

RESPONDING WITH RAHMA:

REMOVING ROADBLOCKS FOR
MUSLIM SURVIVORS OF SEXUAL
VIOLENCE

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Responding with RAHMA: Removing Roadblocks for Muslim Survivors of Sexual Violence
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*“An advocate who works with people who have committed sexual abuse in child-serving organizations shares an impactful story. She recounted meeting, in the course of her research, someone who had been found guilty of child sexual abuse in all but two of the institutions where he’d worked. During an interview, she asked him what made those two sites different. He said he only abused children at organizations he felt he could get away with it. And at those two sites, he realized immediately that everything — from the content of his orientation materials to the way the buildings were laid out — **told him he wouldn’t be able to get away with it**.”*

Abstract

According to the National Sexual Violence Resource Center, 1 in 4 women are victims of sexual violence (harassment, abuse, and/or assault) in their lifetime and more than 68% of sexual assault victims choose not to report. While the research on the prevalence of sexual violence and reporting in Muslim communities is limited, studies indicate that the prevalence of sexual violence in Muslim communities is similar, or slightly higher. Moreover, there is reason to believe that the likelihood of choosing not to report sexual violence is significantly higher in communities of faith and color.

Drawing upon ten years’ worth of fieldwork and experience of a national nonprofit, named HEART Women & Girls (HEART), this paper will explore the barriers to sexual violence response, intervention, and prevention in Muslim communities as well as the opportunities in those areas using a public health framework. In particular, the authors will examine the numerous barriers facing Muslim communities at every level: individual, family/community, legal, institutional, and structural. Next, they will introduce a framework that can be used by individuals, communities, and institutional leadership to respond to and prevent sexual violence. Finally, they will conclude with a set of recommendations for communities that are interested in furthering their commitment to sexual violence response, intervention, and prevention.

Introduction

Sexual violence - a form of gender-based violence - is a public health epidemic with numerous implications for the health of our communities. All unwanted, nonconsensual sexual acts – whether harassment, abuse, or assault - committed against another person, without that person’s freely given consent, is sexual violence and could be prosecuted as a crime. Many times, sexual violence occurs on a spectrum that intersects with other types of gender-based violence, including, but not limited to, physical, emotional, and spiritual abuse.

The Muslim tradition is rooted in the concepts of justice, upholding the sacred inviolability of people, and commitment to addressing oppression.² Moreover, gender-based violence in all its forms is antithetical to Islam and God’s commands.³ Therefore, Muslim communities, in partnership with trained professionals, can play a key role responding to and supporting survivors and preventing sexual violence in a manner that is affirmed by the core principles of their faith. Muslims can be a vehicle for raising

¹ Raliance and Berkeley Media Study Group. 2018. “Where we’ve been and where we’re going: Making the Case for Preventing Sexual Violence” Available at: http://www.bmsg.org/wp-content/uploads/2018/08/bmsg_raliance_sexual_violence_prevention_messaging_guide.pdf

² Mattson, Ingrid. 2019. “Upholding the Sacred Inviolability of Each Person in our Muslim Sacred Places.” Hurma Project. Oral Presentation. Toronto.

³ Azizah al Hibri. 2003. “An Islamic Perspective on Domestic Violence.” Fordham International Law Journal. Vol 27:195.

awareness of the prevalence and root causes of sexual violence, advocating with and for survivors of sexual violence, and actively working to dismantle the stigma around sexual violence.

Everyone can play a role in responding to and preventing sexual violence. The key to doing this effectively and strategically is by understanding the opportunities and limitations of one's role, and how best to ally with others to complement those limitations. This work requires thinking about intervention, harm reduction, and prevention simultaneously.⁴ Too often, institutions focus on harm reduction as a mechanism of prevention without realizing an important point: there is no perfect formula that potential victims can follow to prevent sexual assault, abuse, and harassment. Arming individuals with knowledge on how to avoid sexual violence - such as teaching self-defense or abstaining from walking alone at night - is considered risk reduction. It is not prevention because it does not fully address the abusive behaviors in question, or the environments which enable them, nor will it ultimately eliminate sexual violence from occurring.⁵ Eliminating sexual violence will require a cultural and social shift that places responsibility and focus on the actions of the perpetrator, not the victim.⁶ As such, a methodological public health approach to preventing sexual violence requires considering root causes, such as systems of power and privilege, lack of accountability mechanisms, male attitudes toward female bodies, and systemic barriers to disclosure. To clearly demonstrate this, we turn to a brief public health example of reducing premature death and disease due to second-hand smoke.

Second Hand Smoke: A Public Health Case Study

In 2006, the Surgeon General released a report titled "*The Health Consequences of Involuntary Exposure to Tobacco Smoke*"⁷ which revealed that exposure to second-hand smoke can lead to sudden infant death syndrome (SIDS), respiratory infections, ear infections, and more frequent and severe asthma attacks in infants and children; and coronary heart disease, stroke, and lung cancer in adult nonsmokers.^{8, 9} This report led to many changes at every level of society: from campaigns calling for individual behavior change by smokers, to laws being enacted to require smoke-free public areas.¹⁰ Consequently, the root causes of deaths due to second-hand smoke were addressed: first and foremost, addressing the behavior of the smoker, and secondly, addressing the culture enabling such behavior. Ten years later, while the full vision of this report had not been achieved, the prevalence of second-hand smoke had been reduced in half (from 53% in 2006 to 25% in 2016).¹¹

⁴ Basile, Kathleen, et al. 2016. Stop SV: A Technical Package to Prevent Sexual Violence. Centers for Disease and Control. Available at <https://www.cdc.gov/violenceprevention/pdf/sv-prevention-technical-package.pdf>

⁵ Raliance and Berkeley Media Study Group. 2018. "Where we've been and where we're going: Making the Case for Preventing Sexual Violence" Available at: http://www.bmsg.org/wp-content/uploads/2018/08/bmsg_raliance_sexual_violence_prevention_messaging_guide.pdf

⁶ HEART Women & Girls. 2018. "Facts about Sexual Violence in Muslim Communities." Available at www.heartwomenandgirls.org/publications.

