



HEALTH EDUCATION, ADVOCACY, RESEARCH & TRAINING

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MUSLIM AMERICAN
WOMEN'S POLICY FORUM
(MAWPF)

<https://mawpf.org>

REMOVING ROADBLOCKS:

Examining Barriers to Justice & Healing
to Build more Victim-Centric Services
for Muslim Survivors of Sexual Assault

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Our gratitude

This paper is the culmination of two years of research. Our gratitude to the many who contributed their time and expertise to this work:

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TABLE OF CONTENTS

INTRODUCTION	4
CASE STUDY	5
Organizational Background	5
HEART Women & Girls	5
Muslim American Women's Policy Forum	6
Key Observations	7
STUDY	9
Motivations for this study	9
Literature Review	10
Methods	12
Results	13
DISCUSSION	24
RECOMMENDATIONS	27
CONCLUSION	29
APPENDIX A	30
APPENDIX B	32
APPENDIX C	34
APPENDIX D	34
APPENDIX E	37
REFERENCES	38

Introduction

The prevalence of sexual assault in the United States is alarmingly high, spanning race, gender, class, ethnicity, immigration status, and other intersecting identities. Nearly 1 in 5 women and 1 in 71 men will be raped at some point in their lifetime (Black, Basile, Breiding, Smith, Walters, Merrick, & Stevens, 2011), and in 8 out of 10 cases of sexual assault, the victim knew the person who assaulted them (Miller, Cohen, & Wiersema, 1996). Sexual violence is one of the most underreported incidents of violence; 63% of sexual assaults (Rennison, 2002) and 88% of child sexual abuse cases are not reported to law enforcement agencies (Hanson, Resnick, Saunders, Kilpatrick, & Best, 1999).

Despite the existence of an anti-violence field that includes decades of research on documenting responses to survivors of assault, there is very limited literature on Muslim survivors of sexual violence within the United States. To date, there are no comprehensive studies documenting the ways in which Muslim survivors of sexual violence are navigating systems, attaining justice, and healing within the United States. HEART Women & Girls partnered with the Muslim American Women's Policy Forum, with the support of the Center for Urban Research and Learning at Loyola University, to launch an exploratory study examining institutional responses to Muslim survivors. These groups decided to focus on institutions and individuals who may be considered first responders, such as victim services organizations, advocacy groups, community groups, and faith-based leaders.

This paper highlights the important work of the above-mentioned Muslim women-led initiatives that are working to create institutional changes for Muslim survivors of sexual assault. Furthermore, this paper provides recommendations for institutional responses to sexual assault based on surveys with direct services providers.

Case Study: A Look at Two Muslim Women-led Organizations

Organizational Backgrounds

Given the dearth of research that exists on Muslim survivors in the US, this paper includes the ways two Muslim women-led groups are responding to cases of sexual assault. Our intention in describing these organizational histories is to shed light on the work of Muslim women in responding to issues of sexual violence from a broad approach that incorporates direct services, education, awareness, organizing, and policy work.

HEART Women & Girls

HEART Women & Girls is a nonprofit organization that promotes sexual health and sexual violence awareness in Muslim communities through health education, advocacy, research, and training.

As former consultants for the Office on Women's Health at the US Department of Health and Human Services, HEART co-founders met while working on a number of reproductive and sexual health issues in the Chicagoland area, when many Muslim women and girls in the community began sharing their stories with them of:

- girls unable to identify common medical problems such as yeast infections and therefore letting them go untreated;
- young women struggling with intimacy issues in their marriages, unable to consummate their marriage or struggling with painful sexual experiences;
- risky sexual behavior
- unhealthy sexual attitudes due to limited sexual health knowledge; and,
- all too often, of sexual violence.

With experience in both the public health field and religious communities, HEART co-founders knew that current sex education efforts were missing the mark: secular sex education programs were often presented in a way that lacked cultural sensitivity necessary for some faith-based communities, while religious sex education programs were often presented in a way that lacked understanding of the pressures and realities that young people face today. HEART Women & Girls was founded to merge these gaps and present sexual health information in a new way to these underserved communities.

An Important Realization

While HEART was initially founded to focus on improving access to sexual health information and education in Muslim communities, HEART staff quickly came to an important realization: as soon as facilitators set a safe space and gained the trust of participants, the sheer number of stories of sexual violence that were shared were overwhelming. Thus, early on, HEART leaders made the deliberate decision to include sexual assault awareness education in its workshops and other resources. They believed that it would be a disservice to participants to not also include a

component of boundaries, consent, and healthy relationships in their sexual health education programming.

In late 2014, the importance of this work was more evident than ever. A young woman came forward with allegations of sexual assault against a prominent Chicago imam, Abdullah Saleem. HEART board and staff, along with a team of volunteers, publicly supported her, and within days, received dozens upon dozens of phone calls and emails from survivors of the same perpetrator. We began connecting these young women to the resources they needed: legal services, contacts in the criminal justice system, therapists, media, and awareness materials.

Of the numerous survivor stories collected, five survivors chose to move forward with civil legal proceedings, as reported in the New York Times in February 2015. The Illinois States Attorney filed criminal charges shortly afterwards. Both cases proceeded simultaneously – and on August 25, 2016, Abdullah Saleem entered a plea bargain for both charges in the criminal case. As a result, the victims did not have to face the exhausting ordeal of going to trial and testifying in front of the defense, which typically utilizes tactics that humiliate and tear down the witness.

This is an important milestone that should be recognized. Abdullah Saleem plead guilty, was sentenced to two years probation, and must register as a sex offender. The survivors—both those participating in the criminal and civil cases, but also those who were watching silently from the sidelines—were able to witness some semblance of justice being served in this world. Those that worked to advocate and support them, in a community that was reluctant to address this issue head on, found some reprieve on this uphill battle. Those that were worried more about the community's or perpetrator's reputation than enveloping the survivors in an embrace of mercy and safety can no longer deny the power of justice being done despite their continuous pushback every step of the way. This was the work of many survivors, advocates, professionals, and experts coming together from the anti-sexual assault movement, law enforcement, legal services, media, and social services. Each one of these parties played a crucial role in shining a light on the stories of these brave survivors and demanding accountability and justice.

Today, HEART continues to uncover more survivor stories, revealing the Muslim community's dire need for resources specific to sexual assault survivors.

The Muslim American Women's Policy Forum (MAWPF)

The Muslim American Women's Policy Forum (MAWPF) is a collective of Muslim women that work at the intersection of anti-Muslim racism and gender-based violence with a focus on organizing in Washington, D.C. The collective was created due to the lack of spaces for Muslim women activists and organizers in the District of Columbia.

The impetus behind the collective's policy focus comes from the invisibilization of Muslims in the policy arena. Too often, Muslim women's input, leadership, and experiences have not been sought out in key policy areas, even in instances where the policy focused exclusively on Muslim women. Too often, Muslim women have been discussed as individuals in need of saving from their religion

and culture, or as emerging national security threats. Specifically, within the gender-based violence policy arena, MAWPF founder Darakshan Raja noticed an alarming trend where organizations and groups with a known anti-Muslim agenda were being seen as experts on gender-based violence and Muslim communities. Funding streams from government funds, specifically under the Violence Against Women Act's funding for research and programs, used problematic narratives when addressing violence against Muslim women, or posited the issue as separate from the violence against women at large. Furthermore, law enforcement, policymakers, and institutions have often lacked the appropriate responses to Muslim survivors: rather than providing victim-centered care to survivors, incidents of sexual violence have been dismissed as the result of cultural and religious oppression. These stereotypes have created more barriers for Muslim survivors to attain the care and justice they need.

One of the first incidents that served as a catalyst for the Muslim women's collective involved reports of multiple Muslim women being sexually assaulted in the D.C.-metro area by a self-claimed FBI officer. This individual threatened these women by stating he would report them as terrorists were they to report him to law enforcement. While the individual was not an FBI officer, his threats were real.

Raja, along with representatives from a local civil rights organization, ultimately met with the MPD's Sex Crimes Unit. The meeting with MPD did not yield any concrete next steps partly because there were no local Muslim led social services providers, or organizations focused specifically on Muslim communities. Since then, a local domestic violence service provider, API Domestic Violence Resource Project, has developed a sexual assault program that includes targeted outreach to Muslim communities. There is far more work to be done, however, in order to build adequate and appropriate institutional responses for Muslim survivors of sexual assault.

