemic coercion.

Theme 3: Patriarchal beliefs and Customs

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 normalizes the view that males dominate within a patriarchal culture. This fact reflects the intrinsic belief that when it comes to violence, women are too often desensitized and normalize both its prevalence and impact. This sets up a cycle of instigation and violence followed by apology, which recycles in subsequent violent experiences. Service provider comments are as follows:

Relief/mental health worker (Group B):

If the father is not around, then the brother steps in, and when sister gets married, then her husband will take care of her life even to the point of choosing her interests and friends.

Relief/mental health worker (Group B):

The term [IPV] itself is new in their culture. Some understand that hitting is not acceptable and that it is considered abuse. Emotional abuse, financial abuse, those different kinds of abuse is not in the dictionary. She does not recognize it as abuse. Even rape within the marital relationship is not seen as abuse. If the husband is doing it, that's ok.

Residential counselor (Group A):

When a person is coming from a very oppressive culture that condones physical abuse, you perceive yourself as 'less' than, or being second to a man. It becomes just part of normal day-to-day life.

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 the lives of women. Violence is a result of learned behaviors rooted in gender inequality that dictates that men exert power and control and women accept and normalize violence. Women are suppressed in their orientation in wanting to achieve independence and assertiveness. Men are not interested in seeking help external to the family as it is viewed as shameful to one's masculinity. Violence is too often viewed as 'keeping a woman in line' thereby continuing her repression and suppression. Supporting comments from service providers are as follows:

Outreach counselor (Group A):

The power differential that exists between a man and woman in the culture, or the perceived inequality, is a huge risk because lots of women feel that they are not worthy or capable of living on their own. They come from countries where their beliefs regarding men are that they [men] are superior.

Relief/mental health worker (Group A):

These women grew up accepting that they are female, and a female should behave in certain ways, and this is your role in life. She has seen her mother and sister going through this. Everyone is treated in a similar way and they do not understand the fact that they are being abused by the males in their families.

Participants converged on the fact that IPV is rooted in patriarchy and gender inequality where masculine power is encouraged and transmitted across generations. Patriarchy leads men to justify abuse and unwillingness to seek help; women come to normalize and accept the violence as part of the patriarchy of the cultural.

Theme 4: Honor and Shame.

Honor and shame represent the duality of the concern for the privacy and loss of reputation in the broader community. The collectivist cultural orientation directs that families place a high value on saving the family's reputation. Disclosure of the abuse leads to losing status for the family resulting in the loss of social support for women. This is reflected in the stigma that is attached to being divorced, leaving a home, breaking up the family, and living as a single parent. Providers offered the following comments in support:

Social worker (Group B):

They keep accepting the abuse just to keep their family honor because they do not want to be divorced. In the culture, divorce is not acceptable even though they know the abuse is not a good thing. They stay in an abusive relationship because they want to protect their family's honor.

Transitional outreach counselor (Group A):

If she has few friends, she might be worried about what other people will say about her as a divorced or separated woman or a single mom. There are always ways to blame the woman even if she has not done anything wrong. Participants also discussed the notion of IPV as a private family matter:

Outreach counselor (Group A):

I have worked with families who are very resistant to be engaged in outside agencies because the police or the Children's Aid Society has been called. Often we are called in to attend a meeting to help with safety planning because of the cultural piece around sharing the secrets of the family or talking to outsiders about what is going on.

Social worker (Group B):

They are also afraid to reach out because of the community and their children. They do not want a bad name placed on their kids who are coming from a broken family.

The themes of honor, shame, and collectivist culture are considerably intertwined across the data. A high value is placed on family honor because of the collectivist cultural orientation, where people in the community are very

interconnected; maintaining a good reputation is a means of community acceptance and support. Personal identity is not completely differentiated from family identity. Thus, a failure in a marital relationship can be seen as failure of the immediate and extended family systems.

Theme 5: Religious beliefs

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. Misunderstandings emerge in part due to the complexity of not only the scholarly diversity in interpretations of the Qur'an as it relates to issues of hierarchy and dominance, but also cultural contexts depending on the countries of origin. Believers may take the word of a local imam who may hold a narrow, fundamentalist interpretation of the Qur'an, one that inhibits women from leaving an abusive relationship. Such an interpretation provides the base for a cultural imperative of male dominance and justification for violence. This fundamentalist interpretation may be adopted not only by the perpetrator to excuse the violence, but also by the woman to accept and normalize the abuse. Service providers relayed their experiences of such cases in the following comments:

Outreach counselor (Group A):

I have worked with women 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.

Relief/mental health worker (Group B):

In one case, she shocked me when she mentioned Islam abuses women. I said, "In what way?". She said, "Yeah, God said woman was created from rib , Adam's rib , Eve was created from Adam's rib 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 that he put them in power and he created us women as weak". I said, "How you do you interpret that into accepting the abuse as okay? I understand a woman is created biologically and psychologically different than men, but why are you blaming God and religion? And did you read the Qur'an yourself?" She said "no", [so I said,]"So, where did your education about the religion come from?" She said, "From my father and the religious school".