⁷ Carmona R. Washington: White House (US); 2016. Jun 27, Remarks at press conference to launch Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General.

⁸ Department of Health and Human Services (US) Atlanta: HHS, Centers for Disease Control and Prevention (US), Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2006. The health consequences of involuntary exposure to tobacco smoke: a report of the Surgeon General.

⁹ Department of Health and Human Services (US) Atlanta: HHS, Centers for Disease Control and Prevention (US), National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2014. The health consequences of smoking—50 years of progress: a report of the Surgeon General.

¹⁰ Department of Health and Human Services (US) State Tobacco Activities Tracking and Evaluation (STATE) system [cited 2016 Jun 8] Available from: <https://www.cdc.gov/statesystem>.

¹¹ Murthy, Vivek. Reducing Exposure to Secondhand Smoke: Let's Keep the Momentum Going. 2016. Public Health Rep. Jul-Aug; 131(4): 515–517

There are three salient lessons from the example of second hand smoke. First, the research findings, intervention, and prevention strategies were informed by experts with decades of training: scientists, physicians, epidemiologists, and public health education professionals. Second, what ultimately reduced the prevalence was addressing the behavior of the individual doing harm, and the environment around that individual. It ultimately became harder to smoke in public, and smoking around children was no longer seen as desirable, even in one’s own home. Finally, everyone played an appropriate role in creating this culture shift at every level of society: the experts designed the intervention and prevention strategies taking into account the root causes of the issue at hand, while public health professionals spearheaded educational campaigns that called upon the partnership of community leaders, lawmakers, institutions, educators, and lay people to help create the change.

A similar model can be applied to sexual violence intervention and prevention: considering that everyone has a role, and committing to work in intentional partnership with those doing the work on the ground. Religious and community leadership should not design these solutions on their own; in fact, this can result in more harm due to inadequate expertise. Rather, religious and community leaders must be open and willing to work alongside these trained professionals, in order to ultimately create the culture shift needed to eradicate sexual violence in our communities by addressing potential root causes. The table below describes specifically some of the root causes that can lead to sexual violence in our communities.

Individual myths and responses that hinder sexual violence prevention	Community and institution-based factors that contribute to sexual violence	Systemic factors that contribute to sexual violence
Victim blaming: The victim was not being a “good/practicing Muslim” and does not understand Islam the way they should	Lack of proactive hiring and background check measures being taken by religious institutions to protect their congregants	Patriarchal and power-based interpretations of religious teachings that reinforce myths that lead to abuse and violence
Misunderstanding religious teachings: Men have authority over their wives	Lack of safe reporting and accountability mechanisms	Heightened Islamophobia and the current political climate has caused Muslims to focus more on the “reputation” of Muslim communities. As such, abuse may be ignored or handled discreetly, for fear of providing more fuel for Islamophobia and community surveillance (i.e. internalized Islamophobia) ¹²
The belief that it is no one else’s business if there is abuse/violence in someone’s home	Sexual violence – and all forms of gender-based violence - not being prioritized with regards to resources and time allotment to address abuse and exploitation, as compared to other forms of oppression on Muslim communities that are externally influenced (i.e. Islamophobia, current political climate, etc)	Religious leadership and scholarship being primarily dominated by cis-heterosexual males, often resulting in “celebrity shaykhs.” Such reverence creates blind spots with accountability and identifying abuse when it occurs.

¹² HEART Women & Girls. 2018. “Facts about Sexual Violence in Muslim Communities.” Available at www.heartwomenandgirls.org/publications.

This paper will take a deep dive into understanding sexual violence as a public health epidemic, and how solutions can be informed by best practices in the field of public health. The authors will explore the barriers to disclosing sexual violence in Muslim communities, offer approaches to sexual violence response, intervention, and prevention, and conclude with recommendations on what cultural shifts can happen to create safer spaces for all.

Understanding the Prevalence of Sexual Violence & Barriers to Disclosure

According to the National Sexual Violence Resource Center, 1 in 4 women are victims of sexual violence in their lifetime and more than 68% of sexual assault victims choose not to report. While the research specific to Muslim communities is limited, the studies that have specifically examined sexual and domestic violence in Muslim communities indicate that the prevalence of sexual violence is similar, or slightly higher than the broader norm. A 2006 report entitled *Transforming Past Agency and Action in the Present* examining South Asian, Arab, and other immigrant communities estimated that 30-40% of Muslim women are victims of sexual abuse.¹³ A 2011 survey conducted by the Peaceful Families project revealed “of 801 American Muslims surveyed, 31% reported experiencing abuse within an intimate partner relationship and 53% reported experiencing some form of domestic violence during their lifetime.”¹⁴ A 2018 study surveying 135 Muslim college students across five campuses indicates that majority of students reported knowing one or more fellow students, including themselves, who have experienced some form of sexual violence while attending their university (56%). Moreover, even a larger majority of respondents (82%) reported knowing one or more fellow students, including themselves, who have experienced some form of sexual harassment while attending their university.¹⁵

Despite this prevalence of sexual violence in Muslim communities, there is reason to believe that these experiences are not being reported to family members, communities, or authorities. Like all survivors, Muslims face barriers to reporting, including shame, self-doubt, love/fear of the perpetrator, and fear of not being believed. Yet, there are unique barriers facing Muslim survivors that stems from the misappropriation of cultural and religious tradition, thereby encouraging survivors to stay silent and not seek help. These include belonging to a community that values sexual purity, and therefore implicating their marriageability, extreme spiritual guilt, self-blame for the assault, pressure to forgive their perpetrator, and living between the intersection of Islamophobia and sexual assault. Those who do seek help and disclose can often times be shamed and blamed for their assault, and their perpetrators may face little to no accountability. The need for increased awareness and education on sexual violence in Muslim communities is long overdue.