Key Observations

Some of the key themes that HEART and MAWPF have observed regarding local responses to sexual assault survivors in Muslim communities include:

1. **No tools.** Many Muslims do not have the tools or the language to identify sexual violence. Often, they incorrectly attribute sexual violence to being limited to rape, and ultimately minimize or ignore all other abuses. Many survivors cannot identify that what has happened to them is sexual violence, nor do they have even a basic understanding of their bodies and sexuality. Technical and legal terminology describing rape, sexual assault, and sexual violence is confusing and inaccessible for many. Furthermore, there are no tools for how to engage in discussions on sexual assault at the family or community level. Instead of identifying actions of abuse and assault as such, these behaviors are often excused as what "boys/men/elders do." In too many cases, survivors are blamed for the violence. Too often, survivors and community members express beliefs that certain forms of sexual assault are deserved, not serious enough, or are a result of the survivor's actions.

2. ***Lack of first responders or resources.*** There are not enough culturally competent resources or first responders and professionals trained to address the needs of Muslim survivors in a religiously and culturally competent way. Among the stories collected, it was found that often, some of the first people Muslim survivors confided in included local imams, teachers, and school administrators. Yet, due to limited training and knowledge, these individuals were often unable to offer victim-centered responses and connect survivors to necessary help. Additionally, HEART and MAWPF learned that the secular resources were also not meeting the Muslim communities' needs. The organizations available lacked the cultural competency to be able to provide appropriate services to those who sought help. Survivors who did seek services frequently received problematic responses from social services providers and law enforcement officers that assumed the needs of Muslim survivors.
3. ***Racialization of Muslims & Gendered Islamophobia.*** While being Muslim is a religious identity, Muslims have become increasingly racialized (Garner & Selod, 2015). A key component of that racialization has been the depiction of Muslim men as perpetrators of sexual violence and being inherently more prone to committing violence against women because of Islam. Given that gender plays a role in how Islamophobia manifests for individuals, incorrect assumptions are made about Muslim women: namely, because it is believed that Islam is inherently supportive of forms of violence against women, Muslim women cannot be legitimate victims of sexual violence and abuse, because facing these experiences is a normal function of being a Muslim woman. This dangerous and Islamophobic trope for Muslim women has had detrimental consequences on policies, services offered, and lived experience.

For instance, it has resulted in numerous individuals outside of the Muslim community upholding the notion that in order for Muslim women to escape abuse and violence, they must leave the religion, community, and condemn the religion itself. Rather than focusing on the abuse and incident of violence, too often individuals focus on the religion being the main source of violence. This produces a dangerous savior mentality that shows up within the victim services field. Rather than respecting the agency of Muslim women and with it, understanding how violence manifests across communities, Muslim women are consistently positioned as inherently oppressed and undeserving of solidarity. This narrative has been so powerful in convincing some mainstream feminist organizations that some fully uphold that gender-based violence within Muslim communities is somehow less serious and severe than in European White communities.

4. ***High rates of underreporting.*** Sexual assault is one of the most underreported crimes in this country, with nearly 68% of sexual assaults never being reported to law enforcement. From working with Muslim survivors, HEART and MAWPF have observed that underreporting is likely even higher among Muslims, due to the extreme shame, stigma, and lack of awareness associated with sexual assault. To better understand some of the barriers to reporting, please refer to Appendix D.

Study

Motivations for this Study

The motivations for this study are multiple. First, this study provides a snapshot into documenting how institutions in America are responding to sexual violence. Our goal is to push the field and our communities to dedicate more nuanced resources to understanding the needs of Muslim survivors. Second, there is a dearth of research exploring the prevalence of sexual assault in Muslim communities, and specifically how it manifests in relationship to religious abuse. Because organizations are committed to being data-driven and shaped by empirical research, we hope this study will help raise awareness in the Muslim community on ways to adequately respond to sexual violence. Finally, we hope this study will lead to other projects, ultimately building more holistic, victim-centered, and survivor-led responses to sexual assault.

Institutionalized Sexual Violence

Muslim survivors interact with a host of institutions, that in principle are present to support them, but often wind up furthering the damage of the violence done against the survivors, as they often overlook, or are unable to fulfill, their needs. These institutions include community-based organizations that serve Muslims, such as community-based civil rights, direct services, or social justice organizations; faith-based institutions like mosques and community centers; and civil social agencies such as direct services providers, an array of criminal justice agencies (e.g. law enforcement, courts), the civil justice system (e.g., family courts), and immigration agencies. In instances of campus sexual assault cases, survivors also deal with the bureaucracies of the college institution. For medical care, survivors navigate hospitals, clinics, and healthcare service providers. If there are children involved and a case of sexual assault is part of a larger cycle of family violence and intimate partner violence, child protective services agencies are involved.

All of these institutions have the potential to lift the burden off of survivors and engage in proactive outreach, building an institutional culture that meets the needs of survivors. In far too many instances, however, these institutions end up playing a role in secondary victimization by further placing the onus on individuals to first and foremost identify as victims or survivors of sexual assault. Second, a brutal process is often started where survivors are expected to prove their story, explaining their circumstances repeatedly to individual staff. This creates a vicious cycle. It is imperative for these institutions to build sexual violence response programming that is cognizant of the cultural, political, and social barriers that Muslim survivors often face.

Literature Review

This section examines the current literature on the prevalence of sexual assault, domestic violence, mental health and other forms of family violence within Muslim and immigrant communities. It also explores social service providers' responses to survivors from these communities. It draws upon research conducted in the United States, the United Kingdom, and Canada from 2003 to 2013. Study topics predominantly include: sexual assault, survivor disclosure, role of mental health, cultural sensitivity, localization, Muslim clients, social services, domestic violence, coping strategies, counseling revolving around cultural and spiritual assessment, association of shame, constructions of cultural violence, service provision, and memory.

According to the Rape, Abuse & Incest National Network, a woman is sexually assaulted every two minutes somewhere in the United States. This organization states, "1 out of every 6 American women has been the victim of an attempted or completed rape in her lifetime (14.8% completed, 2.8% attempted)." Although it is difficult to determine the prevalence of sexual assault in Muslim communities, initial research examining South Asian, Arab, and other immigrant communities suggest a rate of 30-40% of women falling victims of sexual abuse (Reavey 2006). It is important to note that because of the large indigenous population of Muslims in America, namely African Americans and white converts, this percentage is not representative of the entire American Muslim community.

Other studies we examined focused on domestic violence, and inquired into the overlap between domestic violence and sexual assault. The executive directors of 9 domestic violence organizations serving Muslim women were surveyed, and the reported serving 1,962 Muslim women annually, with an average age of 32. Of the participants, 85% indicated they were of immigrant background. The study showed that these women experienced various forms of domestic violence, including 82% who experienced emotional or verbal abuse, 65% who experienced financial abuse, 49% who experienced spiritual abuse, 74% who experienced physical abuse, and 30% who experienced sexual abuse. Women seeking help often ranged from as young as their early teens to their late 70's. Common factors in those who reported abuse were a lack of English fluency as well as immigrant background. Sexual abuse was often underreported due to the stigma within many Muslim communities as well as fear of the loss of honor, family image, reputation, and victim blaming (Alkhateeb, 2009).

Detailed examination of existing literature reveals several key themes: 1) there is a correlation between traditional attitudes of shame and spirituality, the utilization of social and legal services, and the ability to heal; 2) there is a lack of training among community and religious leaders; and 3) there is great benefit in establishing culturally competent services.

Existing literature on domestic and sexual violence survivors in the Muslim, immigrant, and South Asian communities reveals significant correlations between holding traditional attitudes toward gender and domestic violence—in particular by women—and the use of formal mental, social, and legal services (Abu Ras). As such, it is not surprising that these cultural attitudes and gender stereotypes can prevent survivors from seeking help and services, especially for women who are

brought up in patriarchal households. Certain considerations such as cultural norms toward family honor as well as feelings of shame and stigma often resulted in victims from Arab communities feeling forced to hide, or simply accept their abuse (Kulwicki 2010).

Finally, a study exploring the role of spirituality for abuse survivors also revealed some important nuance: spirituality provided participants with an important means of coping with ongoing violence, while in many instances also created barriers to safety. These findings stress the important, but complex role spirituality may play for survivors in faith communities: it can be both a source of strength and a source of vulnerability for American Muslim women and their ability to cope with abusive situations (Hassouneh-Phillips 2003: 681).

In regards to responses to sexual violence, research revealed that community and religious leaders are not trained to adequately address these issues. A 2009 study surveyed Muslim survivors of domestic violence, finding that 30% of the nearly 2,000 participants had experienced sexual abuse, though this number is believed to be under-represented. More noteworthy though, is their finding regarding imams, who are religious leaders at mosques. They found that only 6% of imams across the country had completed domestic violence counseling training (DV Organizations Serving Muslim Women). A 2007 study reveals similar findings: although religious institutions can be a source of spiritual refuge and emotional comfort for survivors, they may also perpetuate silence, particularly because they are not adequately equipped to respond to the problem of abuse in a way that is safe and victim-centric (Pyles 2007).