Participants also discussed the diversity within the Muslim community, and the ways in which culture and religion are intermingled:

Social worker (Group B):

First of all, Muslim women are very diverse. Sometimes what happens is, religion and culture are mixed up in many places. Sometimes people who come from Africa or Pakistan or other countries have a different understanding of religion because 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.

In summary, the inferences drawn from religion can be used for men to justify abuse and for women to accept violence through patriarchal interpretations of the Qur'an and various cultural lenses. Participants agreed that the Muslim community is very diverse and religious teachings and cultural practices often are not properly distinguished.

Discussion

There has been an increasing appreciation for cultural variations in the experience of intimate partner violence. The purpose of this research was to gain an holistic understanding of the experiences of social service workers having female immigrant Muslim clients. Service providers shared their knowledge of and hands-on experiences in working with Muslim women.

A series of in-depth interviews with eight frontline service providers from two agency settings were conducted in order to gather and assimilate their perspectives regarding Muslim clients' experiences with IPV. Five themes were identified: (1) Immigration; (2) Collectivist and Authoritarian Culture; (3) Patriarchy; (4) Honor and Shame; and (5) Faith. Using an intersectionality framework, these five themes interact on multiple levels creating unique experiences of oppression and marginalization based on race, religion, ethnicity, immigration, and class privileges.

Among the five interlocking themes, immigration was identified as the most critical issue impacting women's experiences. Although not all Muslims are immigrants, and not all immigrants are Muslims, the surveyed experiences of the service providers were limited to immigrant Muslim Canadian women. Muslims comprise a large and growing immigrant population residing in Canada. Previous research documenting the voice of immigrant women and the trauma of IPV has indicated that their experiences are exacerbated by their position as immigrants due to limited language skills, social isolation, unemploy-

ment, acculturation stress, and citizenship status (Menjivar & Salcido, 2002; Kasturirangan, Krishnan & Riger, 2004; Erez, Adelman, & Gregory, 2009; Paat, 2014). Current findings on immigration are aligned with Yoshioka, Dinoia, & Ullah's (2008) IPV framework, emphasizing immigration as a key cultural context that shapes a woman's experience.

Immigration was recognized as a significant and long-term experience that not only impacts the prevalence and type of IPV that is experienced, but also a woman's help-seeking behavior. Immigration-related factors such as language and cultural barriers, lack of social support, and unemployment status contribute to a woman's decision to stay or leave an abusive relationship. Immigration is not only defined by a physical presence in a country other than one's birthplace, but also contributes to psychological changes that occur over time. Cultural contrast between places of origin and residence regarding conflicting beliefs about gender and marriage can exacerbate IPV. In addition, the demands of parenting within two cultures can exceed a couple's coping resources and increase family dysfunction. IPV manifests differently within specific immigration contexts, inducing related abusive behaviors such as threatening the woman for deportation, threatening to take the children away, and withdrawing residency applications (Yoshika, 2008).

Participants reflected on notions of individualist versus Collectivist, and egalitarian versus authoritarian cultures. While individualist and egalitarian are the predominant cultures in Canada, the collectivist and authoritarian were considered the most influential cultures in the relevant cases. Although the salience of collectivist cultures varies among Muslims, for newcomer women the contrast between individualist and collectivist cultures can be challenging to navigate (Abugideiri, 2012).

Consistent with previous research (Haj-Yahia, 2000, 2011; Hassouneh-Philips, 2001), our findings reflect that collectivist values can instruct women to prioritize the needs of their children and their extended family members above their own needs, desires, and safety. Within collectivist culture, there is additional emphasis on reputation within the social network; maintaining family secrecy may be encouraged in attempting to maintain social standing. Within collectivist culture, personal identity is not differentiated from collective identity, and a person's failure to fulfill prescribed norms and rules is 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 and her immediate and extended family outside normative roles and behaviors (Yishioka, 2008), which in turn may result in her being rejected and socially isolated.

The findings also revealed a strong interconnection between the concepts of "collectivist" and "honor". Collectivist and honor concerns can impact a woman's decision to leave or stay in an abusive relationship in different ways: A

woman's decision to stay or leave is guided by respect and prioritization of the extended family's wishes; this places the opinions of a network that includes her parents and elders in the family over her own desires. This fact places an emphasis on collectivist values like family ties and bonding in consideration of the impact of divorce on children. In addition, IPV is manifested differently in collectivist cultures in which a woman may experience abuse from both the abusive partner and from the partner's family who support the abuser. These findings are aligned with previous research that documented the collectivist culture of South Asian women who reported abuse from their partner's family (Yoshioka, Dinoia, & Ullah, 2001).