Muslim communities have been slow to address the unique cultural and religious needs of sexual assault survivors— most mosques, Islamic schools, student organizations on campus, and community centers do not have professionals and leaders equipped to address and counsel survivors. Most Muslim communities also do not allocate sufficient resources to address this problem. As an example, only 6%

¹³ Reavey, Paula, and Steven Brown. 2006. "Transforming Past Agency and Action in the Present." *Theory & Psychology*. 16 (2): 179-202.

¹⁴ Peaceful Families Project & Project Sakinah. 2011. "Assessment of Attitudes Toward and Experiences of Domestic Violence." Unpublished presentation.

¹⁵ Mohajir, Nadiah; Khayr, Yasmeeen. 2019. "Responding with RAHMA: Supporting Muslim Survivors of Sexual Violence on College Campuses." Oral Presentation. National Sexual Health Conference.

of imams (Muslim religious leaders) across the country had completed a domestic violence training.¹⁶ Moreover, 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.¹⁷ This is exacerbated by the current disconnect between religious scholars and trained professionals: there is a resistance to involving all genders and lay people in decision-making processes.¹⁸ In an effort to address issues discreetly and/or protect the institution, Muslim leaders have attempted to address sexual violence complaints themselves. This has resulted in little to no response to the complaint, and no long-term sustainable strategies to eradicating the cycles of violence. Most disturbingly, these poorly informed (while well-intentioned) efforts end up generating additional trauma for victims, this time, by the hands of the institution or leadership. For example, an imam may encourage a victim to return to her marriage and place greater energy on working harder to meet the needs of her spouse. Similarly, an imam may frame abuse as a test that one needs to endure. A woman may be asked what she has done to bring sexual violence upon her. Other imams purport that there can be no marital rape given that women must fulfill the sexual needs of their spouses. Moreover, other marginalized communities, such as LGBTQ+ identifying individuals or those engaging in premarital relationships face further stigma and judgement from coming forward if they experience abuse.

At the same time, most mainstream sexual assault agencies are also not equipped to properly address the needs of Muslim survivors. Survivors are often met with services and resources lacking sensitivity to their worldview, or worse, Islamophobic sentiments. As a consequence of gendered Islamophobia,¹⁹ Muslim men are depicted as perpetrators of sexual violence because of Islam. Consequently, Muslim women are often seen as inevitable victims of domestic violence, rape, honor killings, and forced marriage due to culture and religion. Therefore, too often, attitudes and beliefs of service providers and institutions view Muslim women as perpetual victims: put differently, Muslim women, by the very essence of choosing to be Muslim, have consented to such forms of violence.²⁰ This racialization of Muslims and gendered Islamophobia has several negative impacts, including poor policies and services, and Muslim survivors who become reluctant to pursuing or trusting the secular resources and professionals that do exist.

HEART: A Case study

Taking into context the above-mentioned research outlining the gaps in existing services and the prevalence of sexual violence in Muslim communities, we now look to the work of HEART, a national nonprofit led by Muslim women, as a case study to understand how Muslims can lead this work from within the communities they live, work, and pray in. Founded in 2010, HEART's mission is to ensure that Muslims have the language, resources, and choice to nurture sexual health and confront sexual violence. By offering accurate sexual health and sexual violence resources, HEART empowers individuals to become agents of change in their own communities. The organization's curricula offers accurate

¹⁶ Abugideiri, S. 2011. "Domestic Violence," In Ahmed, S. & Amer, M (Eds.), *Counseling Muslims: Handbook of Mental Health Issues & Interventions*, London: Routledge.

¹⁷ Pyles. 2007. "The Complexities of the Religious Response to Domestic Violence Implications for Faith-Based Initiatives." *Journal of Women & Social Work*. Volume: 22 issue: 3, page(s): 281-291

¹⁸ Mattson, Ingrid. 2018. "Gender & Sexuality in Islamic Bioethics." *Islamic Bioethics: Current Issues and Challenges*. Vol 2: 57-84.

¹⁹ "Gendered Islamophobia" specifically examines the intersection of gender and Islamophobia, and how it shapes the experience of visibly Muslim women.

²⁰ HEART Women & Girls and Muslim American Women's Policy Forum. 2017. "Removing Roadblocks: Examining Barriers to Justice & Healing to Build more Victim-Centric Services for Muslim Survivors of Sexual Assault." Available at: www.heartwomenandgirls.org/publications.

information, in a way that is not dismissive of faith and religion, but rather, uses it as a tool of empowerment. HEART is committed to incorporating a prevention lens in its work and addressing root causes that prevent individuals from having equitable access to sexual health and sexual violence information and services.

HEART's fieldwork in Muslim communities, including on college campuses, indicates that there are not enough spaces or services that adequately serve the unique needs of Muslim survivors of sexual violence. Muslims currently have access to services through local mosques, Islamic schools and clubs, student organizations on campus, the campus chaplain, and a variety of secular community organizations. These available services tend to fall in the following categories, a) a religious or cultural Muslim institution lacking adequate sexual violence response training or b) a local mainstream resource center or group lacking the cultural framework and context to understand the unique needs of Muslims.

Over the years, the organization's leaders and staff have learned key lessons that are consistent with the above-mentioned research. First, many Muslims, including survivors of violence, do not have the tools or language to identify sexual violence. Many believe that sexual violence is limited to rape, and all other abuses/assaults are minimized.²¹ The understanding that sexual violence is a spectrum is limited and often times, is excused as just a social norm - that is just what boys/men/elders do. Moreover, because sex and sexual violence are not openly discussed in Muslim communities, many survivors don't have the understanding of what was happening to them, or a basic understanding of their bodies and sex. In fact, there is an overall sentiment of denial: that such violence could simply not occur as frequently as the broader norm, due to religious beliefs and traditions around modesty and gender interaction. Second, there are not enough first responders and professionals trained to address the needs of Muslim victims in a culturally competent way.²² Mainstream professionals do not have the appropriate context or understanding of Islam to meet the unique needs of Muslim survivors. At the same time, – those who are typically playing the role of first responders in Muslim communities – teachers, school admin, imams - were missing the mark and leaving many to suffer silently, or were outright protecting or enabling perpetrators. The majority of them were not trained to offer victim-centric services and guidance. Finally, sexual violence is known to be the most underreported crime in the United States. Our fieldwork indicates the likelihood of not reporting is *even higher* in Muslim communities - a finding that is consistent with the research that communities of color are less likely to report. As such, we believe that the rate of not reporting could be as high as 85-90%.²³ This leaves us with a grim reality: too many Muslims are struggling with their experiences of sexual violence in silence with little to no support. More disturbingly, perpetrators are protected and enabled to continue a cycle of sexual violence against numerous victims.