A number of studies emerging from Canada examining the cultural competency of social service agencies offer some initial insights to the needs of Muslim clients. Specifically, Graham et. al suggests that it is crucial for agencies to be flexible in their approach to clients, and work to accommodate cultural differences into their social service practices (2010). A 2006 study interviewing British social service professionals who serve South Asian survivors concluded that it is critical to understand the numerous familial, community, and cultural issues that become barriers to raising awareness about sexual assault, or even identifying it as such in some communities, due to shame and stigma (Reavey 2006).

While many studies have been conducted in regards to the trauma, experiences, and healing of survivors, there has been limited research focusing on Muslim women and is often specific to ethnicity. The problem is not only a lack of outlets for victims to access but also a lack of understanding on the service provider's part in regards to a victim's culture, religion, and traditions. These initial studies serve as a great foundation to help organizations and first responders move toward greater cultural competency, inclusivity, and best practice. They also suggest the need for continued study of the unique challenges facing Muslim survivors of sexual violence.

The objective of this study is to examine institutional responses to Muslim survivors of sexual violence. One of the ways researchers sought to achieve this objective was to survey social service providers for their experiences providing services to individuals who have experienced sexual trauma.

Methods

Participants

Twenty-six participants representing twenty different organizations and institutions took part in this study. The participants consisted of social service providers with a capacity to respond to survivors of sexual violence. Participants included client support staff (case managers, social workers, legal advocates), practitioners (attorneys, chaplains), and organizational leaders (executive directors, university deans, program coordinators). Researchers deliberately incorporated an assortment of lower-level service providers and upper-level management into the sample in order to showcase diverse perspectives. Researchers also incorporated participants who represented a variety of organizations and institutions, ranging from social service agencies and community-based organizations to large universities and faith-based institutions.

Setting

Researchers initially limited the study location to Chicago. This setting was mostly chosen for logistical convenience, as the majority of the researchers are located in Chicago. Additionally, researchers felt that Chicago would be a suitable microcosm for the greater Muslim population in the United States. Incidentally, a prominent sexual abuse case involving a nationally renowned imam took place in Chicago, further prompting the need for sexual violence research within Muslim communities. However, due to a low response rate (19%) from Chicago-based organizations and institutions, researchers later opened the study to responses from outside the Chicagoland area. Therefore, while the vast majority of organizations and institutions in this study are located in the Chicagoland area, the small remainder are scattered across the United States.

Recruitment

Researchers employed purposive sampling techniques in order to recruit potential participants. Social service providers were contacted and invited to participate if they currently worked for an organization or institution that offered supportive services to survivors of sexual violence. Providers who worked at organizations that have historically provided services to Muslim individuals were purposefully included in our sample. Though researchers intended for participant responses to embody a range of provider experiences, this study cannot be considered representative of the entire population of social service providers due to our small sample size.

Individuals who met our criteria were recruited by email, phone, and social media. Potential participants were initially sent a personal email invitation that contained a link to a survey. Participants who did not respond to the email invitation later received an individual follow-up phone call. The survey instrument was later advertised on Facebook and Twitter for the purpose of gaining additional voluntary responses.

Researchers sent two rounds of email invitations, in January and April of 2016. During this time period, a total of 140 email invitations were sent, 122 of which were sent to individual service

providers. The remaining 18 were sent to the general email inbox of the organization or institution. A total of 51 organizations and institutions were contacted (35 organizations and 16 institutions). Recruitment efforts resulted in a total of 26 participants and a response rate of about 19%.

Materials

Researchers created an online survey through SurveyMonkey. The survey was designed collaboratively by HEART Women and Girls, MAWPF, with support from the Center for Urban Research and Learning (CURL) at Loyola University. It consisted of 31 questions, 14 of which were multiple choice, 4 were short answer, and 13 were free response. The survey questions explored the types of services offered by the organization, the kinds of services that clients request, the number of clients served, the number of Muslim clients served, and qualitative questions regarding the challenges and gaps in services to Muslim clients. Survey questions explored:

- services provided by the organization,
- whether the organization had worked directly with Muslim clients,
- types of services offered to Muslim clients, and
- self-assessment on cultural competency to meeting the needs of Muslim clients.

Additional materials included a recruitment phone script and a survey invitation letter. Both the survey instrument and the recruitment materials can be made available upon request.

Procedure

Upon receiving the email invitation or clicking the web link on social media, participants were directed to the online survey and provided with an introduction to the study. Those who chose to proceed were first asked to classify the type of organization they worked for and select a job title that best represented their role at the organization or institution. Participants then answered a series of questions about their client demographic and types of programs and services currently available at their organization or institution. The survey then split into two sections. Participants who indicated that their organization received reports of sexual violence from Muslim survivors completed an additional series of questions while the rest of the participants were directed to the end of the survey.

Results

Researchers performed data analyses of survey responses utilizing statistical analysis software. A detailed description of some of the key variables and findings is discussed below.

Quantitative Analysis (N=26 total)

Information about the Organization or Institution

Type of Organization or Institution (N=24)

Participants generally selected more than one category to describe their organization or institution. The most popular category was *Victim Services Agency*, with a little over half (58%) of participants selecting this option. *Community-Based Services Provider* was the second most popular selection (42%). The small margin between the two could suggest that those who chose *Victim Services Agency* were also likely to choose *Community-Based Services Provider* as categories that best described their organization or institution. Conversely, only 13% of participants selected *Criminal Justice Agency*. The least selected category was *Faith-Based Agency* with zero, despite some participants indicating that they worked at faith-based institutions or religious-affiliated organizations. For those who selected the *Other* category, participants specified *Homelessness Shelter* and *Healthcare Facility*. The types of organizations can be found in Graph 6 in Appendix E.

Roles of Service Providers (N=24)

Over half the participants (63%) selected one of the six possible job titles, while the other 37% specified different job titles in the *Other* section. Of those who selected a possible job title, *Case Manager* was in the majority (40%). Participants who selected roles other than *Case Manager* were divided equally among the remaining five job titles. The participants who selected the *Other* category wrote in job titles other than the ones provided. These job titles included *Program/Department Director*, *Program Coordinator/Manager*, *Advocate*, and *Title IX Coordinator*.

Years Providing Direct Services (N=24)

Most participants (71%) selected *5+ Years*, indicating that a majority of organizations and institutions have been providing services to survivors of sexual violence for a number of years. Participants selecting this option were then asked to estimate how long their organization or institution had been providing services. About one-fourth (24%) indicated between 5-10 years, about a third (29%) indicated between 11-15 years, another fourth (24%) indicated between 20-25 years, and the remaining fourth (24%) indicated 30+ years.

Although many participants could estimate the total number of years their organization or institution had been providing direct services, many could not estimate the number of clients their organization or institution has served or the number of reports they have received in the past year. When asked this question, these participants responded either *I don't know* or *I don't have access to that information*.

Record Keeping (N=17)

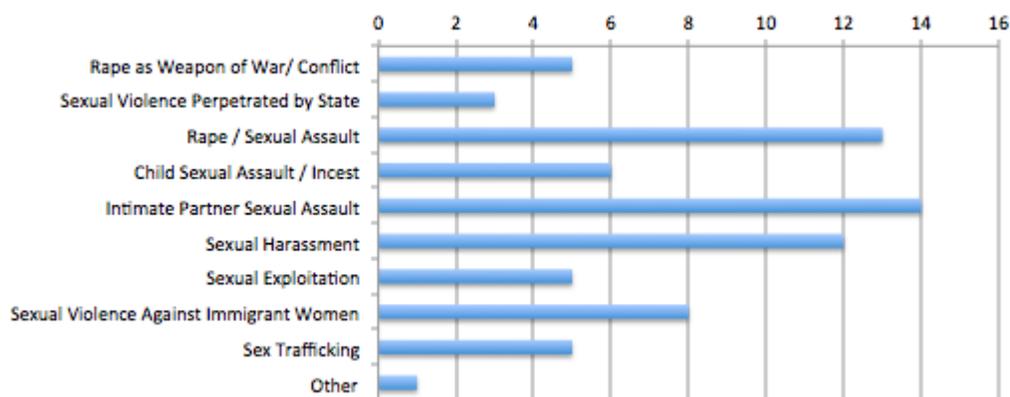
Nearly all participants (94%) said that their organization or institution recorded client information. Because the survey did not specify a particular method of recordkeeping, it is unclear whether participants utilized databases, spreadsheets, or case files to record client information. Participants indicated that they most often recorded the client's *Age* (94%) and *Race/Ethnicity* (88%) but generally did not record the client's *Religion* (18%) or *Class* (18%). Some participants specified other types of information recorded, such as *Languages Spoken*, *Sexuality/Sexual Orientation*, *Educational Status*, or *Abuser/Perpetrator Information*.