Patriarchy within various cultures around the world was identified as a theme among participants' responses. Patriarchy is the global basis of much of IPV. The 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, 2011). Although prescribed gender roles can be perceived as complementary, the inherent power given to men in the family and broader systems within patriarchal societies, as well as women's financial dependence on men, is a contributing factor to IPV (Ayyub, 2000). Patriarchy that instructs men not to seek help, nor offer regret or apologize for their violent behavior, creates the conditions for the cycle of abuse to continue and worsen over time.

Participants expressed the impact of religious faith on men to induce violence, and on women to endure the abuse in sharing how patriarchal interpretations of religion leads women to accept the violence. Participants signified the distinction between religious and cultural practices. Similar to other abusive behaviors, IPV can manifest in the context of religion, resulting in faith-related abusive behaviors (Fortune et al., 2010). The extent to which religion by itself tolerates abuse is beyond the scope of this research and requires precise theological investigation. What is recognized however, is that in the case of IPV, perpetrators often distort or manipulate religious doctrines to rationalize or justify their violent behavior.

Implications for Research and Practice

A discussion on the sociocultural realities of immigrant women in these circumstances is significant because it sheds light into the applicability and effectiveness of our standard of clinical interventions for racial/ethnic/religious minority populations. If the origin, process, and manifestation of IPV varies across cultures, then our interventions need to match this variability. Cultural-

ly informed practices need to go beyond cultural and language sensitivity; they need to explore cultural, social, political, and historical forces that shape women's experiences, their definitions and responses to abuse, as well as the sources of support, disclosure patterns, and the processes of leaving abusive marriages. For example, the results of this study reflect service providers' experiences of how immigration, collectivist and honor cultures, historical patriarchy, and religious beliefs shape women's experiences and their help-seeking behaviors. Service providers need to have an in-depth understanding of how cultural context influences abuse experiences, and access and barriers to services. IPV is a global issue that manifests diversely across various cultural groups; having an understanding of different forms of abuse as well as implementing culturally congruent interventions that resonate across diversities is critical to effective service.

Although diverse scholarly work focusing on the lived experiences of women survivors of IPV is crucial, it is also risky since it can be used to reinforce stereotypes held by members of the dominant group and further marginalize and isolate them (Holtmann, 2016; Sokoloff & Dupont, 2005). To decrease the risk for attribution of blame for IPV onto diverse cultures, researchers should reject the simplistic analysis of the role of culture in IPV. Instead, culture should be seen as a complex phenomenon that interacts with the broader systems of power and privilege (Sokoloff & Dupont, 2005). The trauma of IPV for Muslim women is exacerbated by the societal microaggressions such as racism, classism, and Islamophobia that are expressed and experienced in overt and covert ways within different levels of the society. This extends from daily social interactions to insensitive protocol and policies such as hijab-banning (Riley, 2011; Sokoloff & Dupont, 2005).

When members of a minority cultural group experience IPV, their experience is more likely to be attributed to their culture (Sokoloff & Dupont, 2005). Dasgupta (1998) reminds us that, most often, there is a quick attribution of blame to an immigrant's culture when discussing domestic violence. This is based on the general belief that "woman abuse is limited to minority ethnic communities, lower socioeconomic stratification, and individuals with dark skin colors" (p.212). Conversely, IPV in mainstream populations is recognized as an individual behavior that is less relevant to the elements of existing mainstream culture. The use of double standards in analysing IPV cases, as well as ethnocentric views through which mainstream culture is not considered a 'culture' per se but rather as a reference group for diverse populations, would lead to a "culture-blaming" approach. Culture is often alleged to have influential explanatory power for IPV (Sokoloff & Dupont, 2005). Specific IPV cases are not conceptualized as reflecting individual behavior and, instead, entire groups are stereotyped (Pratt & Sokoloff, 2005). To resolve this issue, Milani and Leschied (in press) have recently suggested a Tripartite Model of Intimate Partner Vio-

lence. This model builds upon Sue's (2001) proposed Tripartite Framework for understanding an individual's converging identities. Through the application of this model in IPV, we propose that a woman has three identity domains, individual, group, and universal: "All women survivors are, in some respects, like no other women survivor (e.g., non-shared experience)"; "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)". Culturally informed practitioners will realize the impact of culture as it relates to group membership experiences, and, they will also examine IPV within both universal shared experiences and unique individual behavior.

Summary

While literature on the impact of culture on IPV is growing, with increasing interest in the ways in which a woman's cultural practices and beliefs may place her at risk, there has been a relative absence of discussion regarding how culture can facilitate unique solutions (Yoshioka & Choi, 2005). Next steps in this process should include greater emphasis on multicultural research regarding how positive cultural elements can be utilized to foster change and reduce violence across diverse communities.

Finally, more emphasis is needed in providing significant opportunities for minority and marginalized communities to become critical players in the design and delivery of services to their own communities. An example of this is reflected in the initiation of dialogue between anti-violence community organizations and cultural communities in exchanging knowledge to explore ways of providing services that are effective and informed for diverse populations. Toward this end, it is recommended that cultural communities be empowered to promote culturally adaptive interventions that are built upon current models and/or are based on indigenous knowledge to address IPV in their communities.

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