Barriers to reporting

Exhibit 1 visually depicts barriers to reporting that many survivors of violence face at every level. Exhibit 2 provides an overview of examples of each type of barrier. It is important to note that some barriers appear at every level. For example, "not being believed" is a barrier that survivors face every single time

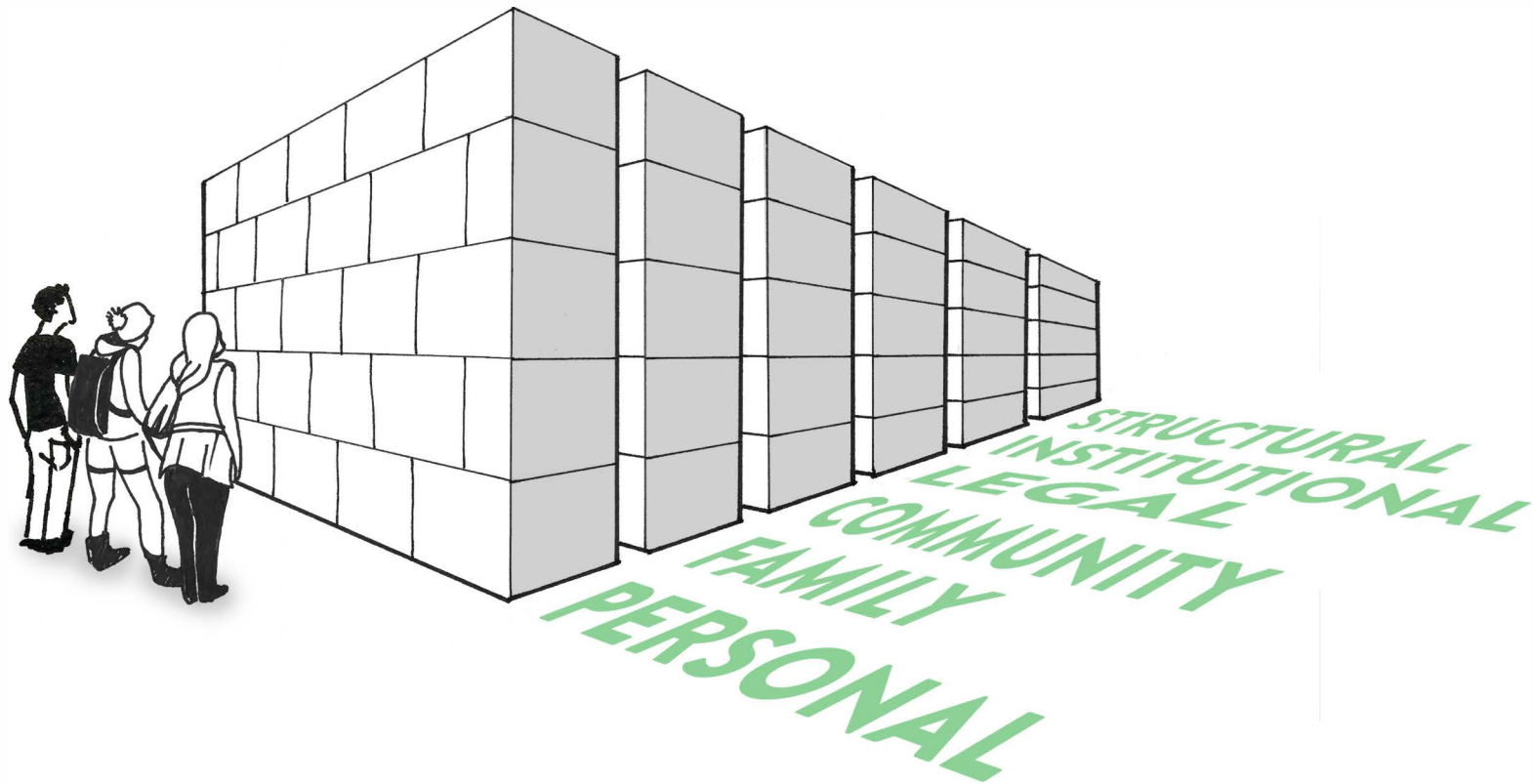
²¹ Mohajir, Nadiah; Khayr, Yasmeen. 2019. "Responding with RAHMA: Supporting Muslim Survivors of Sexual Violence on College Campuses." Oral Presentation. National Sexual Health Conference.

²² HEART Women & Girls and Muslim American Women's Policy Forum. 2017. "Removing Roadblocks: Examining Barriers to Justice & Healing to Build more Victim-Centric Services for Muslim Survivors of Sexual Assault." Available at: www.heartwomenandgirls.org/publications.

²³ Mohajir, Nadiah; Qureshi, Sameera; Raja, Darakshan. 2016. "Roadblocks to Resiliency for Muslim Survivors of Sexual Violence: Understanding the Challenges & Opportunities in the Muslim Community for Survivor Healing." Oral Presentation. National Sexual Assault Conference, Washington, DC.