General Client Information

Forms of Sexual Violence Responded To (N=17)

Participants reported that their organization or institution most often responds to *Intimate Partner Sexual Assault* (82%), *Rape or Sexual Assault* (77%), and *Sexual Harassment* (71%). Because this survey did not provide examples for actions that constitute a 'response,' it is unclear how participants interpreted this question. However it would seem most likely that service providers address these forms of sexual violence during the client intake or screening process. Additionally, at least one participant mentioned that some clients may miscategorize situations of rape and sexual assault as domestic violence, perhaps in an attempt to lessen the severity of their sexual trauma. This could explain why organizations and institutions respond to *Intimate Partner Sexual Assault* more often than other forms of sexual violence. Conversely, participants indicated that *Sexual Violence Perpetrated by the State* (18%) is responded to the least.

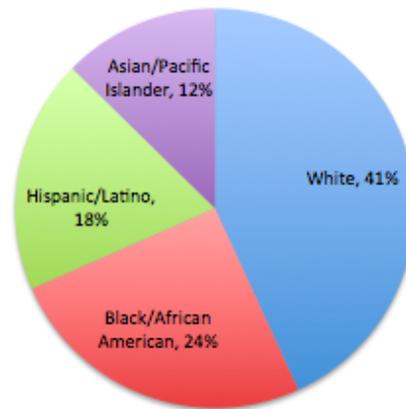
Graph 1: Forms of Sexual Violence Responded To



Ethnic/Racial Groups Served (N=17)

White survivors were the largest ethnic/racial demographic (41%) served, followed by Black/African American (24%), Hispanic/Latino (18%), and Asian/Pacific Islander (12%). The higher-than-average percentage of 'White' survivors could be interpreted in several different ways. Some may consider this figure to be misleading, since the US Census considers people of Middle Eastern and North African ancestry as 'White'. Others may interpret this figure as proof that survivors of color seek services less often than white survivors. For these reasons, this figure should not be considered definitive.

Graph 2: Racial & Ethnic Groups Served

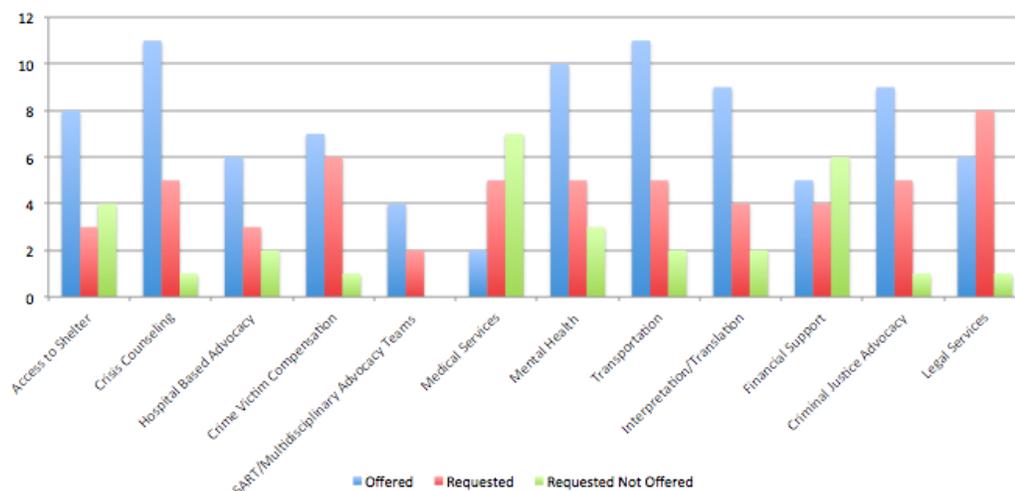


Services Offered and Requested from Clients

Services Offered (N=15)

Crisis Counseling and *Transportation* were indicated by 73% of participants as services their organization or institutions most frequently offered. They are followed closely by *Mental Health Services* (67%), *Interpretation/Translation* services (60%) and *Criminal Justice Advocacy* (also 60%). Services that were less likely to be offered by organizations or institutions were *SART/Multidisciplinary Advocacy Teams* (27%) and *Medical Services* (13%), most likely due to financial barriers.

Graph 3: Services Offered and Requested



Services Requested (N=15)

A little over half of participants (53%) indicated that *Legal Services* were the most frequently requested by clients. In contrast, participants indicated that *SART/Multidisciplinary Advocacy Teams* (13%) was the least requested service at their organization or institution, perhaps due to a general unfamiliarity with this service. *Hospital Based Advocacy* and *Access to Shelter* were also less likely to be requested by clients (both 20%). These results are depicted in *Graph 7*, located in Appendix F.

Services Requested but Not Offered (N=15)

Due to a variety of reasons, clients sometimes request services that certain organizations or institutions cannot provide. Participants indicated that *Medical Services* (47%) and *Financial Support* (40%) were the two most requested yet least offered services to survivors of sexual violence. *Medical Services* was also one of the services that respondents reported to be the least offered overall, as demonstrated above. However, coming in at 0%, *SART/Multidisciplinary Advocacy Teams* was identified to be the least requested and least offered service. This service was shown to be the least requested service overall, according to respondents in the 'Services Requested' section. This data is included in *Graph 7*, located in Appendix F.

Not Applicable (N=15)

SART/Multidisciplinary Advocacy Teams were not applicable to most organizations or institutions participating in this survey (67%). This percentage strongly suggests that both clients and organizations/institutions have little familiarity with this service in general. *Hospital Based*

Advocacy was also reported to be inapplicable to organizations or institutions (47%), but much less so than *SART/Multidisciplinary Advocacy Teams*.

Other (N=15)

One person indicated that their organization or institution additionally offers *Supervised Visitation/Exchange* services to survivors of sexual violence. Another indicated that their organization or institution provides *Religious Services* to survivors, such as religious divorce services or consultation services with a religious leader and/or *faqih* (Islamic law expert).

Muslim-Specific Client Information

Reports from Muslim Survivors (N=15)

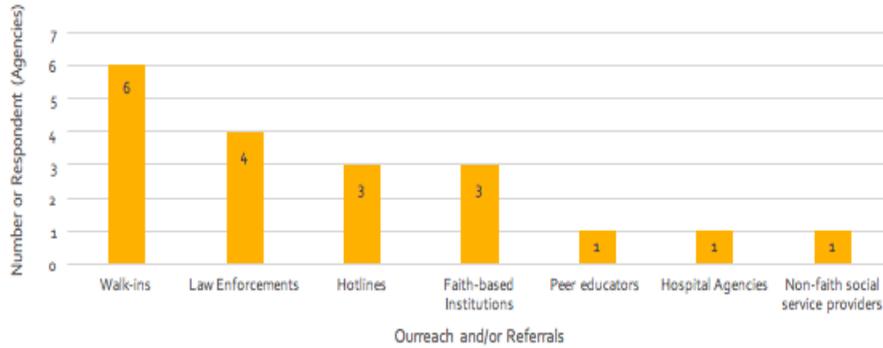
Only about half of the original participants who started this survey had completed it up to this point. For the 15 that completed it fully, 60% reported having received reports of sexual violence from Muslim survivors while 40% reported that their agencies had not received reports of sexual violence from Muslim survivors.

Outreach and Referrals (N=15)

Participants who indicated that their organization or institution had received reports of sexual violence from Muslim survivors were asked about the sources of their referrals. Participants were able to choose more than one answer. The most frequent source of Muslim survivor referrals were *Walk-Ins* at 40%. The second most common source of referrals was from *Law Enforcement* at 27%. *Hotlines* and *Faith-Based Institutions* followed closely at 20%. Other common referral sources, according to participants, were from *Peer Educators*, *Hospital Agencies*, and *Other Non-Faith Based Social Service Agencies*.

Only four organizations reported receiving referrals from only one source, which indicates that most organizations and institutions utilize multiple sources in their referral process. This could suggest that organizations and institutions that receive referrals from multiple sources may be better able to provide in-depth feedback regarding the challenges that Muslim survivors of sexual violence face.

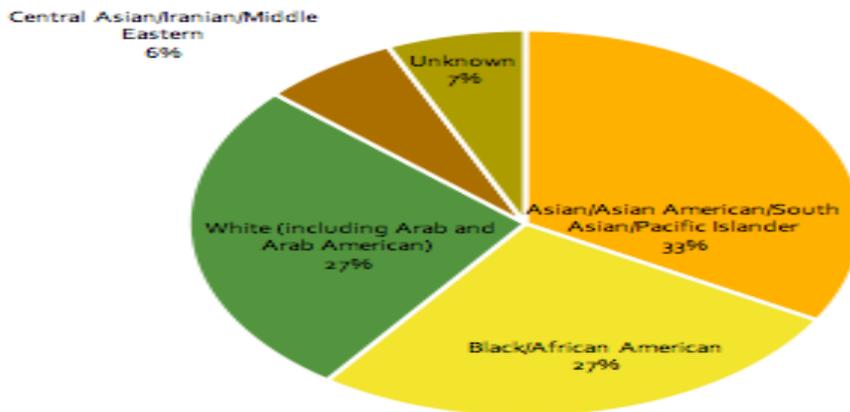
Graph 4: Outreach & Referrals



Client Demographic of Muslim Survivors (N=15)

A majority of participants (33%) indicated that their Muslim clients were of *Asian/Asian American and/or Pacific Islander* ancestry. The second and third most common Muslim client demographics were *Black/African American* and *White/Arab White*, at 27% each. One organization identified their Muslim clientele as *Central Asian/Iranian/Middle Eastern* while another agency reported that they rarely collect racial or ethnic information from any of their clients.

Graph 5: Client Demographic of Muslim Survivors



Services Offered to Requested by Muslim Clients

Services Offered (N=14)

Participants indicated that their organization or institution offered many services to Muslim survivors of sexual violence. The survey allowed for participants to choose multiple answers. The most prevalent services offered to Muslim survivors were *Crisis Counseling*, according to half (50%) of participants. This figure was closely followed by *Mental Health*, *Interpretation/Language Access*, *Crime Victim Compensation*, *Criminal Justice Advocacy*, and *Immigration Assistance*, all at 43%. About 36% of participants selected *Access to Shelter* and *Transportation* and 29% selected *Financial Support/Money*. The services least likely to be offered to Muslim survivors of sexual violence were *Hospital-Based Advocacy* (14%) and *Medical Services* (7%).

Services Requested (N=14)

According to participants, survivors of the Muslim faith request only a few services. The survey allowed for participants to choose multiple answers. The services that Muslim survivors were most likely to request were *Interpretation/Language Access* and *Financial Support* (36%). *Access to Shelter*, *Transportation*, *Immigration Assistance*, and *Legal Assistance* all tied for the second most frequently requested services at 29%. Only 21% of participants indicated that Muslim survivors request *Criminal Justice Advocacy*, *Mental Health*, and *SART/Multidisciplinary Advocacy Services* at their organization or institution. The least requested service was *Crisis Counseling* (14%), which suggests that Muslim survivors are much less likely than non-Muslim survivors to seek counseling or support in situations of sexual violence.

Qualitative Analysis (N=7 total)

Organizations Without Muslim Clientele

Participants who indicated that their organization/institution rarely received reports of sexual violence from Muslim survivors were directed to three open-ended questions. In these questions, participants were asked to reflect upon the lack of reporting from Muslim survivors as well as offer possible recommendations for increasing access to culturally-competent services.

What are some reasons you think Muslim survivors of sexual violence have not yet reached out to your organization? (N=7)

Five service providers agreed that Muslim survivors have not yet reached their organization because their organization does not typically serve Muslim clients. Rather, their organization has historically served a culturally-specific population, such as Polish, Latino, Korean, South Asian, etc. One participant suggested that Muslim survivors might have interpreted their organization to accept only one particular client demographic, and thus these feelings of exclusion could have ultimately impacted the survivors' decision to not seek supportive services from said certain organization. Only one participant did not respond.

What are your recommendations for improving reporting from Muslim survivors of sexual violence? (N=7)

Five service providers offered potential actions for their organization to take in order to improve reporting from Muslim survivors of sexual violence. Two participants felt that increasing outreach efforts, such as collaborating with agencies affiliated with the Muslim community, could better connect Muslim survivors with supportive services. Similarly, one participant thought that strengthening advocacy efforts could heighten public awareness around sexual violence in general. Another suggested that their organization or institution could create more linguistically and culturally appropriate services so as to better accommodate Muslim survivors. Not all participants, however, felt that change should be made at the organizational level. One participant suggested that services providers should augment the language they use with survivors, especially those of Muslim faith, by offering reassurance, keeping the survivor in good spirits, and generally creating a non-judgmental environment for the survivor. Two participants did not have a response for this question.

What are your recommendations for improving responses from direct services providers to Muslim survivors of sexual violence? (N=7)

Five participants mentioned possible improvements from direct service providers to Muslim survivors of sexual violence. Some of these improvements are at the organizational or institutional level. For example, one advised for all agencies to serve the Muslim population without restriction. Two advocated for increasing cultural trainings, particularly on the barriers that Muslim survivors may face and ways to address these barriers. One suggested incorporating outreach within the service provider community, and another suggested increasing efforts for service providers to maintain confidentiality. Two participants chose not to answer this question.

Organizations With Muslim Clientele

Participants who indicated that their organization/institution usually received reports of sexual violence from Muslim survivors were directed to answer a separate set of open-ended questions. These participants were asked about their agency's experience with Muslim survivors.

What are your organization's strengths and best practices in supporting Muslim survivors of sexual violence? (N=8)

Four service providers indicated that their organization's strength and best practices lie within the relationships they maintain with community experts. For example, one organization stated that their strengths include a good relationship with community service providers that provide support for survivors that they were unable to provide directly. Organizations emphasized that the best service they could provide to their clients came from within community relationships, indicating that collaboration between organizations or institutions could allow agencies to properly address the needs of their Muslim clientele. Another strength identified by agencies were organizations' versatile and culturally trained staff. This included Muslim staff that worked directly with survivors

and served as a resource to other staff members within different departments in the organization and staff members trained to be allies. For example, one agency demonstrated that their organization has staff trained in cultural sensitivity and are mindful with language to ensure the best practice within their organization. Another organization said they have licensed a Muslim counselor on staff, and specifically trained case managers. Two agencies said their strength and best practices were the resources they provided to their clients such as language services, advocacy, shelter, and mental health services.

What are some challenges your organization has faced in responding to survivors of sexual violence from Muslim communities? (N=8)

Three agencies disclosed challenges that their organization faced when responding to survivors of sexual violence from Muslim communities. The most common challenges were cultural barriers between survivors and staff, as well as a general stigma towards sexual violence. Some participants felt that cultural taboos involving sexual violence could explain why many Muslim survivors hesitate to disclose information to service providers or ultimately decide against talking about their experiences.

Another said that a great challenge for Muslim survivors was the “religious” stigma attached to being a survivor and the lack of perpetrator accountability within the Muslim community. If a Muslim survivor cannot count on their own community to hold a perpetrator accountable, then they cannot assume support from their community. Another challenge agencies reported were the differences between U.S. law and norms versus those in the Islamic court. For instance, an agency stated that their challenge was addressing the “differences in laws in the Islamic courts back in their country versus [the] law in the United States and setting realistic expectations [for the survivor].”

Four agencies stated that their challenges were within their own organization and their staff’s lack of knowledge of Islamic cultural norms and connection to the Muslim community. An agency described this disconnect due to not enough culturally competent staff, while two said they lacked knowledge and connections to services for the Muslim community. Another said this was due to not having a Muslim advocate on staff. One respondent indicated that they had not worked long enough at their agency to identify the challenges.

Are there specific religious or cultural services that your organization offers to survivors of the Muslim faith? If so, please list and describe them. (N = 8)

Four service providers stated that, although they did not provide direct religious or cultural services to survivors of the Muslim faith, they were able to refer their clients to organizations and institutions within the community in order to better attend to their specific needs. One organization stated, “We want to empower the client and make sure that even the little things such as finding a location to worship. We can help them search for it.” The collaboration and referrals between institutions and organizations help survivors receive a wide array of services. One agency stated that their staff was Muslim, therefore were culturally competent and sensitive to concerns of

Muslim women, such as providing prayer space, spiritual counseling, and marriage counseling. Three agencies stated that they did not have specific religious or cultural services that the organization offered to survivors of the Muslim faith.

Has the organization been able to fulfill those needs and which ones? (N= 8)

Three organization said that they have been able to fill those needs, yet there have been some barriers. For example, one agency explained that although they have been able to fulfill the needs, a constant barrier is for judges to recognize the Islamic marriage contract as a legal contract in court. One agency stated that they were unsure if the needs have been fulfilled since they had not completed an assessment.

If the organization has not been able to meet those needs, what are some ways that the organization addresses that service gap? (N= 8)

In order to address service gaps, two service providers indicated that they relied on other social service agencies to assist with meeting the needs of Muslim survivors. Two agencies indicated that they do not have immediate plans to address the service gap but may decide later to create an assessment tool and plan trainings for staff on identifying and addressing specific service gaps. One agency said that attorney gatherings sometimes assist in filling that service gap. Two agencies stated that they were unsure on how to address the service gaps.