BARRIERS TO DISCLOSURE

According to the CDC, 1 in 4 girls and 1 in 6 boys experience sexual violence before the age of 18. And yet, nearly 68% of these cases go unreported. Research shows that in communities of color, there is an even greater likelihood of not disclosing incidents of sexual violence. The unfortunate reality is that too many survivors are suffering alone, and in silence, and too many of their abusers get away with it. Below is a visual depiction of the barriers survivors face in disclosing their sexual assault. On the back, you will find a more detailed description of each type of barrier.



PERSONAL BARRIERS

Factors specific to the victim that can be a hindrance to disclosing or seeking services:

- Not being believed
- Self blame and shame
- Denial or self doubt (did it really happen?)
- Fear or love for the abuser
- No tools or language to identify sexual violence
- Don't know how to report
- Power dynamic (abuser is a person of authority or leadership)

FAMILY BARRIERS

Factors specific to the victim's family that prevent them from disclosing or seeking services:

- Not being believed
- Being blamed or shamed
- Fear of causing financial, emotional, or physical harm to the family
- Wanting to protect family honor and not cause division
- Being pressured or forced to stay quiet about the abuse

COMMUNITY BARRIERS

Factors specific to the victim's community that prevent them from disclosing or seeking services:

- Not being believed
- Being blamed or shamed
- Pressure to remain silent to protect a community that is under scrutiny
- Social consequences: never getting married, being labeled an outcast, losing friends, etc.
- Community and faith leaders dismiss the violence or sweep it under the rug
- Lack of trained first responders
- Fear of privacy or confidentiality being compromised

INSTITUTIONAL BARRIERS

Policies, practices, or procedures that can disadvantage victims from disclosing or seeking services or create unequal access:

- Not being believed
- No protocols for safe and anonymous reporting
- Need to protect institutional reputation or financial assets above victim's safety
- Levels of bureaucracy that can slow down process
- Lack of culturally responsive and trauma informed services and information
- Power dynamic between institution and victim

LEGAL BARRIERS

Factors pertaining to the legal process (both criminal and civil justice) creating additional barriers to disclosing or seeking services:

- Not being believed
- The legal process is long and traumatizing
- Defense will discredit the victim
- Burden of proof in legal cases is very high
- Lack of culturally responsive and trauma informed law enforcement
- Criminalization of victims, especially people of color
- Lack of financial resources to pay for legal representation

STRUCTURAL BARRIERS

Factors beyond the individual's control related to the individual's environment, social context, or identity, impeding disclosure or seeking services:

- Not being believed
- Men in power protecting each other
- Xenophobia, gendered Islamophobia, transphobia, homophobia, anti-blackness, ableism
- Racism and the racialization of Muslims
- Oppressive government policies
- Untested rape kits
- Lack of trauma-informed / affordable healthcare
- Lack of culturally sensitive mental health services
- Fear of surveillance, deportation, terrorism allegations

they disclose. When they disclose to their family, they often are not believed. If they move past that, to community or law enforcement, they are often met with disbelief. This is the reality of most survivors, especially children. In fact, a study that has not yet been published indicates that children who report child sexual abuse are believed only 19% of the time by courts.²⁴ Other communities that have higher likelihood of not reporting include: undocumented individuals, LGBTQ+ individuals,²⁵ converts, particularly if they are socially isolated, differently abled individuals,²⁶ and communities of color and faith. Additional barriers beyond identity can include financial dependence, love or fear of one's abuser, spiritual guilt, language difficulties, and not having access to services. At the community and institutional level, barriers can include male leadership protecting (or even enabling) those who do harm, or creating oppressive organizational cultures lacking gender equity and inclusion.

Misappropriating Religious and Cultural Tradition

While the above barriers are specific to many survivors in communities of color, there are some ways that religious and cultural tradition can be misused and misappropriated in Muslim communities to further silence survivors and protect those who do harm.²⁷ For example, religious values and expectations, particularly around modesty and sexual purity are often misused as justifications to blame those who experience violence. Still others may silence survivors and discourage them from disclosing by misusing sayings of the Prophet Muhammed, may God be pleased with him, or Quranic verses to apply them to situations of sexual violence. An example of this is when survivors are pressured to remain silent about their abuse because of their obligation of providing seventy excuses for a person or their obligation of not spreading gossip. Finally, other tactics include using political context to silence survivors and misappropriating religious law. A common example of this is misapplying the law of four witnesses to prove *zina* (a consensual, extramarital sexual relationship) when a non-consensual act of sexual violence occurred. These are examples of how religious and cultural tradition can be used in Muslim communities to silence survivors, protect those who do harm, and perpetuate an environment that becomes ripe for the cycle of violence to continue.

Responding to, Addressing, and Preventing Sexual Violence in Muslim Communities

As mentioned earlier in the paper, in order to respond to and prevent sexual violence effectively, we need to work at every level to create the change. As such, HEART has developed a three-pronged framework that works to address sexual violence at three levels: individual, communal, and institutional. Using these frameworks together can ultimately create communities that reduce barriers to reporting and respond to victims in a compassionate and non-judgmental way. Moreover, these frameworks are not meant to be used in one moment in time, but rather as a continuous, ongoing exercise. Exhibit 3 offers a visual representation of the three frameworks and how they intersect.