What are some existing gaps in services for Muslim survivors of sexual violence? (N=7)

Five agencies recommended trainings within the organizations to increase cultural competency and sensitivity to better serve Muslim survivors. For example, one agency emphasized that organizations need to have a better understanding of their cultural background and why Muslim survivors may have a more difficult time seeking help. Another agency suggested training for service providers on language usage to insure that providers do not use harmful language that could potentially shame the victim. Two organizations focused their recommendations for improving responses from direct service providers on training for Muslim communities. For example, one agency advised that Muslim community leadership be trained on the pervasive nature of sexual violence and to educate community members to prevent victim shaming and, more importantly, encourage Muslim survivors to come forward and seek the necessary services.

What are your recommendations for improving reporting from Muslim survivors of sexual violence? (N= 7)

Six agencies recommended that in order to improve reporting from Muslim survivors of sexual violence, organizations need reach out to educate and serve as a resource to Muslim community. The agencies emphasized that in order for Muslim survivors to come forward, their communities must be a platform of support. Five organizations emphasized trainings within the Muslim community on how to support survivors of sexual violence and how to prevent victim blaming/shaming. More specifically, one organization suggested that mosque staff and imams be

trained to create a safe space for survivors, which would allow reporting to become more practical and accessible for Muslim survivors. Another organization suggested outreach to Muslim communities, especially leadership, to inform and educate on the resources for survivors to receive help. One organization was unsure of recommendations for improving reporting from Muslim survivors.

Other Chicago-based Organizations that Work with Muslim Survivors of Sexual Violence Mentioned by Participants

Apna Ghar
Project Sakinah
HEART Women and Girls
Arab American Family Services
CAASE
Pillars
Hamdard Center

Discussion

Overall, this study suggests that there are several institutional gaps for Muslim victims of sexual assault and implications for future practice. While this study is not representative of the entire anti-violence or anti-sexual violence field, key themes were found that support our lessons learned from our fieldwork. These themes are useful to the larger movement in shaping advocacy, policy, and legal and direct services interventions.

Addressing the Invisibilization of Muslim Survivors

First, and foremost: **Muslim survivors exist and are reporting to organizations.** At least 60% of respondents (N=15) reported they had received cases of sexual assault from Muslim communities, while 40% reported they had not received any cases. It is important to consider this finding, because too often institutions within the anti-violence movement, as well as within the greater Muslim community, have continued to state that Muslim survivors do not report.

A second salient point to highlight is that policy, programming, funding, and the case to motivate the mainstream anti-violence movement to prioritize underserved communities is deeply tied to available data and metrics for cases. When direct services organizations were asked about

providing estimates about the number of sexual assault cases they had received generally, the majority of organizations stated they could not report the number. Moreover, when we asked if direct services providers asked survivors about their religious affiliation, the majority reported they did not document this identifier. Often, these identifiers are not recorded because of certain laws that prohibit data collection on religious affiliation. Therefore, it is impossible to document how many Muslim survivors are reporting or seeking services. **From a social services delivery standpoint, without measurable data on victims, it is difficult to document key pieces of information such as reporting, case processing, and case outcomes to further create evidence-based practices.** Perhaps the most detrimental aspect of the lack of data and data tracking is that these communities are often rendered invisible in the world of funding, policy, advocacy, and legislation, and are rarely included when key national and local legislation, policies, programming, and funding priorities are being determined.

Forty percent of organizations reported they had not received reports from Muslim communities. We subsequently asked them to reflect upon why this was the case, and if they had recommendations on ways they could address this problem. Five out of the seven organizations reported that Muslim survivors are not reaching out because their institution does not typically serve Muslim survivors.

One of the organizations went further and posited that given their organization has a history of serving a certain racial demographic of survivors, the general perception of their organization among Muslim survivors could be that their organization *only* works with a certain demographic. Although an organization might use language that suggests all survivors are welcome to services, the organization's perception in the community, the client base, and how services are delivered may have created a perception of religious exclusion. However, one respondent expressed a belief that Muslim survivors do not reach out due to "religious reasons and the lack of confidence," rather than the organization's own institutional history.

The findings above are noteworthy because this study suggests that Muslim survivors face significant challenges in accessing mainstream anti-violence organizations. Therefore, organizations should consider ways they can invest at an institutional level to make their services more accessible to underserved communities.

Also noteworthy is the fact that the least selected category of social services providers were faith-based institutions, despite the fact that these institutions were also recruited to participate in the study. This too, indicates the significant level of denial within faith institutions of their role in supporting sexual assault survivors.

Incorporating Services that Meet Survivors' Needs

Outside of a lack of data, respondents were asked to report their *perceptions* of the most frequent sources of reporting or referrals. The most common form of reporting was walk-ins. This is concerning, given that it demonstrates the level of burden and responsibility that falls on survivors to locate direct services providers and reach out privately. It also implies that some survivors

cannot use modes of reporting such as hotlines or online resources because they may risk sacrificing confidentiality. Hence, organizations and institutions need to consider reaching more survivors through community spaces.

Challenges in Reaching Organizations

There were considerable challenges in outreach and getting direct services providers and first responders to complete the survey. The low response rate for our study may be attributed to the fact that the anti-sexual violence field has not created a space to incorporate the experiences of Muslims with sexual violence. Researchers reached out to some of these individuals to ask why they did not fill it out, and among the many interesting responses, the most noteworthy came from individuals who were not professionals in the sexual violence field, but rather who were serving in “first responder” type capacities at their institutions: they simply did not believe that a survey examining their particular responses to survivors was relevant. This lack of confidence in the value of their perspective represents a significant denial of the important role that first responders can play in a survivor’s journey to justice and healing.

Self Perceptions of Ability to Serve Muslim Survivors

When respondents were asked about their recommendations for serving Muslim survivors, some stated they did not feel that change should be made at the institutional level to meet the needs of survivors. They claimed that the number of cases being forwarded from Muslim communities is so low that they do not see the need to invest funds, staff resources, or organizational resources to the Muslim community specifically. This argument is further exacerbated by demands for research and prevalence statistics to see whether the problem exists, but as we have shown, obtaining this data is either difficult (for many reasons) or impossible (in particular due to lack of reporting on survivors’ religious identity).

Others did recommend, however, that increasing outreach and collaboration efforts could be helpful. These proposed changes include:

- establishment of agencies serving Muslim survivors without restriction;
- increased cultural trainings, specifically on the barriers that Muslim survivors face;
- incorporating outreach within the service provider community; and
- collaborating with community-based groups in Muslim communities.

It is important to note the latter perception, while not explicitly representing Islamophobia, does entail a certain victim-blaming attitude that places the onus on survivors and directly impacted communities to come forward and navigate difficult systems. Furthermore, it then holds the victims accountable for their lack of outreach rather than holding institutions accountable for failing to do a better job at being accessible and meeting victims where they need them the most.

Recommendations

This paper explored the institutional responses of organizations to Muslim survivors of sexual assault. While much progress has been made in the greater movement, it is clear that there is still work to be done in order to meet the needs of Muslim survivors. Below are a few recommendations to begin moving toward safer, more inclusive spaces for all survivors.

Invest in Institutional Anti-Racism and Anti-Oppression Processes that Assess Internal Organizational Practices

The first step to culture change at the institutional level is to engage in a thorough anti-racism and anti-oppression process that really explores how intersectionality plays out for survivors. It is crucial to reflect on how the staff at the institution is showing up for the communities, and ways in which they are not doing so. In communities with large minority and/or Muslim populations, anti-racism trainings should also address components of xenophobia and Islamophobia, among other intersections.

Bridge the Gap through Increased Collaboration

Another step towards meeting the needs of Muslim survivors is to begin bridging the gap between secular services and Muslim communities. In most regions of the country, there are numerous local social services and rape crisis centers that have been operating for decades. Yet, many still do not report having that many Muslim clients, as shown by this case study as well as the data cited above. Furthermore, many secular victim services organizations report not having many outreach efforts reaching Muslim (or other similar minority groups) communities. Finally, many faith institutions report not being aware of the local resources in their community should a situation arise. As such, we recommend building the following types of partnerships and collaborations:

- sexual violence/domestic violence organizations with faith institutions such as mosques and religious schools,
- law enforcement and religious institutions/scholars, and
- religious and community leaders with sexual/domestic violence organizations.

It is important to note that simply connecting these various groups to each other is not enough, but rather the groups must be committed to building a strong partnership and presence in each other's institutions. Additionally, this arrangement may also benefit the community or religious institution that may not have a budget to hire a staff person. Rather, by partnering with the local organization, they will be able to "outsource" support services and share resources.