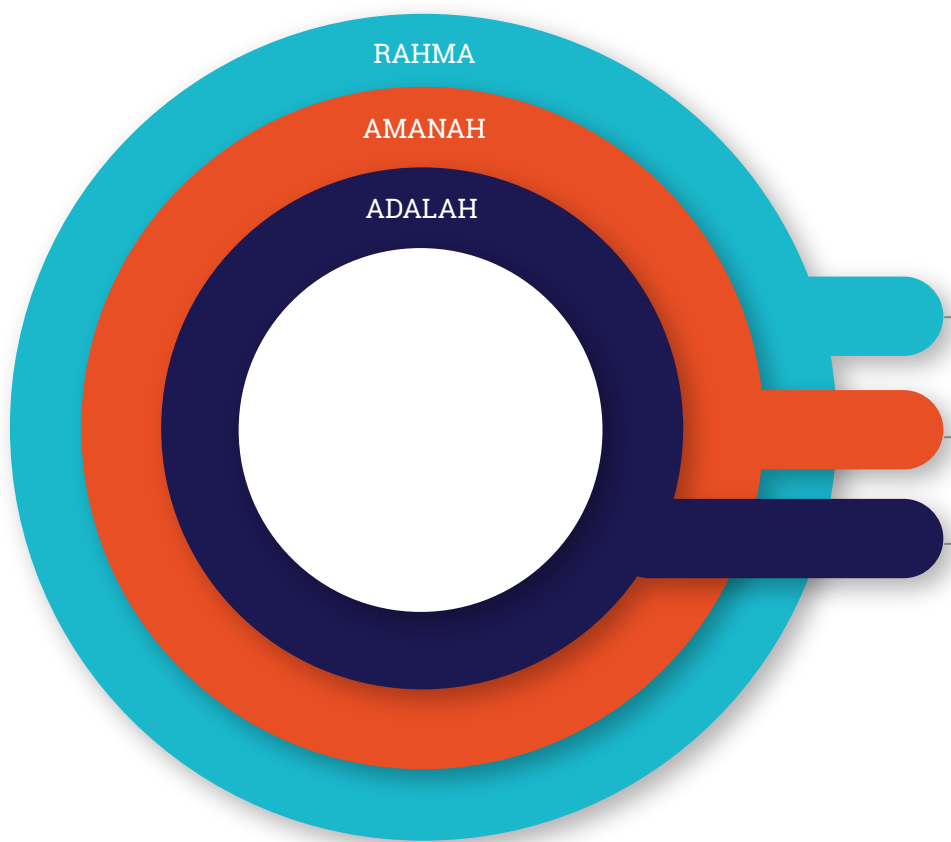
²⁴ Schmidt, Samantha. 2019. "A Gendered trap: When mothers allege child abuse by fathers, the mother often loses custody, study shows." Washington Post. Available at: https://www.washingtonpost.com/local/social-issues/a-gendered-trap-when-mothers-allege-child-abuse-by-fathers-the-mothers-often-lose-custody-study-shows/2019/07/28/8f811220-af1d-11e9-bc5c-e73b603e7f38_story.html

²⁵ Brown, Taylor; Herman, Jody. 2015. "Intimate Partner Violence and Sexual Abuse among LGBT people: A Review of Existing Research." The Williams Institute. Available at: <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Intimate-Partner-Violence-and-Sexual-Abuse-among-LGBT-People.pdf>

²⁶ Shapiro, Joseph. 2018. "The Sexual Assault Epidemic Nobody Talks about." *All Things Considered*. Available at: <https://www.npr.org/2018/01/08/570224090/the-sexual-assault-epidemic-no-one-talks-about>

²⁷ HEART Women & Girls. 2018. "Facts about Sexual Violence in Muslim Communities." Available at www.heartwomenandgirls.org/publications.

To respond to and prevent sexual violence, we need to work at every level to create change. HEART has developed a three-pronged framework that works to address sexual violence at three levels: individual (Respond with RAHMA), communal (Fulfill your AMANAH), and institutional (Lead with ADALAH). Using these frameworks together can ultimately create communities that reduce barriers to reporting, respond to victims in a compassionate and non-judgmental way, and create mechanisms for accountability and prevention. Moreover, these frameworks are not meant to be used in one moment in time, but rather as a continuous, ongoing exercise.



RESPOND WITH RAHMA

Level of Intervention: Individual, in partnership with survivors

Who: Everyone

Purpose: Crisis intervention, one-on-one support

Ultimate goal: Connect person

FULFILL YOUR AMANAH

Level of Intervention: Community

Who: Community members, organizational & religious leaders, social services professionals in partnership with survivors & professionals

Purpose: Community prevention & education

Ultimate goal: Determine avenues of accountability

LEAD WITH ADALAH

Level of Intervention: Institutional

Who: Leadership in partnership with trained professionals & survivors

Purpose: Accountability

Ultimate goal: Build victim-centric spaces



Responding with RAHMA: Individual

The RAHMA principles offer individuals an easy-to-implement framework to respond to a disclosure of sexual assault. Often, some of the first people survivors disclose to is someone they know: a neighbor, a family member, a friend, a teacher, or an imam.²⁸ Yet, too often these individuals are not equipped to respond to the disclosure. Instead of supporting them and offering resources, these “first responders” do not believe them, shame them and blame them for the harm they have experienced, and do not direct them to services that can help.²⁹

Everyone should know how to respond to a disclosure, and the way one responds in the moment of disclosure can have a lifelong impact on the survivors ability to heal and seek help. The RAHMA principles offer a framework that individuals can follow to respond to a disclosure, in the moment of crisis, *and independent of the accountability and justice process.*

Fulfilling your AMANAH: Community prevention & education

Sexual violence prevention is a communal obligation that can happen alongside crisis intervention. Community members and leaders that are thinking about prevention should seek the partnership of prevention experts and survivors to consider changes that can happen from a systemic lens to create victim-centric spaces that reduce the barriers to reporting and the prevalence of sexual violence. Much of this work requires assessing one’s community for gaps and understanding which identities have a higher likelihood of not disclosing, increasing access to accessible, accurate information about sex and sexual violence, mapping local resources and agencies, and establishing policies and procedures for reporting, accountability, and safety.

Leading with ADALAH: Institutional accountability

While sexual violence may be an interaction between a victim and a person(s) who does harm, it often occurs within the greater landscape of an institution. As such, in addition to providing that one-on-one crisis intervention using the RAHMA principles, institutions face another level of responsibility in having to respond to the complaint from an institutional lens, including determining mechanisms of accountability for the person who has done harm. The ADALAH principles offer a framework to help those in leadership positions at institutions - board members, imams, and senior leadership - consider a process that centers justice, accountability, and the victims’ needs in a way that is timely and based on best practice. Moreover, this framework suggests leaders exploring all options to justice and healing, beyond law enforcement, including restorative and transformative justice avenues that are showing promising results. Given the current cultural and political climate in communities of color, law enforcement may not always be a safe or welcome option for reporting, especially if the violence is perpetrated by the hands of law enforcement.³⁰ Exhibit 4 outlines the three frameworks as an overview.