Increase Cultural Competency of Secular Organizations and content-specific Competency of Religious Organizations

Once these partnerships are established, the gap can be further bridged by enhancing the cross-competency of both secular and religious institutions. Secular institutions can commit to 101

trainings on Islam, Muslim culture, barriers to reporting in the community, Islamophobia, racism, and classism that collectively contribute to the overall experience of the Muslim survivor. Faith institutions, on the other hand, can benefit from what we refer to as “content specific” trainings. In other words, because the leadership and staff at faith institutions often are the first responders to incidents of sexual assault, it is crucial for them to have the language, policies, procedures, tools, and interpersonal skills to be able to respond to survivors and allegations in a timely, victim-centric way that is free from stigma.

Increase General Awareness Efforts

Research indicates that there is an overwhelming likelihood that survivors from communities of color will not report their sexual assault. Furthermore, this study points in a similar direction, namely that many of these organizations are not serving Muslim clients, possibly because Muslim survivors are choosing to remain silent. As such, we recommend that organizations and professionals increase their general anti-sexual assault awareness and outreach efforts to the Muslim community in order to build trust, and increase the community’s understanding of sexual assault, to ultimately increase the number of survivors who feel safe reporting. Moreover, these awareness education efforts will enhance the competency of general community members to be able to intervene as bystanders and/or support survivors.

Support Community-Led Efforts that Center on Transformative Justice

It is important to remember that utilizing the criminal justice system may not be an option for all survivors, especially in instances where sexual violence is perpetrated at the hands of law enforcement. Therefore, there must be support and investment in community-based and survivor-led initiatives that take leadership from survivors directly rather than dictating to survivors what they need. Ways organizations can contribute in this manner include:

- providing seed grants and resources to community-led initiatives;
- supporting training opportunities and leadership development for survivor-led initiatives;
- providing spaces and hearing from the broad perspectives of survivors, including those who want alternatives to the carceral state; and
- prior to engaging in outreach in Muslim communities, mapping out and build relationships with pre-existing efforts.

Reduce the Internal, External, and Institutional Barriers to Reporting

The importance of this step cannot be minimized. True prevention cannot happen until more survivors feel empowered and safe enough to report their abuse and more of their abusers are held accountable. There are a number of important components to reducing barriers to reporting; we have included some of them below. It is crucial to not stress only the responsibility of the survivor to report, but rather emphasize the notion that organizations bear the responsibility to create services that reach hard to access communities. We can do this by:

- creating a process to collect anonymous reports;
- creating a process to address reports effectively and in a timely manner;
- taking appropriate measures if the perpetrator is on staff/on site;
- addressing survivors' unique immediate needs (e.g. if perpetrator is on site, separate the survivor and perpetrator and ensure that the victim feels safe);
- remaining committed to culture shift and shut down victim blaming; and
- make secular organizations more Muslim-friendly, by diversifying and training staff and building partnerships in Muslim community.

Advocate For More Community-Led and Community-Based Research

Finally, the more research and data we collect on Muslim communities and their overall reproductive and sexual health status and needs, the easier it will be for organizations to develop effective and sustainable programming and services.

Conclusion

This study provides an important snapshot into the needs of Muslim survivors. The findings from our study are an important contribution to the overall literature on fighting sexual violence. The recommendations we have offered are intentionally focused on institutions within the anti-violence movement and Muslim communities in order to take the onus off survivors and place it on our society and institutions to make their services more accessible and encompassing.

Our research is a contribution to the limited literature available. Therefore, there is a dire need for in-depth research on the unique needs of Muslim survivors of sexual assault and the cultural competency of organizations and individuals that are serving as their first responders. The fieldwork of two Muslim-led organizations, along with limited literature, indicates that there is much room for increasing the number of social service providers and first responders that are trained to address the needs of Muslim survivors in a culturally-responsive and victim-centric way. The purpose of this paper was to begin the conversation on building victim-centric services to better meet the needs of Muslim survivors of sexual assault. Further study is warranted and necessary.

Finally, the anti-violence movement, specifically the focus on fighting sexual violence, must incorporate the experiences of Muslim survivors in existing efforts. Muslim survivors exist, and in a heightened environment of gendered Islamophobia, it is imperative that our organizations do not fail Muslim survivors and further enable systems of racism, patriarchy, Islamophobia, and interconnected systems that enable violence towards Muslim survivors.

Appendix A

Definitions of Terms

The United States Department of Justice defines **sexual assault** as “any type of sexual contact or behavior that occurs without the explicit consent of the recipient. Falling under the definition of sexual assault are sexual activities as forced sexual intercourse, forcible sodomy, child molestation, incest, fondling, and attempted rape.”

According to their website, **domestic violence** is defined “as a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone. Domestic violence can happen to anyone regardless of race, age, sexual orientation, religion, or gender, and affects people of all socioeconomic backgrounds and education levels. It occurs in both opposite-sex and same-sex relationships and can happen to intimate partners who are married, living together, or dating.

Domestic and sexual violence not only affects those who are abused, but also has a substantial effect on family members, friends, co-workers, other witnesses, and the community at large. Children who grow up witnessing such violence are among those seriously affected by this crime. Frequent exposure to violence in the home not only predisposes children to numerous social and physical problems, but also teaches them that violence is a normal way of life, therefore increasing their risk of becoming society's next generation of victims and abusers. Types of abuse include:

Physical Abuse: Hitting, slapping, shoving, grabbing, pinching, biting, hair pulling, etc. are types of physical abuse. This type of abuse also includes denying a partner medical care or forcing alcohol and/or drug use upon him or her.

Sexual Abuse: Coercing or attempting to coerce any sexual contact or behavior without consent. Sexual abuse includes, but is certainly not limited to, marital rape, attacks on sexual parts of the body, forcing sex after physical violence has occurred, or treating someone in a sexually demeaning manner.

Emotional Abuse: Undermining an individual's sense of self-worth and/or self-esteem is abusive. This may include, but is not limited to constant criticism, diminishing one's abilities, name-calling, or damaging someone's relationship with his or her children.

Economic Abuse: Making or attempting to make an individual financially dependent by maintaining total control over financial resources, withholding one's access to money, or forbidding one's attendance at school or employment.

Psychological Abuse: Elements of psychological abuse include but are not limited to causing fear by intimidation; threatening physical harm to self, partner, children, or partner's family or friends; destruction of pets and property; and forcing isolation from family, friends, or school and/or work.

Sources: National Domestic Violence Hotline, National Center for Victims of Crime, and WomensLaw.org.

Appendix B

Studies Included in Literature Review

The quality of research or sample size of each study varied. We examined fifteen studies with sample sizes or total number of individuals interviewed/number of focus groups featured as follows:

Study Name	Number of Participants or Providers
"Barriers in the Utilization of Domestic Violence Services Among Arab Immigrant Women: Perceptions of Professionals, Service Providers & Community Leaders"	65 Participants Across 10 Focus Groups
"Constructions of `Culture' in Accounts of South Asian Women Survivors of Sexual Violence"	8 Participants
"Counseling Muslim Americans: Cultural and Spiritual Assessments"	Not Applicable
"Cultural Beliefs and Service Utilization by Battered Arab Immigrant Women"	67 Participants
"Cultural Considerations for Social Service Agencies Working with Muslim Clients"	50 Social Workers
"DV Organizations Serving Muslim Women: Preliminary Results of a 2009 Quantitative Survey"	8 Domestic Violence Organizations; 1,962 Participants (average total of 218 per organization)

“Managing Shame: An Interpersonal Perspective”	50 Participants
“Sexual Violence Against Adolescent Girls”	6,019 Participants
“Strength and Vulnerability: Spirituality in Abused American Muslim Women's Lives”	17 Participants
“Reconstructing Hymens or Constructing Sexual Inequality? Service Provision to Islamic Young Women Coping with the Demand to be a Virgin”	Not Applicable
“The Idealized Cultural Identities Model on Help-Seeking and Child Sexual Abuse: A Conceptual Model for Contextualizing Perceptions and Experiences of South Asian Americans”	Not Applicable
“Transforming Past Agency and Action in the Present”	1 Adult Female Survivor of Child Sexual Abuse
“What Factors Predict Women's Disclosure Assault to Mental Health Professionals?”	1,084 Participants

Appendix C

Who are Muslims?

Demographics

According to the latest census, there are an estimated five to eight million Muslims in North America. Islam is one of the most diverse religious groups in North America. Muslims in North America are approximately 33% South Asian immigrant, 25% Arab immigrant, and 30% African American and 12% other, including White American, European, and African (Johnson 2011).

Furthermore, Muslims are some of the most educated individuals in North America, with the second-highest level of education rates compared to other religious groups. Finally, Muslims are extremely diverse with respect to religious practice. Some identify only culturally or spiritually, while others incorporate religious code into their daily lives (Yan 2015).