²⁸ HEART Women & Girls. 2018. “Responding to Sexual Assault Survivors with RAHMA: A Guide for First Responders.” Self published. Not available for public use.

²⁹ HEART Women & Girls. 2018. “Responding to Sexual Assault Survivors with RAHMA: A Guide for First Responders.” Self published. Not available for public use.

³⁰ HEART Women & Girls and Muslim American Women’s Policy Forum. 2017. “Removing Roadblocks: Examining Barriers to Justice & Healing to Build more Victim-Centric Services for Muslim Survivors of Sexual Assault.” Available at: www.heartwomenandgirls.org/publications.



Responding to a disclosure of sexual violence (i.e. harassment, abuse, assault) can be overwhelming if one does not have clarity around what their role is, or tools on how to thoughtfully respond. This document provides an easy-to-read format to help you answer the question: What is my role in responding to a disclosure of sexual violence and working toward accountability and prevention?

FOR EVERYONE (Individual Level)	FOR BYSTANDERS/ORGS (Community Level)	FOR LEADERSHIP (Systems Level)
<p><i>How do I respond to disclosures in a victim-centric way?</i></p> <p>Respond with RAHMA (Compassion)</p>	<p><i>How do I prepare my community or organization to create more victim-centric spaces?</i></p> <p>Fulfill your AMANAH (Trust)</p>	<p><i>How do I work toward accountability in my community or organization?</i></p> <p>Lead with ADALAH (Justice)</p>
<p>(In relation to the victim) I am a...</p> <ul style="list-style-type: none"> • Community member • Family member or relative • Friend • Teacher • Imam • Doctor • Lawyer • Police officer • A human being 	<p>I am a...</p> <ul style="list-style-type: none"> • Employee of an institution • Volunteer at an institution • Board member at an institution • Mandated reporter • Community leader • Student leader • Applicable to both formal and informal organizations and/or communities 	<p>I am a...</p> <ul style="list-style-type: none"> • Religious leader (imam, chaplain, etc.) • Senior leadership in organization, school, or mosque • Board member • Student executive leader
<p>The Framework*</p> <p>Respond by listening Affirm & believe Honor cultural and religious context Maintain privacy Assist with finding resources</p> <p>*If the victim is a minor, then this process may include reporting to the appropriate authorities.</p>	<p>The Framework</p> <p>Acquire knowledge Minimize victim-blaming Ally with trained professionals Normalize conversations on sex and sexual violence Assess your space/community for inclusivity, gender and racial equity, etc. Handle reporting and processes with trauma-informed processes</p>	<p>The Framework</p> <p>Allocate financial and human resources Determine victim-centric restorative practices for accountability and healing Assess risk to community Learn about various avenues of justice Accommodate the victim's needs Honor transparency & accountability</p>

RESPOND WITH RAHMA

In Practice

Thank you for trusting me with your story. I believe you. You are not alone. It is natural to wonder where your cultural and religious identity fits into all of this. Your privacy will be protected. There are many people who can help you. You have a range of options that I can help you through.

*If the victim is a minor, you may have to report to authorities, who will do their best to protect the victim's privacy.

- **Do** offer compassionate, non-judgmental support
- **Do** offer the victim a range of options for seeking justice and healing; meet them where they are
- **Don't** shame the victim for their cultural or religious beliefs
- **Don't** publicize allegations on behalf of a victim
- **Don't** investigate the veracity of the allegations; that is the job of trained professionals

FULLILL YOUR AMANAH

In Practice

Consider the following questions:

- Does your community/organization have trained staff on site, or relationships with local organizations, that are able to receive and respond to disclosures?
- Is it clear to your staff, board, and volunteers who is a mandated reporter and have they received training?
- Does your institution have information about local resources in the community that are readily available?
- Does your organization have processes and protocols for misconduct and reporting misconduct and is staff aware of them?

- **Do** ensure that mandated reporters in your community know their obligations
- **Do** work to develop clear policies, procedures, and protocols
- **Don't** break privacy or spread misinformation
- **Don't** assume that taking a two-hour training makes you an expert
- **Don't** assume that you do not have victims as part of your community
- **Don't** create shame and stigma around topics concerning sex and sexual violence

LEAD WITH ADALAH

In Practice

Consider the following questions:

- Does your community/organization have money allocated in the budget for healing and accountability processes?
- Has your organization identified an unbiased, trauma-informed partner for potential disclosures?
- Does your organization have protocol for disciplinary action for those accused?
- Are the members of your institution - including staff, board, and volunteers - aware of your processes upon disclosures of misconduct and are those readily available and easy to understand?

- **Do** commit to taking swift and timely action once a disclosure is brought to leadership
- **Do** have a clear, comprehensive plan for accountability for abuse or misconduct
- **Don't** try to form an investigation team by yourself
- **Don't** wait to gather money for services after a disclosure has been made (reactionary vs. proactive)
- **Do** ensure the victim has what they need with respect to financial, physical, and emotional safety

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Recommendations

Overall, research in best practices and HEART fieldwork suggests that there are several gaps for Muslim victims of sexual assault at the individual, community, and institutional level and implications for future practice. While this paper is not representative of the entire anti-violence or anti-sexual violence field, the following recommendations are important to consider in the larger movement in shaping advocacy, policy, and legal and direct services interventions in both mainstream and Muslim communities.