Appendix D

Common Reasons for Underreporting in Muslim communities

Given that the fieldwork suggests that there is a higher likelihood of not reporting in the Muslim community, it is important to explore some of the barriers to reporting. Of course, Muslim survivors face many barriers that are similar to survivors in other communities. These include shame, disbelief, shock, love/fear for the perpetrator, lack of community and family support for survivors, and the financial burden of seeking legal help. There are some barriers to reporting that are specific to the experiences of being a survivor from the Muslim community.

Privacy and Modesty

In efforts to promote modesty and privacy around sexual health matters, many in the Muslim community conflate modesty and privacy around sexual health matters with shame. In other words, it is often considered shameful to speak openly about sex and sexual abuse. Additionally, due to this increased belief in privacy, many survivors may not want to go through the Sexual Assault Forensic Medical Exam, which they may feel will further violate their privacy.

Communities that Values Sexual Purity

Like many faith traditions, Islam does not encourage sex outside of marriage. Therefore, the Muslim community places a great value on sexual purity. When there is an incident of sexual violence, often times, survivors are often given advice to stay quiet, in order to protect their sexual purity and ultimately, their marriageability. Although Islamic law values abstinence until marriage, the extreme emphasis on sexual purity and marriageability is not universal or religiously founded—many wives of the Prophet were divorced or widowed (Muhammad and Women, 2002). Rather, the

emphasis on sexual purity has become a common cultural preference, and one that women carry the burden of upholding more often than their male peers.

Tight-knit Family or Community

Many Muslim communities are very tight-knit. Consequently, many survivors hesitate coming forward out of fear of breaking up the family and/or community. Additionally, many believe that the news and repercussions might be too painful for their family to deal with.

Victim-Blaming

Victim-blaming is cross-cultural and a phenomenon that almost all survivors experience in one form or another. Victim-blaming in the Muslim community—particularly the conservative religious community—is often enhanced due to the previously discussed themes of sexual purity, shame, ties to the community, and other cultural matters. Specifically, victim-blaming in the Muslim community takes on a particular religious shaming that often focuses on false protective factors: whether the victim was dressed “modestly,” whether the surroundings were appropriately separated by gender, and whether there was any other “sinful” behavior happening during the time of the assault.

Self-Doubt/Self-Blame

Many survivors experience a great deal of self-doubt or self-blame, especially if the abuser is a religious authority figure in the community. Often, these individuals are not only respected and revered, but also considered model citizens. In such circumstances, it may be difficult for survivors to believe that respected community members could be capable of actions so horrific. This often leads survivors to ultimately doubt or blame themselves.

Strong Sense of Spiritual Guilt

In the same vein, some Muslim survivors often may not report due to the Islamic value of excusing wrongdoing. However, it is imperative to understand that sexual violence is not about mistakes, however, but about crimes committed that violate the inalienable rights of others. As such, this tradition does not apply when one’s personal safety is compromised. Also, according to the Qur’an, Muslims are encouraged to speak up if they know something harmful about someone or see an injustice (Quran 4:135, Oxford World's Classics edition).

This spiritual guilt can be stronger if the survivor was doing something he or she considers religiously “sinful” at the time of the assault, whether going on a date, or being drunk. Because these behaviors are not encouraged in the Islamic tradition, many survivors struggle with issues of self-blame. Some survivors may associate their assault with punishment, thinking that they deserved it for their actions. While this is another tactic the community uses to blame and shame the victim, in Islamic tradition suffering is not tied to sin, as Muslims believe that the afterlife is to account for one’s sins. Additionally, God does not hold one accountable for something that happened to them that was beyond their control or against their personal agency.

Growing Islamophobic Sentiment

Due to growing Islamophobic sentiment, some survivors try to avoid drawing further negative attention to the Muslim community. They may want to avoid reporting due to the previously discussed religious stereotypes that can be held by institutions and social service providers. Yet, it is every victim's Islamic right to seek justice, according to the Qur'an. (Quran 4:135, Oxford World's Classics edition).

Immigration Concerns

For certain survivors, immigration status prevented survivors from accessing social services providers and criminal justice agencies out of fear of how their immigration status might be impacted. They may fear that they or their partners may be deported if the authorities are involved.

Accountability & Mistrust of Law Enforcement and the Criminal Justice System

Many survivors do not report because of the lack of community accountability around rapists, perpetrators, and bystanders. Moreover, because of historically problematic responses from criminal justice agencies to communities of color, some Muslim survivors of sexual assault report wanting alternative options for justice and accountability rather than using the criminal justice system.

Furthermore, both the criminal and civil justice processes are known to be time-consuming, re-traumatizing, demoralizing, and incredibly invasive for sexual assault survivors. Many survivors have a history of negative and punitive experiences with the criminal justice system, from dealing with forensic exams, to the prosecution process. It is important to note that proving a sexual assault case in the criminal justice system and the burden placed on survivors is a triggering experience.

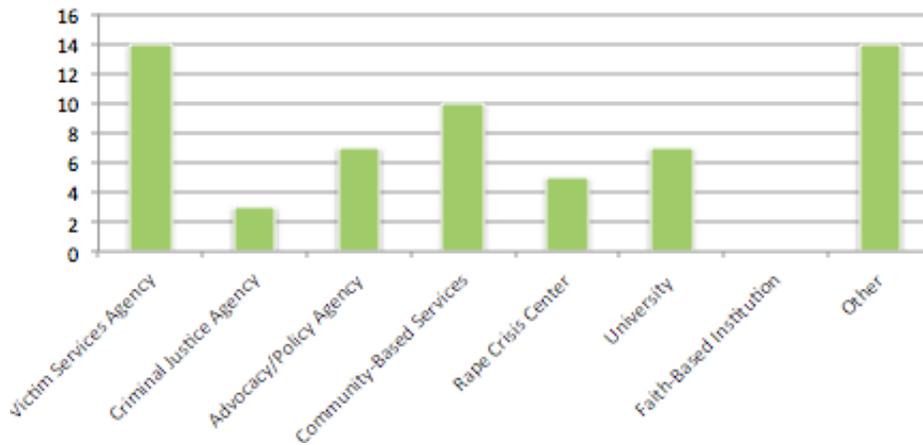
Community Pushback

When survivors in the community have come forward, they have historically received much community pushback. First, many have argued that the abuser deserves privacy while the investigation is taking place. Institutions and communities are encouraged to deal with the issue "privately" to avoid spreading "gossip." Secondly, there are some that have incorrectly argued that from an Islamic perspective, there must be four witnesses present in order to prove sexual assault. Yet, the four witnesses rule applies to infidelity, an act of consensual sex, and not to a crime of physical and psychological violence. Third, community members in defense of the perpetrator have argued that perhaps the relationship between the abuser and the victim was "legal;" in other words, they were married. This perspective ignores a number of important considerations, including that if the victim is a minor, the marriage is not valid and it is child sexual abuse; the marriage could have been forced; and marital rape absolutely exists.

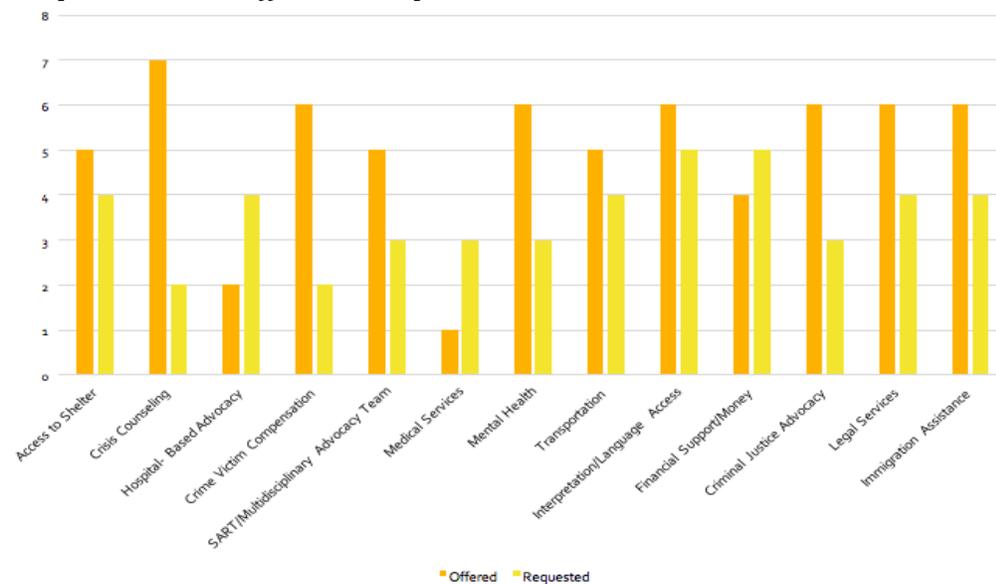
Appendix F

Additional Results

Graph 6: Type of Organization



Graph 7: Services Offered & Requested



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