More research and female scholarship

First, and foremost: Muslims are experiencing sexual violence at similar rates compared to other communities in the United States.³¹ Yet, because rates of reporting are so low, and mainstream agencies do not track religious affiliation of their clients, Muslim survivors are being rendered invisible. This results in poor, one-size-fits-all services that are not meeting the unique needs of Muslim communities, and ill-informed policies and lack of funding for programs trying to address the needs of Muslim survivors³². As such, it is critical to produce more peer-reviewed research that specifically examines the prevalence of sexual violence in Muslim communities and the barriers to reporting. Moreover, it is critical for communities to revive, prioritize, and uplift the work of female scholars in the Islamic tradition to address the lack of female authority among legal scholars, a field currently dominated mostly by men.³³ In fact, it has been documented throughout Islamic history that women had opportunities to “shape law....and articulate community norms.”³⁴ Despite this longstanding history of women scholarship, women scholars and academics continue to be unrecognized and discredited in Muslim communities. Uplifting gender equitable interpretations of Islamic law, gender, and sexuality is critical to move the needle toward gender justice and more inclusive communities.

More training & education

Another important step to culture change at the community and institutional level is for those in leadership positions to immerse themselves in ongoing education and training to develop a deep understanding of the spectrum of sexual violence. This includes engaging in comprehensive anti-racism, gender-equity, and anti-oppression trainings that explore how systems of oppression perpetuate gender-based violence. It is crucial to reflect on how the staff at the institution are supporting the full diversity of their communities, and the ways in which they are not doing so. True culture shift and prevention cannot occur without a serious commitment to internal work.

Explore options for justice and healing beyond law enforcement

As tensions grow between law enforcement and communities of color and undocumented individuals, and anti-Muslim rhetoric rises, it is important to explore avenues to justice and healing beyond traditional law enforcement. While some survivors may want to seek justice through traditional legal avenues, others may find restorative and transformative justice models more aligned with their needs. In fact, emerging research suggests that these models have a greater impact on both the person who

³¹ Mohajir, Nadiah; Khayr, Yasmeen. 2019. “Responding with RAHMA: Supporting Muslim Survivors of Sexual Violence on College Campuses.” Oral Presentation. National Sexual Health Conference.

³² HEART Women & Girls and Muslim American Women’s Policy Forum. 2017. “Removing Roadblocks: Examining Barriers to Justice & Healing to Build more Victim-Centric Services for Muslim Survivors of Sexual Assault.” Available at: www.heartwomenandgirls.org/publications.

³³ Mattson, Ingrid. 2018. “Gender & Sexuality in Islamic Bioethics.” *Islamic Bioethics: Current Issues and Challenges*. Vol 2: 57-84.

³⁴ Mattson, Ingrid 2005. “Women, Gender, and Family Law: Early Period 7th-late 18th centuries.” *Encyclopedia of Women & Islamic Cultures. Vol II: Family, Law and Politics*. Leiden and Boston: Brill

has been harmed, and the one who committed the harm, and the likelihood of harm being repeated is reduced.^{35 36 37}

Multi-faceted, simultaneous approach to response, intervention, and prevention

To ensure a comprehensive response to sexual violence intervention and prevention, communities must commit to facilitating change at every level. From one-on-one crisis intervention, to community education, to institutional response and policy change, there is a critical role for every member of society. Moreover, the greater a person's leadership responsibilities, the greater the need for them to be familiar with the response and intervention at each level, and more importantly, to work in collaboration with trained experts.

More collaboration

Another step towards meeting the needs of Muslim survivors is to begin bridging the gap between professional expertise and services, and Muslim leadership. For several decades, Muslim women have been at the forefront of addressing gender-based violence through their work in mainstream secular institutions, culturally-specific direct services organizations, community and youth development organizations, academic and Islamic scholarship, and education and prevention-based organizations. These women hold expertise in the fields of public health, social work, sex education, violence prevention, and community organizing. The idea that women were a part of the process of law making, adjudication, and shaping community norms is a part of Islamic tradition³⁸ that has long been documented. Despite this, religious leadership remains disconnected from those doing work on the ground and remain resistant to authentic partnership. In the same way the prevalence of second hand smoke cannot be reduced without the partnership and leadership of physicians and epidemiologists, sexual violence will not end without trained experts designing the strategies and interventions, and Muslim leadership partnering to implement those solutions. Increased collaboration and partnership between religious and community leaders and gender-based violence experts is not only long overdue, but critical for the future health of our communities at large.

Conclusion

This paper provides an important snapshot into the needs of Muslim survivors, the barriers to disclosing, and offers one approach a Muslim-led organization is taking to address sexual violence in Muslim communities. HEART's fieldwork and learnings are an important contribution to the overall movement of ending sexual violence. The recommendations offered are intentionally focused on addressing change at the individual, communal, and institutional levels. In order to treat survivors with the compassion and justice they deserve, it is critical to place the onus on society and institutions to make reporting sexual violence and seeking help more accessible and encompassing. Muslim survivors exist, and in a heightened environment of gendered Islamophobia, xenophobia, anti-blackness, and anti-Muslim sentiment, it is imperative that our communities do not fail Muslim survivors and further enable systems of racism, patriarchy, Islamophobia, and interconnected systems that enable violence towards Muslims.

³⁵ Wilson, David; Olaghere, Ajima; Kimbrell, Catherine. 2017. "Effectiveness of Restorative Justice Principles in Juvenile Justice: A MetaAnalysis." Available at: <https://www.ncjrs.gov/pdffiles1/ojdp/grants/250872.pdf>

³⁶ Gwen Robinson, Gwen; Shapland, Joanna. 2008. "Reducing Recidivism: A Task for Restorative Justice?" *The British Journal of Criminology* Vol. 48, No. 3 (MAY 2008), pp. 337-358.

³⁷ Cooper, Bouffard; Cooper Maisha; Bergseth, Kathleen. "The Effectiveness of Various Restorative Justice Interventions on Recidivism Outcomes Among Juvenile Offender." *Youth Violence and Juvenile Justice*. Available at: <http://yvj.sagepub.com/content/early/2016/05/03/1541204016647428.full.pdf+html>

³⁸ Mattson, Ingrid. 2018. "Gender & Sexuality in Islamic Bioethics." *Islamic Bioethics: Current Issues and Challenges*. Vol 2: 57-84.

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